

# Prescription Drug Guide

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Please consider talking to your doctor about prescribing preferred generic and brand medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

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## Introduction

The Prescription Drug Guide includes all Preferred Brand drugs and a partial listing of Generic drugs. Brand name drugs not listed in this Prescription Drug Guide are Non-Preferred Brands. A drug may not be added to the Preferred Brand tier for reasons including safety or effectiveness, or because a similar, more cost-effective drug is already available as a Preferred Brand or Generic drug.

Physicians are encouraged to prescribe drugs listed in this Prescription Drug Guide. Members are encouraged to show this Prescription Drug Guide to their physician and pharmacist.

## Member Prescription Benefit

The prescription benefit is multi-tiered, placing prescription drugs into one of the following copayment levels.

**Tier 1 – Lowest copayment** – Generic drugs and select Preferred Brand drugs– listed and unlisted generic drugs

**Tier 2 – Middle copayment** – Preferred Brand drugs – all shown in the Prescription Drug Guide

**Tier 3 – Highest copayment** – Non-Preferred Brand drugs – unlisted

**Tier 4 – Specialty** (if applicable)

Coverage is limited to prescription products approved by the Food and Drug Administration (FDA) as evidenced by a New Drug Application (NDA), Abbreviated New Drug Application (ANDA), or Biologics License Application (BLA) on file. Any legal requirements or group specific benefits for coverage will supersede this (e.g., preventive drugs per the Affordable Care Act).

The drug benefit includes most prescription drugs, although some restrictions and exclusions apply. Investigational drugs and drugs indicated for cosmetic purposes (e.g., Propecia for hair growth) are not covered. Coverage and copayment levels vary depending on the plan. Drugs that require Prior Authorization, Step Therapy, or that have Dispensing Limits are noted in the Prescription Drug Guide.

Covered insulin products may be capped at a cost share of \$99 per 30 days' supply. Benefits will be provided in accordance with all applicable laws. Call Customer Service using the number on the back of your ID card for questions regarding your specific coverage.

## Pharmacy and Therapeutics (P&T) Committee

The P&T Committee is comprised of independent practicing physicians and pharmacists. The Committee meets at least quarterly. Newly marketed prescription drugs may not be covered until the P&T Committee has had an opportunity to review the drug, to determine whether the drug will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of drugs. If your physician feels that a new drug is medically necessary prior to P&T Committee evaluation, a non-formulary exception request for coverage may be submitted.

## Brand Drugs and Generic Drugs

### Classification

Prescription drugs are classified as either a Brand drug or a Generic drug. The Brand or Generic status provided is by a nationally recognized company providing drug product information. The Brand/Generic status for a specific drug/specific marketer can sometimes change over the life of a product in the marketplace and change from Brand to Generic (or Generic to Brand). Such changes might change your copayment share. Brand drug or Generic drug status is never based upon a product having a trade name. Generic drugs often have trade names.

### Generic Substitution

Generic drug utilization is encouraged as a way to provide high quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict requirements of FDA's current Good Manufacturing Practice regulations required for Brand drugs and cover the manufacturing, and identity, strength, purity and quality.

An FDA-approved Generic drug may be substituted for the Brand counterpart when it:

- Contains the same active ingredient(s) as the brand drug
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

To encourage use of Generic drugs, Tier 2 Preferred Brand drugs typically move to Tier 3 after an equivalent generic version becomes available.

## Specialty Drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral or injectable medications that can either be self-administered or administered by a health care professional.

Some members must obtain their specialty drugs from the Pharmacy Select Network as the preferred provider. If the preferred provider is not utilized you may be responsible for up to 100 percent of the drug cost. Your plan may have a different coverage level for self-administered specialty drugs. Select specialty generics and biosimilars may be available at a lower cost. If you have questions about your coverage for specialty drugs or your prescription drug benefit, call the number on the back of your ID card.

## Compound Drugs

Compound drugs are defined as a drug product made or modified to have characteristics that are specifically prescribed for an individual patient when commercial drug products are not available or appropriate. To be eligible for coverage, compounded drugs must contain at least one FDA-approved prescription ingredient and must not be a copy of a commercially available product. All compounded drugs are subject to review and may require prior authorization. Drugs used in compounded drugs may be subject to additional coverage criteria and utilization management edits. Compounds are covered only when medically necessary. Compound drugs are always classified as the highest cost-sharing non-specialty drug Tier.

## Contraceptives

Some or all of the contraceptive methods or prescription drugs listed in this Prescription Drug Guide may not be covered under your plan because of your employer's religious beliefs. To find out if contraceptive methods and prescription drugs are excluded, you may find this information in the exclusions section of your benefit booklet or you may contact your group administrator.

## Utilization Management

Your Plan is committed to supporting proper selection and use of drugs for its members. To help assure these goals are met, several programs have been developed to promote drug selection that encourages both effectiveness and safety. Preferred generic or brand drugs requiring Prior Authorization or Step Therapy, or drugs with Dispensing Limits will be noted in the Therapeutic Class Drug List portion of the Prescription Drug Guide.

## Prior Authorization

Some drugs require Prior Authorization (**PA**) because of their high potential for misuse or overuse. Drugs selected for Prior Authorization may require that specific clinical criteria are met before the drugs will be covered under a member's prescription benefit. Approval is required for claims to process at network pharmacies.

## Dispensing Limits

Dispensing Limits (**DL**) identify gender or age restrictions, and/or the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization, enhance member outcomes, and reduce drug benefit costs. Limits are typically developed based upon FDA-approved drug labeling.

## Step Therapy

Step Therapy (**ST**) programs help manage the cost of expensive drugs by redirecting members to safe, effective and less expensive alternatives. Drugs included in the Step Therapy program require a more cost-effective prerequisite drug be tried before the Step Therapy drug will be approved for coverage. If the member meets the prerequisite requirement, the requested drug will be covered automatically without requiring review. If prerequisite drugs are not found in the claims history, Prior Authorization may be required. Drugs and drug categories included in the Step Therapy program are subject to change.

## Notice

The purpose of the Prescription Drug Guide is to provide a guide to coverage. The Prescription Drug Guide is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

Neither this Prescription Drug Guide, nor the successful adjudication of a pharmacy claim, is guarantee of payment.

## Abbreviation Key

**aer** ..... aerosol  
**cap** ..... capsules  
**chew** ..... chewable  
**conc** ..... concentrate  
**cr** ..... controlled release  
**dr** ..... delayed release  
**ec** ..... enteric coated  
**equiv** ..... equivalent  
**er** ..... extended release  
**gm** ..... gram  
**inhal** ..... inhaler  
**inj** ..... injection  
**liqd** ..... liquid  
**mg** ..... milligram  
**ml** ..... milliliter

**nebu** ..... nebulizer  
**odt** ..... orally disintegrating tabs  
**oint** ..... ointment  
**ophth** ..... ophthalmic  
**osm** ..... osmotic release  
**pack** ..... packets  
**powd** ..... powder  
**pttw** ..... twice-weekly patch  
**sl** ..... sublingual  
**soln** ..... solution  
**suppos** ..... suppositories  
**susp** ..... suspension  
**tab** ..... tablets  
**td** ..... transdermal  
**w/** ..... with

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ANTI-INFECTIVE DRUGS</b>					
<b>PENICILLINS</b>					
amoxicillin (trihydrate) cap 250 mg	1				
amoxicillin (trihydrate) cap 500 mg	1				
amoxicillin (trihydrate) for susp 125 mg/5ml	1				
amoxicillin (trihydrate) for susp 200 mg/5ml	1				
amoxicillin (trihydrate) for susp 250 mg/5ml	1				
amoxicillin (trihydrate) for susp 400 mg/5ml	1				
amoxicillin (trihydrate) tab 500 mg	1				
amoxicillin (trihydrate) tab 875 mg	1				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	1				
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1				
amoxicillin & k clavulanate tab 250-125 mg	1				
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1				
amoxicillin & k clavulanate tab 875-125 mg (Augmentin)	1				
ampicillin cap 500 mg	1				
dicloxacillin sodium cap 250 mg	1				
dicloxacillin sodium cap 500 mg	1				
penicillin v potassium tab 250 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
penicillin v potassium tab 500 mg	1				
<b>CEPHALOSPORINS</b>					
cefadroxil cap 500 mg	1				
cefadroxil for susp 250 mg/5ml	1				
cefadroxil for susp 500 mg/5ml	1				
cefdinir cap 300 mg	1				
cefdinir for susp 125 mg/5ml	1				
cefdinir for susp 250 mg/5ml	1				
cefixime cap 400 mg (Suprax)	1				
cefixime for susp 100 mg/5ml (Suprax)	1				
cefixime for susp 200 mg/5ml (Suprax)	1				
cefepodoxime proxetil for susp 50 mg/5ml	1				
cefepodoxime proxetil for susp 100 mg/5ml	1				
cefepodoxime proxetil tab 100 mg	1				
cefepodoxime proxetil tab 200 mg	1				
cefprozil for susp 125 mg/5ml	1				
cefprozil for susp 250 mg/5ml	1				
cefprozil tab 250 mg	1				
cefprozil tab 500 mg	1				
cefuroxime axetil tab 250 mg (Ceftin)	1				
cefuroxime axetil tab 500 mg (Ceftin)	1				
cephalexin cap 250 mg (Keflex)	1				
cephalexin cap 500 mg (Keflex)	1				
cephalexin for susp 125 mg/5ml	1				
cephalexin for susp 250 mg/5ml	1				
<b>MACROLIDES</b>					
azithromycin for susp 100 mg/5ml (Zithromax)	1				
azithromycin for susp 200 mg/5ml (Zithromax)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>azithromycin tab 250 mg</b> (Zithromax)	1				
<b>azithromycin tab 500 mg</b> (Zithromax)	1				
<b>azithromycin tab 600 mg</b> (Zithromax)	1				
<b>clarithromycin tab er 24hr 500 mg</b>	1				
<b>clarithromycin tab 250 mg</b> (Biaxin)	1				
<b>clarithromycin tab 500 mg</b> (Biaxin)	1				
<b>DIFICID – fidaxomicin tab 200 mg</b>	2				
<b>DIFICID – fidaxomicin for susp 40 mg/ml</b>	2				
<b>TETRACYCLINES</b>					
<b>demeclocycline hcl tab 150 mg</b>	1				
<b>demeclocycline hcl tab 300 mg</b>	1				
<b>doxycycline hyclate cap 50 mg</b>	1				
<b>doxycycline hyclate cap 100 mg</b> (Vibramycin)	1				
<b>doxycycline hyclate tab 20 mg</b>	1				
<b>doxycycline hyclate tab 100 mg</b>	1				
<b>doxycycline monohydrate cap 50 mg</b>	1				
<b>doxycycline monohydrate cap 100 mg</b> (Monodox)	1				
<b>doxycycline monohydrate tab 50 mg</b> (Adoxa)	1				
<b>doxycycline monohydrate tab 75 mg</b> (Adoxa)	1				
<b>doxycycline monohydrate tab 100 mg</b> (Adoxa pak 1/100)	1				
<b>doxycycline monohydrate tab 150 mg</b> (Adoxa pak 1/150)	1				
<b>minocycline hcl cap 50 mg</b> (Minocin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>minocycline hcl cap 75 mg</b> (Minocin)	1				
<b>minocycline hcl cap 100 mg</b> (Minocin)	1				
<b>tetracycline hcl cap 250 mg</b> (Tetracycline hcl)	1				
<b>tetracycline hcl cap 500 mg</b> (Tetracycline hcl)	1				
<b>FLUOROQUINOLONES</b>					
<b>CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</b>	2				
<b>ciprofloxacin hcl tab 250 mg (base equiv)</b> (Cipro)	1				
<b>ciprofloxacin hcl tab 500 mg (base equiv)</b> (Cipro)	1				
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	1				
<b>levofloxacin oral soln 25 mg/ml</b> (Levaquin)	1				
<b>levofloxacin tab 250 mg</b> (Levaquin)	1				
<b>levofloxacin tab 500 mg</b> (Levaquin)	1				
<b>levofloxacin tab 750 mg</b> (Levaquin)	1				
<b>ofloxacin tab 400 mg</b>	1				
<b>AMINOGLYCOSIDES</b>					
<b>neomycin sulfate tab 500 mg</b>	1				
<b>tobramycin nebu soln 300 mg/5ml</b> (Tobi)	1	•	•		•
<b>TUBERCULOSIS</b>					
<b>ethambutol hcl tab 100 mg</b> (Myambutol)	1				
<b>ethambutol hcl tab 400 mg</b> (Myambutol)	1				
<b>isoniazid syrup 50 mg/5ml</b>	1				
<b>isoniazid tab 300 mg</b>	1				
<b>PRIFTIN – rifapentine tab 150 mg</b>	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
pyrazinamide tab 500 mg	1				
rifabutin cap 150 mg (Mycobutin)	1				
rifampin cap 150 mg (Rifadin)	1				
rifampin cap 300 mg (Rifadin)	1				
<b>FUNGAL INFECTIONS</b>					
fluconazole for susp 10 mg/ml (Diflucan)	1				
fluconazole for susp 40 mg/ml (Diflucan)	1				
fluconazole tab 50 mg (Diflucan)	1				
fluconazole tab 100 mg (Diflucan)	1				
fluconazole tab 150 mg (Diflucan)	1				
fluconazole tab 200 mg (Diflucan)	1				
flucytosine cap 250 mg (Ancobon)	1				
flucytosine cap 500 mg (Ancobon)	1				
griseofulvin microsize susp 125 mg/5ml	1				
griseofulvin microsize tab 500 mg (Grifulvin v)	1				
itraconazole cap 100 mg (Sporanox)	1				
itraconazole oral soln 10 mg/ml (Sporanox)	1				
NOXAFIL – posaconazole for delayed release susp packet 300 mg	2				
nystatin tab 500000 unit	1				
posaconazole susp 40 mg/ml (Noxafil)	1				
posaconazole tab delayed release 100 mg (Noxafil)	1				
terbinafine hcl tab 250 mg (Lamisil)	1				
voriconazole for susp 40 mg/ml (Vfend)	1				
voriconazole tab 50 mg (Vfend)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
voriconazole tab 200 mg (Vfend)	1				
<b>VIRAL INFECTIONS</b>					
<b>Cytomegalovirus</b>					
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1				
<b>Hepatitis</b>					
adefovir dipivoxil tab 10 mg (Hepsera)	1				
BARACLUDE – entecavir oral soln 0.05 mg/ml	2				
entecavir tab 0.5 mg (Baraclude)	1				
entecavir tab 1 mg (Baraclude)	1				
EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg	2	•	•		•
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg	2	•	•		•
EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	•	•		•
EPCLUSA – sofosbuvir-velpatasvir pellet pack 200-50 mg	2	•	•		•
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg	2	•	•		•
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg	2	•	•		•
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg	2	•	•		•
HARVONI – ledipasvir-sofosbuvir pellet pack 45-200 mg	2	•	•		•
lamivudine tab 100 mg (hbv) (EpiVir hbv)	1				
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	2	•	•		•



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	2	•	•		•
MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg	2	•	•		•
PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	•	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	2	•	•		
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	2	•	•		•
SOVALDI – sofosbuvir tab 200 mg	2	•	•		•
SOVALDI – sofosbuvir tab 400 mg	2	•	•		•
SOVALDI – sofosbuvir pellet pack 150 mg	2	•	•		•
SOVALDI – sofosbuvir pellet pack 200 mg	2	•	•		•
VELMIDY – tenofovir alafenamide fumarate tab 25 mg	2				
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	•	•		•
<b>Herpes</b>					
acyclovir cap 200 mg (Zovirax)	1				
acyclovir susp 200 mg/5ml (Zovirax)	1				
acyclovir tab 400 mg (Zovirax)	1				
acyclovir tab 800 mg (Zovirax)	1				
famciclovir tab 125 mg (Famvir)	1				
famciclovir tab 250 mg (Famvir)	1				
famciclovir tab 500 mg (Famvir)	1				
valacyclovir hcl tab 500 mg (Valtrex)	1				
valacyclovir hcl tab 1 gm (Valtrex)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>HIV/AIDS</b>					
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1				•
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1				•
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1				•
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	1				•
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1				•
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1				•
BIKTARVY – bicittegravir-emtricitabine-tenofovir af tab 30-120-15 mg	2				•
BIKTARVY – bicittegravir-emtricitabine-tenofovir af tab 50-200-25 mg	2				•
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2				•
darunavir tab 600 mg (Prezista)	1				•
darunavir tab 800 mg (Prezista)	1				•
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2				•
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	2				•
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2				•
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2				•
efavirenz tab 600 mg (Sustiva)	1				•
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	1				•
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits	Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</b>	1				•	<b>ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)</b>	2				•
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)</b>	1				•	<b>JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)</b>	2				•
<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)</b>	1				•	<b>KALETRA – lopinavir-ritonavir tab 100-25 mg</b>	2				•
<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)</b>	1				•	<b>KALETRA – lopinavir-ritonavir tab 200-50 mg</b>	2				•
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)</b>	1				•	<b>lamivudine oral soln 10 mg/ml (Epivir)</b>	1				•
<b>etravirine tab 100 mg (Intence)</b>	1				•	<b>lamivudine tab 150 mg (Epivir)</b>	1				•
<b>etravirine tab 200 mg (Intence)</b>	1				•	<b>lamivudine tab 300 mg (Epivir)</b>	1				•
<b>EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)</b>	2				•	<b>lamivudine-zidovudine tab 150-300 mg (Combivir)</b>	1				•
<b>GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg</b>	2				•	<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)</b>	1				•
<b>INTELENCE – etravirine tab 25 mg</b>	2				•	<b>lopinavir-ritonavir tab 100-25 mg (Kaletra)</b>	1				•
<b>INTELENCE – etravirine tab 100 mg</b>	2				•	<b>lopinavir-ritonavir tab 200-50 mg (Kaletra)</b>	1				•
<b>INTELENCE – etravirine tab 200 mg</b>	2				•	<b>nevirapine tab er 24hr 400 mg (Viramune xr)</b>	1				•
<b>ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)</b>	2				•	<b>nevirapine tab 200 mg (Viramune)</b>	1				•
<b>ISENTRESS – raltegravir potassium tab 400 mg (base equiv)</b>	2				•	<b>NORVIR – ritonavir powder packet 100 mg</b>	2				•
<b>ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)</b>	2				•	<b>ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg</b>	2				•
<b>ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)</b>	2				•	<b>PREZCOBIX – darunavir-cobicistat tab 800-150 mg</b>	2				•
						<b>PREZISTA – darunavir oral susp 100 mg/ml</b>	2				•
						<b>PREZISTA – darunavir tab 75 mg</b>	2				•
						<b>PREZISTA – darunavir tab 150 mg</b>	2				•
						<b>PREZISTA – darunavir tab 600 mg</b>	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PREZISTA – darunavir tab 800 mg	2				•
ritonavir tab 100 mg (Norvir)	1				•
SYMTUZA – darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg	2				•
tenofovir disoproxil fumarate tab 300 mg (Viread)	1				•
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	2				•
TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv)	2				•
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2				•
TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2				•
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	2				•
VIREAD – tenofovir disoproxil fumarate tab 150 mg	2				•
VIREAD – tenofovir disoproxil fumarate tab 200 mg	2				•
VIREAD – tenofovir disoproxil fumarate tab 250 mg	2				•
zidovudine cap 100 mg (Retrovir)	1				•
zidovudine syrup 10 mg/ml (Retrovir)	1				•
zidovudine tab 300 mg	1				•
<b>Influenza</b>					
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1				•
<b>MALARIA</b>					
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	1				
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	1				
chloroquine phosphate tab 250 mg	1				
chloroquine phosphate tab 500 mg	1				
hydroxychloroquine sulfate tab 100 mg	1				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1				
hydroxychloroquine sulfate tab 300 mg	1				
hydroxychloroquine sulfate tab 400 mg	1				
mefloquine hcl tab 250 mg	1				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1				
pyrimethamine tab 25 mg (Daraprim)	1				
<b>WORM INFECTIONS</b>					
albendazole tab 200 mg (Albenza)	1				
BENZNIDAZOLE – benznidazole tab 12.5 mg	2				
BENZNIDAZOLE – benznidazole tab 100 mg	2				
ivermectin tab 3 mg (Stromectol)	1		•		
praziquantel tab 600 mg (Biltricide)	1				
<b>OTHER ANTI-INFECTIVES</b>					
atovaquone susp 750 mg/5ml (Meproon)	1				
clindamycin hcl cap 75 mg (Cleocin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
clindamycin hcl cap 150 mg (Cleocin)	1				
clindamycin hcl cap 300 mg (Cleocin)	1				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1				
dapsone tab 25 mg	1				
dapsone tab 100 mg	1				
IMPAVIDO – miltefosine cap 50 mg	2				
linezolid for susp 100 mg/5ml (Zyvox)	1				
linezolid tab 600 mg (Zyvox)	1				
metronidazole tab 250 mg (Flagyl)	1				
metronidazole tab 500 mg (Flagyl)	1				
nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)	1				
nitrofurantoin macrocrystalline cap 50 mg (Macrochantin)	1				
nitrofurantoin macrocrystalline cap 100 mg (Macrochantin)	1				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1				
nitrofurantoin susp 25 mg/5ml	1				
PAXLOVID – nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2				•
PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2				•
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1				
SOLOSEC – secnidazole granules packet 2 gm	2				
sulfadiazine tab 500 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1				
trimethoprim tab 100 mg	1				
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	1				
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)	1				
XIFAXAN – rifaximin tab 550 mg	2				
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 1 gm/5ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 2 gm/10ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 4 gm/20ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous sol pref syr 10 gm/50ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml	2	•	•		
HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	2	•	•		
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	2	•	•		
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	2	•	•		
HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	2	•	•		
JYNNEOS – smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	2				
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 1 gm/5ml	2	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 2 gm/10ml	2	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 4 gm/20ml	2	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 10 gm/50ml	2	•	•		
<b>CANCER DRUGS</b>					
abiraterone acetate tab 250 mg (Zytiga)	1	•	•		•
abiraterone acetate tab 500 mg (Zytiga)	1	•	•		•
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	•			
ALECENSA – alectinib hcl cap 150 mg (base equivalent)	2	•	•		•
ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg	2	•	•		•
ALUNBRIG – brigatinib tab 30 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALUNBRIG – brigatinib tab 90 mg	2	•	•		•
ALUNBRIG – brigatinib tab 180 mg	2	•	•		•
anastrozole tab 1 mg (Arimidex)	1				
AYVAKIT – avapritinib tab 25 mg	2	•	•		•
AYVAKIT – avapritinib tab 50 mg	2	•	•		•
AYVAKIT – avapritinib tab 100 mg	2	•	•		•
AYVAKIT – avapritinib tab 200 mg	2	•	•		•
AYVAKIT – avapritinib tab 300 mg	2	•	•		•
bexarotene cap 75 mg (Targretin)	1	•	•		
bicalutamide tab 50 mg (Casodex)	1				
BOSULIF – bosutinib cap 50 mg	2	•	•		•
BOSULIF – bosutinib cap 100 mg	2	•	•		•
BOSULIF – bosutinib tab 100 mg	2	•	•		•
BOSULIF – bosutinib tab 400 mg	2	•	•		•
BOSULIF – bosutinib tab 500 mg	2	•	•		•
BRUKINSA – zanubrutinib cap 80 mg	2	•	•		•
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)	2	•	•		•
CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)	2	•	•		•
CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)	2	•	•		•
CALQUENCE – acalabrutinib maleate tab 100 mg	2	•	•		•
capecitabine tab 150 mg (Xeloda)	1	•	•		
capecitabine tab 500 mg (Xeloda)	1	•	•		
CAPRELSA – vandetanib tab 100 mg	2	•	•		•
CAPRELSA – vandetanib tab 300 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	•	•		•
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	•	•		•
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	•	•		•
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	2	•	•		•
cyclophosphamide cap 25 mg (Cyclophosphamide)	1				
cyclophosphamide cap 50 mg (Cyclophosphamide)	1				
dasatinib tab 20 mg (Sprycel)	1	•	•		•
dasatinib tab 50 mg (Sprycel)	1	•	•		•
dasatinib tab 70 mg (Sprycel)	1	•	•		•
dasatinib tab 80 mg (Sprycel)	1	•	•		•
dasatinib tab 100 mg (Sprycel)	1	•	•		•
dasatinib tab 140 mg (Sprycel)	1	•	•		•
ELIGARD – leuprolide acetate for subcutaneous inj kit 7.5 mg	2	•			
ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	2	•			
ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	2	•			
ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	2	•			
ERIVEDGE – vismodegib cap 150 mg	2	•	•		•
ERLEADA – apalutamide tab 60 mg	2	•	•		•
ERLEADA – apalutamide tab 240 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	1	•	•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	1	•	•		•
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	1	•	•		•
ETOPOSIDE – etoposide cap 50 mg	2				
everolimus tab for oral susp 2 mg (Afinitor disperz)	1	•	•		•
everolimus tab for oral susp 3 mg (Afinitor disperz)	1	•	•		•
everolimus tab for oral susp 5 mg (Afinitor disperz)	1	•	•		•
everolimus tab 2.5 mg (Afinitor)	1	•	•		•
everolimus tab 5 mg (Afinitor)	1	•	•		•
everolimus tab 7.5 mg (Afinitor)	1	•	•		•
everolimus tab 10 mg (Afinitor)	1	•	•		•
exemestane tab 25 mg (Aromasin)	1				
FIRMAGON – degarelix acetate for inj 80 mg (base equiv)	2	•			
FIRMAGON – degarelix acetate for inj 120 mg/vial (240 mg dose)	2	•			
gefitinib tab 250 mg (Iressa)	1	•	•		•
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent)	2	•	•		•
GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent)	2	•	•		•
GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent)	2	•	•		•
GLEOSTINE – lomustine cap 10 mg	2				
GLEOSTINE – lomustine cap 40 mg	2				
GLEOSTINE – lomustine cap 100 mg	2				
HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HYCAMTIN – topotecan hcl cap 1 mg (base equiv)	2	•	•		
hydroxyurea cap 500 mg (Hydrea)	1				
IBRANCE – palbociclib cap 75 mg	2	•	•		•
IBRANCE – palbociclib cap 100 mg	2	•	•		•
IBRANCE – palbociclib cap 125 mg	2	•	•		•
IBRANCE – palbociclib tab 75 mg	2	•	•		•
IBRANCE – palbociclib tab 100 mg	2	•	•		•
IBRANCE – palbociclib tab 125 mg	2	•	•		•
ICLUSIG – ponatinib hcl tab 10 mg (base equiv)	2	•	•		•
ICLUSIG – ponatinib hcl tab 15 mg (base equiv)	2	•	•		•
ICLUSIG – ponatinib hcl tab 30 mg (base equiv)	2	•	•		•
ICLUSIG – ponatinib hcl tab 45 mg (base equiv)	2	•	•		•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	1	•	•		•
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	1	•	•		•
IMBRUVICA – ibrutinib oral susp 70 mg/ml	2	•	•		•
IMBRUVICA – ibrutinib cap 70 mg	2	•	•		•
IMBRUVICA – ibrutinib cap 140 mg	2	•	•		•
IMBRUVICA – ibrutinib tab 140 mg	2	•	•		•
IMBRUVICA – ibrutinib tab 280 mg	2	•	•		•
IMBRUVICA – ibrutinib tab 420 mg	2	•	•		•
INLYTA – axitinib tab 1 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
INLYTA – axitinib tab 5 mg	2	•	•		•
IRESSA – gefitinib tab 250 mg	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent)	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent)	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent)	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent)	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent)	2	•	•		•
KISQALI – ribociclib succinate tab pack 200 mg daily dose	2	•	•		•
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	•	•		•
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	•	•		•
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	•	•		•
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	•	•		•
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	•	•		•
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	•	•		•
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	•	•		•
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	•	•		•
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	•	•		•
letrozole tab 2.5 mg (Femara)	1				
leucovorin calcium tab 5 mg	1				
leucovorin calcium tab 15 mg	1				
leucovorin calcium tab 25 mg	1				
LEUKERAN – chlorambucil tab 2 mg	2				
LEUPROLIDE ACETATE – leuprolide acetate (3 month) for inj 22.5 mg	2	•			
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	•			
LONSURF – trifluridine-tipiracil tab 15-6.14 mg	2	•	•		•
LONSURF – trifluridine-tipiracil tab 20-8.19 mg	2	•	•		•
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg	2	•			
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 7.5 mg	2	•			
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg	2	•			
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 22.5 mg	2	•			
LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg	2	•			
LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg	2	•			
LYNPARZA – olaparib tab 100 mg	2	•	•		•
LYNPARZA – olaparib tab 150 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LYSODREN – mitotane tab 500 mg	2	•	•		
MATULANE – procarbazine hcl cap 50 mg	2	•	•		
megestrol acetate susp 40 mg/ml (Megace oral)	1				
megestrol acetate tab 20 mg	1				
megestrol acetate tab 40 mg	1				
MEKINIST – trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	•	•		•
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	•	•		•
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	•	•		•
mercaptapurine tab 50 mg (Purinethol)	1				
methotrexate sodium for inj 1 gm	1				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1				
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium tab 2.5 mg (base equiv)	1				
MYLERAN – busulfan tab 2 mg	2				
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	2	•	•		•
nilutamide tab 150 mg (Nilandron)	1				
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)	2	•	•		•
NINLARO – ixazomib citrate cap 3 mg (base equivalent)	2	•	•		•



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NINLARO – ixazomib citrate cap 4 mg (base equivalent)	2	•	•		•
NUBEQA – darolutamide tab 300 mg	2	•	•		•
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	2	•	•		•
pazopanib hcl tab 200 mg (base equiv) (Votrient)	1	•	•		•
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	2	•	•		•
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	•	•		•
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	•	•		•
POMALYST – pomalidomide cap 1 mg	2	•	•		•
POMALYST – pomalidomide cap 2 mg	2	•	•		•
POMALYST – pomalidomide cap 3 mg	2	•	•		•
POMALYST – pomalidomide cap 4 mg	2	•	•		•
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	2	•			
RETEVMO – selpercatinib cap 40 mg	2	•	•		•
RETEVMO – selpercatinib cap 80 mg	2	•	•		•
RETEVMO – selpercatinib tab 40 mg	2	•	•		•
RETEVMO – selpercatinib tab 80 mg	2	•	•		•
RETEVMO – selpercatinib tab 120 mg	2	•	•		•
RETEVMO – selpercatinib tab 160 mg	2	•	•		•
ROZLYTREK – entrectinib pellet pack 50 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ROZLYTREK – entrectinib cap 100 mg	2	•	•		•
ROZLYTREK – entrectinib cap 200 mg	2	•	•		•
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)	2	•	•		•
RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)	2	•	•		•
RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)	2	•	•		•
RYDAPT – midostaurin cap 25 mg	2	•	•		•
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	•	•		•
SPRYCEL – dasatinib tab 20 mg	2	•	•		•
SPRYCEL – dasatinib tab 50 mg	2	•	•		•
SPRYCEL – dasatinib tab 70 mg	2	•	•		•
SPRYCEL – dasatinib tab 80 mg	2	•	•		•
SPRYCEL – dasatinib tab 100 mg	2	•	•		•
SPRYCEL – dasatinib tab 140 mg	2	•	•		•
STIVARGA – regorafenib tab 40 mg	2	•	•		•
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	1	•	•		•
sunitinib malate cap 25 mg (base equivalent) (Sutent)	1	•	•		•
sunitinib malate cap 37.5 mg (base equivalent) (Sutent)	1	•	•		•
sunitinib malate cap 50 mg (base equivalent) (Sutent)	1	•	•		•
SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	2	•	•		•
SUTENT – sunitinib malate cap 25 mg (base equivalent)	2	•	•		•
SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	2	•	•		•
SUTENT – sunitinib malate cap 50 mg (base equivalent)	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TABLOID – thioguanine tab 40 mg	2				
TABRECTA – capmatinib hcl tab 150 mg	2	•	•		•
TABRECTA – capmatinib hcl tab 200 mg	2	•	•		•
TAFINLAR – dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	•	•		•
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	2	•	•		•
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	2	•	•		•
TAGRISSO – osimertinib mesylate tab 40 mg (base equivalent)	2	•	•		•
TAGRISSO – osimertinib mesylate tab 80 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.1 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.35 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.5 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.75 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 1 mg (base equivalent)	2	•	•		•
tamoxifen citrate tab 10 mg (base equivalent)	1				
tamoxifen citrate tab 20 mg (base equivalent)	1				
TASIGNA – nilotinib hcl cap 50 mg (base equivalent)	2	•	•		•
TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	2	•	•		•
TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
temozolomide cap 5 mg (Temodar)	1	•	•		
temozolomide cap 20 mg (Temodar)	1	•	•		
temozolomide cap 100 mg (Temodar)	1	•	•		
temozolomide cap 140 mg (Temodar)	1	•	•		
temozolomide cap 180 mg (Temodar)	1	•	•		
temozolomide cap 250 mg (Temodar)	1	•	•		
TIBSOVO – ivosidenib tab 250 mg	2	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1				
tretinoin cap 10 mg	1	•	•		
TYKERB – lapatinib ditosylate tab 250 mg (base equiv)	2	•	•		•
VENCLEXTA – venetoclax tab 10 mg	2	•	•		•
VENCLEXTA – venetoclax tab 50 mg	2	•	•		•
VENCLEXTA – venetoclax tab 100 mg	2	•	•		•
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	•	•		•
VERZENIO – abemaciclib tab 50 mg	2	•	•		•
VERZENIO – abemaciclib tab 100 mg	2	•	•		•
VERZENIO – abemaciclib tab 150 mg	2	•	•		•
VERZENIO – abemaciclib tab 200 mg	2	•	•		•
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)	2	•	•		•
VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent)	2	•	•		•
VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	2	•	•		•
XALKORI – crizotinib cap 200 mg	2	•	•		•
XALKORI – crizotinib cap 250 mg	2	•	•		•
XALKORI – crizotinib cap sprinkle 20 mg	2	•	•		•
XALKORI – crizotinib cap sprinkle 50 mg	2	•	•		•
XALKORI – crizotinib cap sprinkle 150 mg	2	•	•		•
XTANDI – enzalutamide cap 40 mg	2	•	•		•
XTANDI – enzalutamide tab 40 mg	2	•	•		•
XTANDI – enzalutamide tab 80 mg	2	•	•		•
YONSA – abiraterone acetate micronized tab 125 mg	2	•	•		•
ZEJULA – niraparib tosylate tab 100 mg (base equivalent)	2	•	•		•
ZEJULA – niraparib tosylate tab 200 mg (base equivalent)	2	•	•		•
ZEJULA – niraparib tosylate tab 300 mg (base equivalent)	2	•	•		•
ZELBORAF – vemurafenib tab 240 mg	2	•	•		•
ZOLINZA – vorinostat cap 100 mg	2	•	•		•
ZYDELIG – idelalisib tab 100 mg	2	•	•		•
ZYDELIG – idelalisib tab 150 mg	2	•	•		•
ZYKADIA – ceritinib tab 150 mg	2	•	•		•
ZYTIGA – abiraterone acetate tab 500 mg	2	•	•		•

**HORMONES, DIABETES AND RELATED DRUGS****CORTICOSTEROIDS**

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
budesonide delayed release particles cap 3 mg (Entocort ec)	1				
dexamethasone elixir 0.5 mg/5ml	1				
dexamethasone tab 0.5 mg	1				
dexamethasone tab 0.75 mg	1				
dexamethasone tab 1 mg	1				
dexamethasone tab 1.5 mg	1				
dexamethasone tab 2 mg	1				
dexamethasone tab 4 mg	1				
dexamethasone tab 6 mg	1				
fludrocortisone acetate tab 0.1 mg	1				
hydrocortisone tab 5 mg (Cortef)	1				
hydrocortisone tab 10 mg (Cortef)	1				
hydrocortisone tab 20 mg (Cortef)	1				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1				
methylprednisolone tab 4 mg (Medrol)	1				
methylprednisolone tab 8 mg (Medrol)	1				
methylprednisolone tab 16 mg (Medrol)	1				
methylprednisolone tab 32 mg (Medrol)	1				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1				
prednisolone soln 15 mg/5ml	1				
prednisone tab therapy pack 5 mg (21)	1				
prednisone tab therapy pack 5 mg (48)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
prednisone tab therapy pack 10 mg (21)	1				
prednisone tab therapy pack 10 mg (48)	1				
prednisone tab 1 mg	1				
prednisone tab 2.5 mg	1				
prednisone tab 5 mg	1				
prednisone tab 10 mg	1				
prednisone tab 20 mg	1				
prednisone tab 50 mg	1				
<b>MALE HORMONES</b>					
danazol cap 50 mg	1		•		
danazol cap 100 mg	1		•		
danazol cap 200 mg	1		•		
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1				
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1				
testosterone td gel 25 mg/2.5gm (1%) (AndroGel)	1		•		•
testosterone td gel 50 mg/5gm (1%) (AndroGel)	1		•		•
testosterone td gel 12.5 mg/act (1%) (AndroGel pump)	1		•		•
testosterone td gel 20.25 mg/act (1.62%) (AndroGel pump)	1		•		•
testosterone td soln 30 mg/act (Axiron)	1		•		•
<b>ESTROGENS</b>					
CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2				•
DUAVEE – conjugated estrogens-basedoxifene tab 0.45-20 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)	1				
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1				
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (EstroGel)	1				•
estradiol tab 0.5 mg (Estrace)	1				
estradiol tab 1 mg (Estrace)	1				
estradiol tab 2 mg (Estrace)	1				
estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel)	1				•
estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel)	1				•
estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel)	1				•
estradiol td gel 1 mg/gm (0.1%) (Divigel)	1				•
estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel)	1				•
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	1				•
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	1				•
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	1				•
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	1				•
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	1				•
estradiol td patch weekly 0.025 mg/24hr (Climara)	1				•
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	1				•
estradiol td patch weekly 0.05 mg/24hr (Climara)	1				•
estradiol td patch weekly 0.06 mg/24hr (Climara)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>estradiol td patch weekly 0.075 mg/24hr (Climara)</b>	1				•
<b>estradiol td patch weekly 0.1 mg/24hr (Climara)</b>	1				•
<b>MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg</b>	2		•		•
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)</b>	1				
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b>	1				
<b>ORIAHNN – elagolix-estradiol-noreth 300-1-0.5mg &amp; elagolix 300mg cap pack</b>	2		•		•
<b>PREMARIN – estrogens, conjugated tab 0.3 mg</b>	2				
<b>PREMARIN – estrogens, conjugated tab 0.45 mg</b>	2				
<b>PREMARIN – estrogens, conjugated tab 0.625 mg</b>	2				
<b>PREMARIN – estrogens, conjugated tab 0.9 mg</b>	2				
<b>PREMARIN – estrogens, conjugated tab 1.25 mg</b>	2				
<b>PREMPHASE – conj est 0.625(14)/conj est-medroxyprog ac tab 0.625-5mg(14)</b>	2				
<b>PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg</b>	2				
<b>PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg</b>	2				
<b>PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg</b>	2				
<b>PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg</b>	2				
<b>PROGESTINS</b>					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>medroxyprogesterone acetate tab 2.5 mg (Provera)</b>	1				
<b>medroxyprogesterone acetate tab 5 mg (Provera)</b>	1				
<b>medroxyprogesterone acetate tab 10 mg (Provera)</b>	1				
<b>norethindrone acetate tab 5 mg (Aygestin)</b>	1				
<b>progesterone cap 100 mg (Prometrium)</b>	1				
<b>progesterone cap 200 mg (Prometrium)</b>	1				
<b>BIRTH CONTROL</b>					
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)</b>	1				
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)</b>	1				
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</b>	1				
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</b>	1				
<b>ELLA – ulipristal acetate tab 30 mg</b>	2				
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	1				
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg (Zovia 1/50e)</b>	1				
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7) (Loseasonique)</b>	1				
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Seasonique)</b>	1				
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	1				
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1				
LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2				
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1				
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1				
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1				
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	1				
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	1				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	1				
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe)	1				
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	1				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	1				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	1				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
norethindrone tab 0.35 mg (Nor-qd)	1				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	1				
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	1				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	1				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	1				
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	1				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1				
NUVARING – etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1				
<b>INFERTILITY</b>					
CHORIONIC GONADOTROPIN – chorionic gonadotropin for im inj 10000 unit	2	•			
FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml	2	•			
FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml	2	•			
FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml	2	•			
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	1	•			
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 7.5 mg	2	•			
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 11.25 mg	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 15 mg)	2	•			
LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg)	2	•			
LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 30 mg)	2	•			
LUPRON DEPOT-PED (6-MONTH – leuprolide acet (6 month) for im inj pediatric kit 45 mg)	2	•			
NOVAREL – chorionic gonadotropin for im inj 5000 unit	2	•			
ORLISSA – elagolix sodium tab 150 mg (base equiv)	2		•		•
ORLISSA – elagolix sodium tab 200 mg (base equiv)	2		•		•
PREGNYL – chorionic gonadotropin for im inj 10000 unit	2	•			
PREGNYL W/DILUENT BENZYL – chorionic gonadotropin for im inj 10000 unit	2	•			
SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2				
<b>DIABETES</b>					
acarbose tab 25 mg (Precose)	1				
acarbose tab 50 mg (Precose)	1				
acarbose tab 100 mg (Precose)	1				
BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose	2				
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose	2				
diazoxide susp 50 mg/ml (Proglycem)	1				
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)	2				•
glimepiride tab 1 mg (Amaryl)	1				
glimepiride tab 2 mg (Amaryl)	1				
glimepiride tab 4 mg (Amaryl)	1				
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 10 mg (Glucotrol xl)	1				
glipizide tab 5 mg (Glucotrol)	1				
glipizide tab 10 mg (Glucotrol)	1				
glipizide-metformin hcl tab 2.5-250 mg	1				
glipizide-metformin hcl tab 2.5-500 mg	1				
glipizide-metformin hcl tab 5-500 mg	1				
GLUCAGON EMERGENCY KIT FO – glucagon hcl for inj 1 mg	2				
glyburide tab 1.25 mg	1				
glyburide tab 2.5 mg	1				
glyburide tab 5 mg	1				
glyburide-metformin tab 1.25-250 mg (Glucovance)	1				
glyburide-metformin tab 2.5-500 mg (Glucovance)	1				
glyburide-metformin tab 5-500 mg (Glucovance)	1				
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg	2				•
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg	2				•
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2				
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2				
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2				
GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml	2				
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2				
JANUMET – sitagliptin-metformin hcl tab 50-500 mg	2				•
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg	2				•
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg	2				•
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2				•
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg	2				•
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)	2				•
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)	2				•
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)	2				•
JARDIANCE – empagliflozin tab 10 mg	2				•
JARDIANCE – empagliflozin tab 25 mg	2				•
metformin hcl tab er 24hr 500 mg (Glucophage xr)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
metformin hcl tab er 24hr 750 mg (Glucophage xr)	1				
metformin hcl tab 500 mg (Glucophage)	1				
metformin hcl tab 850 mg (Glucophage)	1				
metformin hcl tab 1000 mg (Glucophage)	1				
MOUNJARO – tirzepatide soln auto-injector 2.5 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 5 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 7.5 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 10 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 12.5 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 15 mg/0.5ml	2		•		•
nateglinide tab 60 mg (Starlix)	1				
nateglinide tab 120 mg (Starlix)	1				
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	2		•		•
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2		•		•
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	2		•		•
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1				
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1				
pioglitazone hcl tab 45 mg (base equiv) (Actos)	1				
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	1				
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1				
repaglinide tab 0.5 mg (Prandin)	1				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
repaglinide tab 1 mg (Prandin)	1				
repaglinide tab 2 mg (Prandin)	1				
RYBELSUS – semaglutide tab 3 mg	2		•		•
RYBELSUS – semaglutide tab 7 mg	2		•		•
RYBELSUS – semaglutide tab 14 mg	2		•		•
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2			•	•
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg	2				•
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg	2				•
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg	2				•
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg	2				•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2				•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2				•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2				•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2				•
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2				•
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	2				•
TRIJARDY XR – empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	2				•
TRULICITY – dulaglutide soln auto-injector 0.75 mg/0.5ml	2		•		•
TRULICITY – dulaglutide soln auto-injector 1.5 mg/0.5ml	2		•		•
TRULICITY – dulaglutide soln auto-injector 3 mg/0.5ml	2		•		•
TRULICITY – dulaglutide soln auto-injector 4.5 mg/0.5ml	2		•		•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	2				•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	2				•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	2				•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	2				•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	2				•
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•	•
ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2				
ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2				
<b>DIABETES - INSULINS</b>					
<i>Rapid-Acting Insulins</i>					
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2				
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2				
HUMALOG – insulin lispro soln cartridge 100 unit/ml	1				
HUMALOG – insulin lispro inj soln 100 unit/ml	1				
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1				
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	1				
HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml	1				
HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	1				
LYUMJEV – insulin lispro-aabc inj 100 unit/ml	1				
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1				
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml	1				
LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	1				
NOVOLOG – insulin aspart inj soln 100 unit/ml	1				
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	1				
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	1				
<b>Short-Acting Insulins</b>					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HUMULIN R – insulin regular (human) inj 100 unit/ml	1				
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml	2				
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	2				
NOVOLIN R – insulin regular (human) inj 100 unit/ml	1				
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml	2				
<b>Intermediate-Acting Insulins</b>					
HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50)	1				
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1				
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)	1				
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1				
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml	1				
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1				
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	1				
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1				
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2				
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2				
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2				
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1				
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1				
<b>Basal Insulins</b>					
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/ml	2				
INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/ml	2				
LEVEMIR – insulin detemir inj 100 unit/ml	2				
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml	2				
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml	2				
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2				
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2				
TRESIBA – insulin degludec inj 100 unit/ml	2				
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml	2				
<b>THYROID REGULATION</b>					
levothyroxine sodium tab 25 mcg (Synthroid)	1				
levothyroxine sodium tab 50 mcg (Synthroid)	1				
levothyroxine sodium tab 75 mcg (Synthroid)	1				
levothyroxine sodium tab 88 mcg (Synthroid)	1				
levothyroxine sodium tab 100 mcg (Synthroid)	1				
levothyroxine sodium tab 112 mcg (Synthroid)	1				
levothyroxine sodium tab 125 mcg (Synthroid)	1				
levothyroxine sodium tab 137 mcg (Synthroid)	1				
levothyroxine sodium tab 150 mcg (Synthroid)	1				
levothyroxine sodium tab 175 mcg (Synthroid)	1				
levothyroxine sodium tab 200 mcg (Synthroid)	1				
levothyroxine sodium tab 300 mcg (Synthroid)	1				
liothyronine sodium tab 5 mcg (Cytomel)	1				
liothyronine sodium tab 25 mcg (Cytomel)	1				
liothyronine sodium tab 50 mcg (Cytomel)	1				
methimazole tab 5 mg (Tapazole)	1				
methimazole tab 10 mg (Tapazole)	1				
propylthiouracil tab 50 mg	1				
SYNTHROID – levothyroxine sodium tab 25 mcg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SYNTHROID – levothyroxine sodium tab 50 mcg	2				
SYNTHROID – levothyroxine sodium tab 75 mcg	2				
SYNTHROID – levothyroxine sodium tab 88 mcg	2				
SYNTHROID – levothyroxine sodium tab 100 mcg	2				
SYNTHROID – levothyroxine sodium tab 112 mcg	2				
SYNTHROID – levothyroxine sodium tab 125 mcg	2				
SYNTHROID – levothyroxine sodium tab 137 mcg	2				
SYNTHROID – levothyroxine sodium tab 150 mcg	2				
SYNTHROID – levothyroxine sodium tab 175 mcg	2				
SYNTHROID – levothyroxine sodium tab 200 mcg	2				
SYNTHROID – levothyroxine sodium tab 300 mcg	2				
<b>GROWTH HORMONE</b>					
GENOTROPIN – somatropin for subcutaneous inj cartridge 5 mg	2	•	•		
GENOTROPIN – somatropin for subcutaneous inj cartridge 12 mg (36 unit)	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.2 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.4 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.6 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.8 mg	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.2 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.4 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.6 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.8 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 2 mg	2	•	•		
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	2	•			
OMNITROPE – somatropin for inj 5.8 mg	2	•	•		
OMNITROPE – somatropin solution cartridge 5 mg/1.5ml	2	•	•		
OMNITROPE – somatropin solution cartridge 10 mg/1.5ml	2	•	•		
<b>OTHER HORMONES AND RELATED DRUGS</b>					
alendronate sodium tab 10 mg	1				
alendronate sodium tab 35 mg	1				
alendronate sodium tab 70 mg (Fosamax)	1				
betaine powder for oral solution (Cystadane)	1	•			
cabergoline tab 0.5 mg	1				
calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)	1				
calcitriol cap 0.25 mcg (Rocaltrol)	1				
calcitriol cap 0.5 mcg (Rocaltrol)	1				
CARBAGLU – carglumic acid soluble tab 200 mg	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>carglumic acid soluble tab 200 mg</b> (Carbaglu)	1	•	•		
<b>cinacalcet hcl tab 30 mg (base equiv)</b> (Sensipar)	1				
<b>cinacalcet hcl tab 60 mg (base equiv)</b> (Sensipar)	1				
<b>cinacalcet hcl tab 90 mg (base equiv)</b> (Sensipar)	1				
<b>CYSTADANE – betaine powder for oral solution</b>	2	•			
<b>desmopressin acetate inj 4 mcg/ml</b> (Ddavn)	1				
<b>desmopressin acetate nasal spray soln 0.01%</b> (Ddavn)	1				
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b>	1				
<b>desmopressin acetate preservative free (pf) inj 4 mcg/ml</b> (Ddavn)	1				
<b>desmopressin acetate tab 0.1 mg</b> (Ddavn)	1				
<b>desmopressin acetate tab 0.2 mg</b> (Ddavn)	1				
<b>FORTEO – teriparatide soln pen-inj 600 mcg/2.4ml</b>	2	•	•		•
<b>ibandronate sodium tab 150 mg (base equivalent)</b> (Boniva)	1				
<b>KERENDIA – finerenone tab 10 mg</b>	2			•	•
<b>KERENDIA – finerenone tab 20 mg</b>	2			•	•
<b>levocarnitine oral soln 1 gm/10ml (10%)</b> (Carnitor)	1				
<b>levocarnitine tab 330 mg</b> (Carnitor)	1				
<b>LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 7.5 mg)</b>	2	•			
<b>LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 11.25 mg)</b>	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 15 mg)</b>	2	•			
<b>methylergonovine maleate tab 0.2 mg</b>	1				
<b>nitisinone cap 2 mg</b> (Orfadin)	1	•			
<b>nitisinone cap 5 mg</b> (Orfadin)	1	•			
<b>nitisinone cap 10 mg</b> (Orfadin)	1	•			
<b>nitisinone cap 20 mg</b> (Orfadin)	1	•			
<b>NITYR – nitisinone tab 2 mg</b>	2	•			
<b>NITYR – nitisinone tab 5 mg</b>	2	•			
<b>NITYR – nitisinone tab 10 mg</b>	2	•			
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b> (Sandostatin)	1	•			
<b>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b> (Sandostatin)	1	•			
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b> (Sandostatin)	1	•			
<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b> (Sandostatin)	1	•			
<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b> (Sandostatin)	1	•			
<b>ORFADIN – nitisinone susp 4 mg/ml</b>	2	•			
<b>raloxifene hcl tab 60 mg</b> (Evista)	1				
<b>REVCOVI – elapegedemase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)</b>	2	•			
<b>risedronate sodium tab 5 mg</b> (Actonel)	1				
<b>risedronate sodium tab 30 mg</b> (Actonel)	1				
<b>risedronate sodium tab 35 mg</b> (Actonel)	1				
<b>risedronate sodium tab 150 mg</b> (Actonel)	1				
<b>SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 10 mg</b>	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 20 mg	2	•			
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 30 mg	2	•			
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	2	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	2	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	2	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	2	•	•		
teriparatide soln pen-inj 600 mcg/2.4ml (Forteo)	1	•	•		•
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	•	•		•

### HEART AND CIRCULATORY DRUGS

#### ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATI

benazepril & hydrochlorothiazide tab 5-6.25 mg	1				
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	1				
benazepril hcl tab 5 mg	1				
benazepril hcl tab 10 mg (Lotensin)	1				
benazepril hcl tab 20 mg (Lotensin)	1				
benazepril hcl tab 40 mg (Lotensin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
captopril tab 12.5 mg	1				
captopril tab 25 mg	1				
captopril tab 50 mg	1				
captopril tab 100 mg	1				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1				
enalapril maleate tab 2.5 mg (Vasotec)	1				
enalapril maleate tab 5 mg (Vasotec)	1				
enalapril maleate tab 10 mg (Vasotec)	1				
enalapril maleate tab 20 mg (Vasotec)	1				
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1				
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1				
fosinopril sodium tab 10 mg	1				
fosinopril sodium tab 20 mg	1				
fosinopril sodium tab 40 mg	1				
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1				
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1				
lisinopril tab 2.5 mg (Zestril)	1				
lisinopril tab 5 mg (Prinivil)	1				
lisinopril tab 10 mg (Prinivil)	1				
lisinopril tab 20 mg (Prinivil)	1				
lisinopril tab 30 mg (Zestril)	1				
lisinopril tab 40 mg (Zestril)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>moexipril hcl tab 7.5 mg</b> (Univasc)	1				
<b>moexipril hcl tab 15 mg</b> (Univasc)	1				
<b>perindopril erbumine tab 4 mg</b> (Aceon)	1				
<b>quinapril hcl tab 5 mg</b> (Accupril)	1				
<b>quinapril hcl tab 10 mg</b> (Accupril)	1				
<b>quinapril hcl tab 20 mg</b> (Accupril)	1				
<b>quinapril hcl tab 40 mg</b> (Accupril)	1				
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg</b> (Accuretic)	1				
<b>quinapril-hydrochlorothiazide tab 20-12.5 mg</b> (Accuretic)	1				
<b>ramipril cap 1.25 mg</b> (Altace)	1				
<b>ramipril cap 2.5 mg</b> (Altace)	1				
<b>ramipril cap 5 mg</b> (Altace)	1				
<b>ramipril cap 10 mg</b> (Altace)	1				
<b>trandolapril tab 1 mg</b> (Mavik)	1				
<b>trandolapril tab 2 mg</b> (Mavik)	1				
<b>trandolapril tab 4 mg</b> (Mavik)	1				
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS</b>					
<b>amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg</b> (Exforge hct)	1				
<b>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</b> (Exforge hct)	1				
<b>amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg</b> (Exforge hct)	1				
<b>amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg</b> (Exforge hct)	1				
<b>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg</b> (Exforge hct)	1				
<b>candesartan cilexetil tab 4 mg</b> (Atacand)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>candesartan cilexetil tab 8 mg</b> (Atacand)	1				
<b>candesartan cilexetil tab 16 mg</b> (Atacand)	1				
<b>candesartan cilexetil tab 32 mg</b> (Atacand)	1				
<b>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</b> (Atacand hct)	1				
<b>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</b> (Atacand hct)	1				
<b>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</b> (Atacand hct)	1				
<b>irbesartan tab 75 mg</b> (Avapro)	1				
<b>irbesartan tab 150 mg</b> (Avapro)	1				
<b>irbesartan tab 300 mg</b> (Avapro)	1				
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b> (Avalide)	1				
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b> (Avalide)	1				
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</b> (Hyzaar)	1				
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b> (Hyzaar)	1				
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</b> (Hyzaar)	1				
<b>losartan potassium tab 25 mg</b> (Cozaar)	1				
<b>losartan potassium tab 50 mg</b> (Cozaar)	1				
<b>losartan potassium tab 100 mg</b> (Cozaar)	1				
<b>olmesartan medoxomil tab 5 mg</b> (Benicar)	1				
<b>olmesartan medoxomil tab 20 mg</b> (Benicar)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>olmesartan medoxomil tab 40 mg</b> (Benicar)	1				
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b> (Benicar hct)	1				
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b> (Benicar hct)	1				
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> (Benicar hct)	1				
<b>telmisartan tab 20 mg</b> (Micardis)	1				
<b>telmisartan tab 40 mg</b> (Micardis)	1				
<b>telmisartan tab 80 mg</b> (Micardis)	1				
<b>valsartan tab 40 mg</b> (Diovan)	1				
<b>valsartan tab 80 mg</b> (Diovan)	1				
<b>valsartan tab 160 mg</b> (Diovan)	1				
<b>valsartan tab 320 mg</b> (Diovan)	1				
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> (Diovan hct)	1				
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> (Diovan hct)	1				
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> (Diovan hct)	1				
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> (Diovan hct)	1				
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> (Diovan hct)	1				
<b>BETA BLOCKERS AND COMBINATIONS</b>					
<b>acebutolol hcl cap 200 mg</b> (Sectral)	1				
<b>acebutolol hcl cap 400 mg</b> (Sectral)	1				
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> (Tenoretic 50)	1				
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> (Tenoretic 100)	1				
<b>atenolol tab 25 mg</b> (Tenormin)	1				
<b>atenolol tab 50 mg</b> (Tenormin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>atenolol tab 100 mg</b> (Tenormin)	1				
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> (Ziac)	1				
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> (Ziac)	1				
<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> (Ziac)	1				
<b>bisoprolol fumarate tab 5 mg</b> (Zebeta)	1				
<b>bisoprolol fumarate tab 10 mg</b> (Zebeta)	1				
<b>carvedilol tab 3.125 mg</b> (Coreg)	1				
<b>carvedilol tab 6.25 mg</b> (Coreg)	1				
<b>carvedilol tab 12.5 mg</b> (Coreg)	1				
<b>carvedilol tab 25 mg</b> (Coreg)	1				
<b>labetalol hcl tab 100 mg</b> (Trandate)	1				
<b>labetalol hcl tab 200 mg</b> (Trandate)	1				
<b>labetalol hcl tab 300 mg</b> (Trandate)	1				
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b> (Lopressor hct)	1				
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b> (Lopressor hct)	1				
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b>	1				
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</b> (Toprol xl)	1				
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b> (Toprol xl)	1				
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b> (Toprol xl)	1				
<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b> (Toprol xl)	1				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
metoprolol tartrate tab 25 mg	1				
metoprolol tartrate tab 50 mg (Lopressor)	1				
metoprolol tartrate tab 100 mg (Lopressor)	1				
nadolol tab 20 mg (Corgard)	1				
nadolol tab 40 mg (Corgard)	1				
nadolol tab 80 mg (Corgard)	1				
pindolol tab 5 mg	1				
pindolol tab 10 mg	1				
propranolol hcl cap er 24hr 60 mg (Inderal la)	1				
propranolol hcl cap er 24hr 80 mg (Inderal la)	1				
propranolol hcl cap er 24hr 120 mg (Inderal la)	1				
propranolol hcl cap er 24hr 160 mg (Inderal la)	1				
propranolol hcl oral soln 20 mg/5ml	1				
propranolol hcl tab 10 mg	1				
propranolol hcl tab 20 mg	1				
propranolol hcl tab 40 mg	1				
propranolol hcl tab 60 mg	1				
propranolol hcl tab 80 mg	1				
<b>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</b>					
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1				
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1				
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1				
amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-40 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1				
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	1				
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	1				
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	1				
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	1				
diltiazem hcl cap er 24hr 120 mg	1				
diltiazem hcl cap er 24hr 180 mg	1				
diltiazem hcl cap er 24hr 240 mg	1				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 300 mg	1				
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> (Tiazac)	1				
<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b> (Tiazac)	1				
<b>diltiazem hcl tab 30 mg</b> (Cardizem)	1				
<b>diltiazem hcl tab 60 mg</b> (Cardizem)	1				
<b>diltiazem hcl tab 90 mg</b>	1				
<b>diltiazem hcl tab 120 mg</b> (Cardizem)	1				
<b>ENTRESTO – sacubitril-valsartan tab 24-26 mg</b>	2				
<b>ENTRESTO – sacubitril-valsartan tab 49-51 mg</b>	2				
<b>ENTRESTO – sacubitril-valsartan tab 97-103 mg</b>	2				
<b>ENTRESTO – sacubitril-valsartan sprinkle cap 6-6 mg</b>	2				
<b>ENTRESTO – sacubitril-valsartan sprinkle cap 15-16 mg</b>	2				
<b>felodipine tab er 24hr 2.5 mg</b>	1				
<b>felodipine tab er 24hr 5 mg</b>	1				
<b>felodipine tab er 24hr 10 mg</b>	1				
<b>nifedipine tab er 24hr 30 mg</b> (Adalat cc)	1				
<b>nifedipine tab er 24hr 60 mg</b> (Adalat cc)	1				
<b>nifedipine tab er 24hr 90 mg</b> (Adalat cc)	1				
<b>nifedipine tab er 24hr osmotic release 30 mg</b> (Procardia xl)	1				
<b>nifedipine tab er 24hr osmotic release 60 mg</b> (Procardia xl)	1				
<b>nifedipine tab er 24hr osmotic release 90 mg</b> (Procardia xl)	1				
<b>nimodipine cap 30 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>verapamil hcl cap er 24hr 120 mg</b> (Verelan)	1				
<b>verapamil hcl cap er 24hr 180 mg</b> (Verelan)	1				
<b>verapamil hcl cap er 24hr 240 mg</b> (Verelan)	1				
<b>verapamil hcl tab er 120 mg</b> (Calan sr)	1				
<b>verapamil hcl tab er 180 mg</b> (Calan sr)	1				
<b>verapamil hcl tab er 240 mg</b> (Calan sr)	1				
<b>verapamil hcl tab 40 mg</b>	1				
<b>verapamil hcl tab 80 mg</b> (Calan)	1				
<b>verapamil hcl tab 120 mg</b> (Calan)	1				
<b>CHEST PAIN</b>					
<b>isosorbide dinitrate tab 5 mg</b> (Isordil titradose)	1				
<b>isosorbide dinitrate tab 10 mg</b>	1				
<b>isosorbide dinitrate tab 20 mg</b>	1				
<b>isosorbide dinitrate tab 30 mg</b>	1				
<b>isosorbide mononitrate tab er 24hr 30 mg</b>	1				
<b>isosorbide mononitrate tab er 24hr 60 mg</b>	1				
<b>isosorbide mononitrate tab er 24hr 120 mg</b>	1				
<b>isosorbide mononitrate tab 10 mg</b>	1				
<b>isosorbide mononitrate tab 20 mg</b>	1				
<b>nitroglycerin sl tab 0.3 mg</b> (Nitrostat)	1				
<b>nitroglycerin sl tab 0.4 mg</b> (Nitrostat)	1				
<b>nitroglycerin sl tab 0.6 mg</b> (Nitrostat)	1				
<b>nitroglycerin td patch 24hr 0.1 mg/hr</b> (Nitro-dur)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)</b>	1				
<b>nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)</b>	1				
<b>nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)</b>	1				
<b>CHOLESTEROL LOWERING</b>					
<b>atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)</b>	1				
<b>atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)</b>	1				
<b>atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)</b>	1				
<b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)</b>	1				
<b>cholestyramine light powder 4 gm/dose (Questran light)</b>	1				
<b>cholestyramine powder 4 gm/ dose (Questran)</b>	1				
<b>colesevelam hcl tab 625 mg (Welchol)</b>	1				
<b>colestipol hcl granule packets 5 gm (Colestid flavored)</b>	1				
<b>colestipol hcl granules 5 gm (Colestid flavored)</b>	1				
<b>colestipol hcl tab 1 gm (Colestid)</b>	1				
<b>ezetimibe tab 10 mg (Zetia)</b>	1				
<b>ezetimibe-simvastatin tab 10-10 mg (Vytorin)</b>	1			•	
<b>ezetimibe-simvastatin tab 10-20 mg (Vytorin)</b>	1			•	
<b>ezetimibe-simvastatin tab 10-40 mg (Vytorin)</b>	1			•	
<b>ezetimibe-simvastatin tab 10-80 mg (Vytorin)</b>	1			•	
<b>fenofibrate micronized cap 67 mg (Lofibra)</b>	1				
<b>fenofibrate micronized cap 134 mg (Lofibra)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>fenofibrate micronized cap 200 mg (Lofibra)</b>	1				
<b>fenofibrate tab 48 mg (Tricor)</b>	1				
<b>fenofibrate tab 54 mg (Lofibra)</b>	1				
<b>fenofibrate tab 145 mg (Tricor)</b>	1				
<b>fenofibrate tab 160 mg (Lofibra)</b>	1				
<b>gemfibrozil tab 600 mg (Lopid)</b>	1				
<b>lovastatin tab 10 mg</b>	1				
<b>lovastatin tab 20 mg (Mevacor)</b>	1				
<b>lovastatin tab 40 mg (Mevacor)</b>	1				
<b>NEXLETOL – bempedoic acid tab 180 mg</b>	2		•		•
<b>NEXLIZET – bempedoic acid- ezetimibe tab 180-10 mg</b>	2		•		•
<b>niacin tab er 500 mg (antihyperlipidemic) (Niaspan)</b>	1				
<b>niacin tab er 750 mg (antihyperlipidemic) (Niaspan)</b>	1				
<b>niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)</b>	1				
<b>pravastatin sodium tab 10 mg</b>	1				
<b>pravastatin sodium tab 20 mg (Pravachol)</b>	1				
<b>pravastatin sodium tab 40 mg (Pravachol)</b>	1				
<b>pravastatin sodium tab 80 mg (Pravachol)</b>	1				
<b>REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml</b>	2		•		•
<b>REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/ infusor 420 mg/3.5ml</b>	2		•		•
<b>REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml</b>	2		•		•
<b>rosuvastatin calcium tab 5 mg (Crestor)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>rosuvastatin calcium tab 10 mg</b> (Crestor)	1				
<b>rosuvastatin calcium tab 20 mg</b> (Crestor)	1				
<b>rosuvastatin calcium tab 40 mg</b> (Crestor)	1				
<b>simvastatin tab 5 mg</b> (Zocor)	1				
<b>simvastatin tab 10 mg</b> (Zocor)	1				
<b>simvastatin tab 20 mg</b> (Zocor)	1				
<b>simvastatin tab 40 mg</b> (Zocor)	1				
<b>simvastatin tab 80 mg</b> (Zocor)	1				
<b>VASCEPA – icosapent ethyl cap 0.5 gm</b>	1				
<b>VASCEPA – icosapent ethyl cap 1 gm</b>	1				
<b>FLUID RETENTION</b>					
<b>acetazolamide cap er 12hr 500 mg</b> (Diamox)	1				
<b>acetazolamide tab 125 mg</b>	1				
<b>acetazolamide tab 250 mg</b>	1				
<b>amiloride hcl tab 5 mg</b>	1				
<b>bumetanide tab 0.5 mg</b>	1				
<b>bumetanide tab 1 mg</b>	1				
<b>bumetanide tab 2 mg</b>	1				
<b>chlorthalidone tab 25 mg</b>	1				
<b>chlorthalidone tab 50 mg</b>	1				
<b>furosemide oral soln 10 mg/ml</b>	1				
<b>furosemide tab 20 mg</b> (Lasix)	1				
<b>furosemide tab 40 mg</b> (Lasix)	1				
<b>furosemide tab 80 mg</b> (Lasix)	1				
<b>hydrochlorothiazide cap 12.5 mg</b> (Microzide)	1				
<b>hydrochlorothiazide tab 12.5 mg</b>	1				
<b>hydrochlorothiazide tab 25 mg</b>	1				
<b>hydrochlorothiazide tab 50 mg</b>	1				
<b>indapamide tab 1.25 mg</b>	1				
<b>indapamide tab 2.5 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>methazolamide tab 25 mg</b> (Neptazane)	1				
<b>methazolamide tab 50 mg</b> (Neptazane)	1				
<b>metolazone tab 2.5 mg</b> (Zaroxolyn)	1				
<b>metolazone tab 5 mg</b> (Zaroxolyn)	1				
<b>metolazone tab 10 mg</b>	1				
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b> (Aldactazide)	1				
<b>spironolactone tab 25 mg</b> (Aldactone)	1				
<b>spironolactone tab 50 mg</b> (Aldactone)	1				
<b>spironolactone tab 100 mg</b> (Aldactone)	1				
<b>toremide tab 5 mg</b> (Demadex)	1				
<b>toremide tab 10 mg</b> (Demadex)	1				
<b>toremide tab 20 mg</b> (Demadex)	1				
<b>toremide tab 100 mg</b> (Demadex)	1				
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b> (Dyazide)	1				
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</b> (Maxzide-25)	1				
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg</b> (Maxzide)	1				
<b>HEART RHYTHM</b>					
<b>amiodarone hcl tab 100 mg</b>	1				
<b>amiodarone hcl tab 200 mg</b> (Cordarone)	1				
<b>disopyramide phosphate cap 100 mg</b> (Norpace)	1				
<b>disopyramide phosphate cap 150 mg</b> (Norpace)	1				
<b>flecainide acetate tab 50 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
flecainide acetate tab 100 mg	1				
flecainide acetate tab 150 mg	1				
mexiletine hcl cap 150 mg	1				
mexiletine hcl cap 200 mg	1				
mexiletine hcl cap 250 mg	1				
MULTAQ – dronedarone hcl tab 400 mg (base equivalent)	2				
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	1				
propafenone hcl tab 150 mg (Rythmol)	1				
propafenone hcl tab 225 mg (Rythmol)	1				
propafenone hcl tab 300 mg	1				
quinidine gluconate tab er 324 mg	1				
sotalol hcl (afib/af) tab 80 mg (Betapace af)	1				
sotalol hcl (afib/af) tab 120 mg (Betapace af)	1				
sotalol hcl (afib/af) tab 160 mg (Betapace af)	1				
sotalol hcl tab 80 mg (Betapace)	1				
sotalol hcl tab 120 mg (Betapace)	1				
sotalol hcl tab 160 mg (Betapace)	1				
sotalol hcl tab 240 mg	1				
<b>OTHER HEART RELATED DRUGS</b>					
ambrisentan tab 5 mg (Letairis)	1	•	•		•
ambrisentan tab 10 mg (Letairis)	1	•	•		•
bosentan tab 62.5 mg (Tracleer)	1	•	•		•
bosentan tab 125 mg (Tracleer)	1	•	•		•
clonidine hcl tab 0.1 mg (Catapres)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
clonidine hcl tab 0.2 mg (Catapres)	1				
clonidine hcl tab 0.3 mg (Catapres)	1				
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1				
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		•		•
CORLANOR – ivabradine hcl tab 5 mg (base equiv)	2		•		•
CORLANOR – ivabradine hcl tab 7.5 mg (base equiv)	2		•		•
digoxin oral soln 0.05 mg/ml (Digoxin)	1				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	1				
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	1				
doxazosin mesylate tab 1 mg (Cardura)	1				
doxazosin mesylate tab 2 mg (Cardura)	1				
doxazosin mesylate tab 4 mg (Cardura)	1				
doxazosin mesylate tab 8 mg (Cardura)	1				
eplerenone tab 25 mg (Inspra)	1				
eplerenone tab 50 mg (Inspra)	1				
guanfacine hcl tab 1 mg (Tenex)	1				
guanfacine hcl tab 2 mg (Tenex)	1				
hydralazine hcl tab 10 mg	1				
hydralazine hcl tab 25 mg	1				
hydralazine hcl tab 50 mg	1				
hydralazine hcl tab 100 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ivabradine hcl tab 5 mg (base equiv) (Corlanor)	1		•		•
ivabradine hcl tab 7.5 mg (base equiv) (Corlanor)	1		•		•
midodrine hcl tab 2.5 mg	1				
midodrine hcl tab 5 mg	1				
midodrine hcl tab 10 mg	1				
minoxidil tab 2.5 mg	1				
minoxidil tab 10 mg	1				
OPSUMIT – macitentan tab 10 mg	2	•	•		•
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1				
prazosin hcl cap 1 mg (Minipress)	1				
prazosin hcl cap 2 mg (Minipress)	1				
prazosin hcl cap 5 mg (Minipress)	1				
sildenafil citrate tab 20 mg (Revatio)	1	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	1	•	•		•
terazosin hcl cap 1 mg (base equivalent)	1				
terazosin hcl cap 2 mg (base equivalent)	1				
terazosin hcl cap 5 mg (base equivalent)	1				
terazosin hcl cap 10 mg (base equivalent)	1				
TRACLEER – bosentan tab for oral susp 32 mg	2	•	•		•
UPTRAVI – selexipag tab 200 mcg	2	•	•		•
UPTRAVI – selexipag tab 400 mcg	2	•	•		•
UPTRAVI – selexipag tab 600 mcg	2	•	•		•
UPTRAVI – selexipag tab 800 mcg	2	•	•		•
UPTRAVI – selexipag tab 1000 mcg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
UPTRAVI – selexipag tab 1200 mcg	2	•	•		•
UPTRAVI – selexipag tab 1400 mcg	2	•	•		•
UPTRAVI – selexipag tab 1600 mcg	2	•	•		•
UPTRAVI TITRATION PACK – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	•	•		•
VERQUVO – vericiguat tab 2.5 mg	2		•		•
VERQUVO – vericiguat tab 5 mg	2		•		•
VERQUVO – vericiguat tab 10 mg	2		•		•
VYNDAMAX – tafamidis cap 61 mg	2	•	•		•
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg	2	•	•		•
<b>ERECTILE DYSFUNCTION</b>					
tadalafil tab 2.5 mg (Cialis)	1				•
tadalafil tab 5 mg (Cialis)	1				•
tadalafil tab 10 mg (Cialis)	1				•
tadalafil tab 20 mg (Cialis)	1				•
<b>BEE STING KITS</b>					
AUVI-Q – epinephrine solution auto-injector 0.1 mg/0.1ml	2				
AUVI-Q – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	2				
AUVI-Q – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2				
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1				
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1				
<b>RESPIRATORY AGENTS</b>					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ANTI-HISTAMINES</b>					
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1				
cyproheptadine hcl syrup 2 mg/5ml	1				
cyproheptadine hcl tab 4 mg	1				
desloratadine tab 5 mg (Clarinet)	1				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)	1				
levocetirizine dihydrochloride tab 5 mg (Xyzal)	1				
promethazine hcl oral soln 6.25 mg/5ml	1				
promethazine hcl suppos 12.5 mg	1				
promethazine hcl suppos 25 mg	1				
promethazine hcl tab 12.5 mg	1				
promethazine hcl tab 25 mg	1				
promethazine hcl tab 50 mg	1				
<b>NASAL PRODUCTS</b>					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1				•
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	1				•
flunisolide nasal soln 25 mcg/act (0.025%)	1				•
fluticasone propionate nasal susp 50 mcg/act (Flonase)	1				•
ipratropium bromide nasal soln 0.03% (21 mcg/spray) (Atrovent)	1				•
ipratropium bromide nasal soln 0.06% (42 mcg/spray) (Atrovent)	1				•
mometasone furoate nasal susp 50 mcg/act (Nasonex)	1				•
<b>COUGH/COLD/ALLERGY</b>					
acetylcysteine inhal soln 10%	1				
acetylcysteine inhal soln 20%	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ASTHMA/COPD</b>					
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/act	2			•	•
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/act	2			•	•
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/act	2			•	•
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2				•
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2				•
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2				•
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1				•
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1				
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1				
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1				
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1				
albuterol sulfate syrup 2 mg/5ml	1				
albuterol sulfate tab 2 mg	1				
albuterol sulfate tab 4 mg	1				
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2				•
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act	1				•
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act	1				•
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act	1				•
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act	1				•
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act	1				•
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act	2				•
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	2				•
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	2				•
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2				•
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1				
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2				•
cromolyn sodium soln nebu 20 mg/2ml	1				
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	2				•
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2				•
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2				•
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml	2	•	•		•
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act	2				•
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act	2				•
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act	2				•
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Advair diskus)	1				•
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Advair diskus)	1				•



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>fluticasone-salmeterol aer powder ba 500-50 mcg/act</b> (Advair diskus)	1				•
<b>INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/act (base eq)</b>	2				•
<b>ipratropium bromide inhal soln 0.02%</b>	1				
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b> (Duoneb)	1				
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</b>	1				
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</b> (Xopenex)	1				
<b>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</b> (Xopenex)	1				
<b>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</b> (Xopenex)	1				
<b>montelukast sodium chew tab 4 mg (base equiv)</b> (Singulair)	1				
<b>montelukast sodium chew tab 5 mg (base equiv)</b> (Singulair)	1				
<b>montelukast sodium oral granules packet 4 mg (base equiv)</b> (Singulair)	1				
<b>montelukast sodium tab 10 mg (base equiv)</b> (Singulair)	1				
<b>NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml</b>	2	•	•		•
<b>NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml</b>	2	•	•		•
<b>NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml</b>	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act</b>	1				•
<b>QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act</b>	1				•
<b>SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)</b>	2				•
<b>SPIRIVA HANDHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</b>	1				•
<b>SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act</b>	2				•
<b>SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act</b>	2				•
<b>STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act</b>	2				•
<b>STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)</b>	2				•
<b>SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</b>	1				•
<b>SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</b>	1				•
<b>terbutaline sulfate tab 2.5 mg</b>	1				
<b>terbutaline sulfate tab 5 mg</b>	1				
<b>TEZSPIRE – tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml</b>	2	•	•		•
<b>theophylline tab er 12hr 300 mg</b>	1				
<b>theophylline tab er 12hr 450 mg</b>	1				
<b>theophylline tab er 24hr 400 mg</b>	1				
<b>theophylline tab er 24hr 600 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	2				•
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	2				•
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2				•
XOLAIR – omalizumab subcutaneous soln auto-injector 75 mg/0.5ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln auto-injector 150 mg/ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln prefilled syringe 150 mg/ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln prefilled syringe 300 mg/2ml	2	•	•		
zafirlukast tab 10 mg (Accolate)	1				
zafirlukast tab 20 mg (Accolate)	1				
<b>OTHER RESPIRATORY DRUGS</b>					
KALYDECO – ivacaftor tab 150 mg	2	•	•		•
KALYDECO – ivacaftor packet 5.8 mg	2	•	•		•
KALYDECO – ivacaftor packet 13.4 mg	2	•	•		•
KALYDECO – ivacaftor packet 25 mg	2	•	•		•
KALYDECO – ivacaftor packet 50 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KALYDECO – ivacaftor packet 75 mg	2	•	•		•
PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml	2	•			
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	•	•		•
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	2	•	•		•
<b>GASTROINTESTINAL DRUGS</b>					
<b>LAXATIVES</b>					
lactulose solution 10 gm/15ml	1				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	1				
<b>ANTIDIARRHEALS</b>					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1				
loperamide hcl cap 2 mg	1				
<b>ULCER/GERD</b>					
cimetidine tab 300 mg	1				
cimetidine tab 400 mg	1				
cimetidine tab 800 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>dicyclomine hcl cap 10 mg</b> (Bentyl)	1				
<b>dicyclomine hcl oral soln</b> <b>10 mg/5ml</b>	1				
<b>dicyclomine hcl tab 20 mg</b> (Bentyl)	1				
<b>esomeprazole magnesium cap</b> <b>delayed release 20 mg (base</b> <b>eq) (Nexium)</b>	1				•
<b>esomeprazole magnesium cap</b> <b>delayed release 40 mg (base</b> <b>eq) (Nexium)</b>	1				•
<b>esomeprazole magnesium for</b> <b>delayed release susp packet</b> <b>10 mg (Nexium)</b>	1				•
<b>esomeprazole magnesium for</b> <b>delayed release susp packet</b> <b>20 mg (Nexium)</b>	1				•
<b>esomeprazole magnesium for</b> <b>delayed release susp packet</b> <b>40 mg (Nexium)</b>	1				•
<b>famotidine for susp 40 mg/5ml</b>	1				
<b>famotidine tab 20 mg (Pepcid)</b>	1				
<b>famotidine tab 40 mg (Pepcid)</b>	1				
<b>glycopyrrolate tab 1 mg (Robinul)</b>	1				
<b>glycopyrrolate tab 2 mg (Robinul</b> <b>forte)</b>	1				
<b>lansoprazole cap delayed</b> <b>release 15 mg (Prevacid)</b>	1				•
<b>lansoprazole cap delayed</b> <b>release 30 mg (Prevacid)</b>	1				•
<b>methscopolamine bromide tab</b> <b>2.5 mg (Pamine)</b>	1				
<b>methscopolamine bromide tab</b> <b>5 mg (Pamine forte)</b>	1				
<b>misoprostol tab 100 mcg</b> (Cytotec)	1				
<b>misoprostol tab 200 mcg</b> (Cytotec)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>NEXIUM – esomeprazole</b> <b>magnesium for delayed</b> <b>release susp pack 2.5 mg</b>	2			•	•
<b>NEXIUM – esomeprazole</b> <b>magnesium for delayed</b> <b>release susp packet 5 mg</b>	2			•	•
<b>omeprazole cap delayed release</b> <b>10 mg (Prilosec)</b>	1				•
<b>omeprazole cap delayed release</b> <b>20 mg (Prilosec)</b>	1				•
<b>omeprazole cap delayed release</b> <b>40 mg (Prilosec)</b>	1				•
<b>pantoprazole sodium ec tab</b> <b>20 mg (base equiv) (Protonix)</b>	1				•
<b>pantoprazole sodium ec tab</b> <b>40 mg (base equiv) (Protonix)</b>	1				•
<b>sucralfate tab 1 gm (Carafate)</b>	1				
<b>NAUSEA AND VOMITING</b>					
<b>aprepitant capsule therapy pack</b> <b>80 &amp; 125 mg (Emend)</b>	1				
<b>aprepitant capsule 40 mg</b> (Emend)	1				
<b>aprepitant capsule 80 mg</b> (Emend)	1				
<b>aprepitant capsule 125 mg</b> (Emend)	1				
<b>EMEND – aprepitant for oral</b> <b>susp 125 mg (125 mg/5ml)</b>	2				
<b>granisetron hcl tab 1 mg</b>	1				
<b>meclizine hcl tab 12.5 mg</b>	1				
<b>meclizine hcl tab 25 mg</b>	1				
<b>ondansetron hcl oral soln</b> <b>4 mg/5ml (Zofran)</b>	1				
<b>ondansetron hcl tab 4 mg</b> (Zofran)	1				
<b>ondansetron hcl tab 8 mg</b> (Zofran)	1				
<b>ondansetron orally</b> <b>disintegrating tab 4 mg (Zofran</b> <b>odt)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ondansetron orally disintegrating tab 8 mg (Zofran odt)</b>	1				
<b>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</b>	1				
<b>trimethobenzamide hcl cap 300 mg (Tigan)</b>	1				
<b>DIGESTIVE ENZYMES</b>					
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit</b>	2				
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit</b>	2				
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit</b>	2				
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit</b>	2				
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit</b>	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit</b>	2				
<b>OTHER GASTROINTESTINAL DRUGS</b>					
<b>alosetron hcl tab 0.5 mg (base equiv) (Lotronex)</b>	1				
<b>alosetron hcl tab 1 mg (base equiv) (Lotronex)</b>	1				
<b>balsalazide disodium cap 750 mg (Colazal)</b>	1				
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo)</b>	1				
<b>calcium acetate (phosphate binder) tab 667 mg (Eliphos)</b>	1				
<b>CHENODAL – chenodiol tab 250 mg</b>	2	•			
<b>ENTYVIO PEN – vedolizumab soln auto-injector 108 mg/0.68ml</b>	2	•	•		•
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	1				
<b>mesalamine cap dr 400 mg (Delzicol)</b>	1				
<b>mesalamine cap er 24hr 0.375 gm (Apriso)</b>	1				
<b>mesalamine enema 4 gm</b>	1				
<b>mesalamine suppos 1000 mg (Canasa)</b>	1				
<b>mesalamine tab delayed release 800 mg</b>	1				
<b>mesalamine tab delayed release 1.2 gm (Lialda)</b>	1				
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	1				
<b>metoclopramide hcl tab 5 mg (base equivalent) (Reglan)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1				
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent)	2		•		•
MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent)	2		•		•
OMVOH – mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	2	•	•		•
OMVOH – mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	2	•	•		•
sevelamer carbonate packet 0.8 gm (Renvela)	1				
sevelamer carbonate packet 2.4 gm (Renvela)	1				
sevelamer carbonate tab 800 mg (Renvela)	1				
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	2	•	•		•
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	2	•	•		•
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1				
sulfasalazine tab 500 mg (Azulfidine)	1				
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	2		•		•
TRULANCE – plecanatide tab 3 mg	2		•		•
ursodiol cap 300 mg (Actigall)	1				
ursodiol tab 250 mg (Urso 250)	1				
ursodiol tab 500 mg (Urso forte)	1				
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg	2				
VIBERZI – eluxadoline tab 75 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VIBERZI – eluxadoline tab 100 mg	2				
<b>GENITOURINARY DRUGS</b>					
<b>URINARY TRACT SPASMS</b>					
MYRBETRIQ – mirabegron granules for oral extended release susp 8 mg/ml	2				
MYRBETRIQ – mirabegron tab er 24 hr 25 mg	2				
MYRBETRIQ – mirabegron tab er 24 hr 50 mg	2				
oxybutynin chloride solution 5 mg/5ml	1				
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1				
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1				
oxybutynin chloride tab er 24hr 15 mg (Ditropan xl)	1				
oxybutynin chloride tab 5 mg	1				
solifenacin succinate tab 5 mg (Vesicare)	1				
solifenacin succinate tab 10 mg (Vesicare)	1				
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	1				
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	1				
tolterodine tartrate tab 1 mg (Detrol)	1				
tolterodine tartrate tab 2 mg (Detrol)	1				
<b>VAGINAL PRODUCTS</b>					
clindamycin phosphate vaginal cream 2% (Cleocin)	1				
ENDOMETRIN – progesterone vaginal insert 100 mg	2				
estradiol vaginal cream 0.1 mg/gm (Estrace)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>estradiol vaginal tab 10 mcg</b> (Vagifem)	1				
<b>ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</b>	2				•
<b>metronidazole vaginal gel 0.75%</b> (Metrogel-vaginal)	1				
<b>terconazole vaginal cream 0.4%</b> (Terazol 7)	1				
<b>terconazole vaginal cream 0.8%</b>	1				
<b>terconazole vaginal suppos 80 mg</b>	1				
<b>OTHER GENITOURINARY DRUGS</b>					
<b>alfuzosin hcl tab er 24hr 10 mg</b> (Uroxatral)	1				
<b>CYSTAGON – cysteamine bitartrate cap 50 mg</b>	2	•			
<b>CYSTAGON – cysteamine bitartrate cap 150 mg</b>	2	•			
<b>dutasteride cap 0.5 mg</b> (Avodart)	1				
<b>finasteride tab 5 mg</b> (Proscar)	1				
<b>potassium citrate tab er 5 meq (540 mg)</b> (Urocit-k 5)	1				
<b>potassium citrate tab er 10 meq (1080 mg)</b> (Urocit-k 10)	1				
<b>potassium citrate tab er 15 meq (1620 mg)</b> (Urocit-k 15)	1				
<b>silodosin cap 4 mg</b> (Rapaflo)	1				
<b>silodosin cap 8 mg</b> (Rapaflo)	1				
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b> (Shohls solution modi)	1				
<b>tamsulosin hcl cap 0.4 mg</b> (Flomax)	1				
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>					
<b>ANXIETY</b>					
<b>alprazolam tab er 24hr 0.5 mg</b> (Xanax xr)	1				
<b>alprazolam tab er 24hr 1 mg</b> (Xanax xr)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>alprazolam tab er 24hr 2 mg</b> (Xanax xr)	1				
<b>alprazolam tab er 24hr 3 mg</b> (Xanax xr)	1				
<b>alprazolam tab 0.25 mg</b> (Xanax)	1				
<b>alprazolam tab 0.5 mg</b> (Xanax)	1				
<b>alprazolam tab 1 mg</b> (Xanax)	1				
<b>alprazolam tab 2 mg</b> (Xanax)	1				
<b>bupirone hcl tab 5 mg</b>	1				
<b>bupirone hcl tab 10 mg</b>	1				
<b>bupirone hcl tab 15 mg</b>	1				
<b>bupirone hcl tab 30 mg</b>	1				
<b>diazepam oral soln 1 mg/ml</b>	1				
<b>diazepam tab 2 mg</b> (Valium)	1				
<b>diazepam tab 5 mg</b> (Valium)	1				
<b>diazepam tab 10 mg</b> (Valium)	1				
<b>hydroxyzine hcl syrup 10 mg/5ml</b>	1				
<b>hydroxyzine hcl tab 10 mg</b>	1				
<b>hydroxyzine hcl tab 25 mg</b>	1				
<b>hydroxyzine hcl tab 50 mg</b>	1				
<b>hydroxyzine pamoate cap 25 mg</b> (Vistaril)	1				
<b>hydroxyzine pamoate cap 50 mg</b> (Vistaril)	1				
<b>lorazepam conc 2 mg/ml</b> (Lorazepam intensol)	1				
<b>lorazepam tab 0.5 mg</b> (Ativan)	1				
<b>lorazepam tab 1 mg</b> (Ativan)	1				
<b>lorazepam tab 2 mg</b> (Ativan)	1				
<b>DEPRESSION</b>					
<b>amitriptyline hcl tab 10 mg</b>	1				
<b>amitriptyline hcl tab 25 mg</b>	1				
<b>amitriptyline hcl tab 50 mg</b>	1				
<b>amitriptyline hcl tab 75 mg</b>	1				
<b>amitriptyline hcl tab 100 mg</b>	1				
<b>amitriptyline hcl tab 150 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>bupropion hcl tab er 12hr 100 mg</b> (Wellbutrin sr)	1				•
<b>bupropion hcl tab er 12hr 150 mg</b> (Wellbutrin sr)	1				•
<b>bupropion hcl tab er 12hr 200 mg</b> (Wellbutrin sr)	1				•
<b>bupropion hcl tab er 24hr 150 mg</b> (Wellbutrin xl)	1				•
<b>bupropion hcl tab er 24hr 300 mg</b> (Wellbutrin xl)	1				•
<b>bupropion hcl tab 75 mg</b> (Wellbutrin)	1				•
<b>bupropion hcl tab 100 mg</b> (Wellbutrin)	1				•
<b>citalopram hydrobromide oral soln 10 mg/5ml</b>	1				•
<b>citalopram hydrobromide tab 10 mg (base equiv)</b> (Celexa)	1				•
<b>citalopram hydrobromide tab 20 mg (base equiv)</b> (Celexa)	1				•
<b>citalopram hydrobromide tab 40 mg (base equiv)</b> (Celexa)	1				•
<b>clomipramine hcl cap 25 mg</b> (Anafranil)	1				
<b>clomipramine hcl cap 50 mg</b> (Anafranil)	1				
<b>clomipramine hcl cap 75 mg</b> (Anafranil)	1				
<b>desipramine hcl tab 10 mg</b> (Norpramin)	1				
<b>desipramine hcl tab 25 mg</b> (Norpramin)	1				
<b>desipramine hcl tab 50 mg</b> (Norpramin)	1				
<b>desipramine hcl tab 75 mg</b> (Norpramin)	1				
<b>desipramine hcl tab 100 mg</b> (Norpramin)	1				
<b>desipramine hcl tab 150 mg</b> (Norpramin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</b> (Pristiq)	1				•
<b>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</b> (Pristiq)	1				•
<b>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</b> (Pristiq)	1				•
<b>doxepin hcl cap 10 mg</b>	1				
<b>doxepin hcl cap 25 mg</b>	1				
<b>doxepin hcl cap 50 mg</b>	1				
<b>doxepin hcl cap 75 mg</b>	1				
<b>doxepin hcl cap 100 mg</b>	1				
<b>doxepin hcl conc 10 mg/ml</b>	1				
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</b> (Cymbalta)	1				•
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</b> (Cymbalta)	1				•
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</b> (Cymbalta)	1				•
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b> (Lexapro)	1				•
<b>escitalopram oxalate tab 5 mg (base equiv)</b> (Lexapro)	1				•
<b>escitalopram oxalate tab 10 mg (base equiv)</b> (Lexapro)	1				•
<b>escitalopram oxalate tab 20 mg (base equiv)</b> (Lexapro)	1				•
<b>fluoxetine hcl cap 10 mg</b> (Prozac)	1				•
<b>fluoxetine hcl cap 20 mg</b> (Prozac)	1				•
<b>fluoxetine hcl cap 40 mg</b> (Prozac)	1				•
<b>fluoxetine hcl solution 20 mg/5ml</b>	1				•
<b>fluvoxamine maleate tab 25 mg</b>	1				•
<b>fluvoxamine maleate tab 50 mg</b>	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fluvoxamine maleate tab 100 mg	1				•
imipramine hcl tab 10 mg (Tofranil)	1				
imipramine hcl tab 25 mg (Tofranil)	1				
imipramine hcl tab 50 mg (Tofranil)	1				
mirtazapine tab 7.5 mg	1				•
mirtazapine tab 15 mg (Remeron)	1				•
mirtazapine tab 30 mg (Remeron)	1				•
mirtazapine tab 45 mg (Remeron)	1				•
nortriptyline hcl cap 10 mg (Pamelor)	1				
nortriptyline hcl cap 25 mg (Pamelor)	1				
nortriptyline hcl cap 50 mg (Pamelor)	1				
nortriptyline hcl cap 75 mg (Pamelor)	1				
nortriptyline hcl soln 10 mg/5ml	1				
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	1				•
paroxetine hcl tab er 24hr 25 mg (Paxil cr)	1				•
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)	1				•
paroxetine hcl tab 10 mg (Paxil)	1				•
paroxetine hcl tab 20 mg (Paxil)	1				•
paroxetine hcl tab 30 mg (Paxil)	1				•
paroxetine hcl tab 40 mg (Paxil)	1				•
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1				•
sertraline hcl tab 25 mg (Zoloft)	1				•
sertraline hcl tab 50 mg (Zoloft)	1				•
sertraline hcl tab 100 mg (Zoloft)	1				•
tranylcypromine sulfate tab 10 mg (Parnate)	1				
trazodone hcl tab 50 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
trazodone hcl tab 100 mg	1				
trazodone hcl tab 150 mg	1				
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl tab 25 mg (base equivalent)	1				•
venlafaxine hcl tab 37.5 mg (base equivalent)	1				•
venlafaxine hcl tab 50 mg (base equivalent)	1				•
venlafaxine hcl tab 75 mg (base equivalent)	1				•
venlafaxine hcl tab 100 mg (base equivalent)	1				•
ZURZUVAE – zuranolone cap 20 mg	2	•			•
ZURZUVAE – zuranolone cap 25 mg	2	•			•
ZURZUVAE – zuranolone cap 30 mg	2	•			•
<b>PSYCHOTIC AND BIPOLAR DISORDERS</b>					
aripiprazole tab 2 mg (Abilify)	1				•
aripiprazole tab 5 mg (Abilify)	1				•
aripiprazole tab 10 mg (Abilify)	1				•
aripiprazole tab 15 mg (Abilify)	1				•
aripiprazole tab 20 mg (Abilify)	1				•
aripiprazole tab 30 mg (Abilify)	1				•
chlorpromazine hcl tab 10 mg	1				
chlorpromazine hcl tab 25 mg	1				
chlorpromazine hcl tab 50 mg	1				
chlorpromazine hcl tab 100 mg	1				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
chlorpromazine hcl tab 200 mg	1				
clozapine tab 25 mg (Clozaril)	1				•
clozapine tab 50 mg	1				•
clozapine tab 100 mg (Clozaril)	1				•
clozapine tab 200 mg	1				•
fluphenazine hcl tab 1 mg	1				
fluphenazine hcl tab 2.5 mg	1				
fluphenazine hcl tab 5 mg	1				
fluphenazine hcl tab 10 mg	1				
haloperidol lactate oral conc 2 mg/ml	1				
haloperidol tab 0.5 mg	1				
haloperidol tab 1 mg	1				
haloperidol tab 2 mg	1				
haloperidol tab 5 mg	1				
haloperidol tab 10 mg	1				
haloperidol tab 20 mg	1				
LATUDA – lurasidone hcl tab 20 mg	2			•	•
LATUDA – lurasidone hcl tab 40 mg	2			•	•
LATUDA – lurasidone hcl tab 60 mg	2			•	•
LATUDA – lurasidone hcl tab 80 mg	2			•	•
LATUDA – lurasidone hcl tab 120 mg	2			•	•
lithium carbonate cap 150 mg (Lithium carbonate)	1				
lithium carbonate cap 300 mg	1				
lithium carbonate cap 600 mg (Lithium carbonate)	1				
lithium carbonate tab er 300 mg (Lithobid)	1				
lithium carbonate tab er 450 mg	1				
lithium carbonate tab 300 mg	1				
lithium oral solution 8 meq/5ml	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
loxapine succinate cap 5 mg (Loxitane)	1				
loxapine succinate cap 10 mg	1				
loxapine succinate cap 25 mg	1				
loxapine succinate cap 50 mg	1				
lurasidone hcl tab 20 mg (Latuda)	1				•
lurasidone hcl tab 40 mg (Latuda)	1				•
lurasidone hcl tab 60 mg (Latuda)	1				•
lurasidone hcl tab 80 mg (Latuda)	1				•
lurasidone hcl tab 120 mg (Latuda)	1				•
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	1				•
olanzapine tab 2.5 mg (Zyprexa)	1				•
olanzapine tab 5 mg (Zyprexa)	1				•
olanzapine tab 7.5 mg (Zyprexa)	1				•
olanzapine tab 10 mg (Zyprexa)	1				•
olanzapine tab 15 mg (Zyprexa)	1				•
olanzapine tab 20 mg (Zyprexa)	1				•
perphenazine tab 2 mg	1				
perphenazine tab 4 mg	1				
perphenazine tab 8 mg	1				
perphenazine tab 16 mg	1				
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine)	1				
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine)	1				
prochlorperazine suppos 25 mg	1				
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>quetiapine fumarate tab er 24hr 150 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab er 24hr 200 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab er 24hr 300 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab er 24hr 400 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab 25 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 50 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 100 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 200 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 300 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 400 mg</b> (Seroquel)	1				•
<b>REXULTI – brexpiprazole tab 0.25 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 0.5 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 1 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 2 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 3 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 4 mg</b>	2				•
<b>risperidone orally disintegrating tab 0.5 mg</b> (Risperdal m-tab)	1				•
<b>risperidone orally disintegrating tab 1 mg</b> (Risperdal m-tab)	1				•
<b>risperidone orally disintegrating tab 2 mg</b> (Risperdal m-tab)	1				•
<b>risperidone orally disintegrating tab 3 mg</b> (Risperdal m-tab)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>risperidone orally disintegrating tab 4 mg</b> (Risperdal m-tab)	1				•
<b>risperidone soln 1 mg/ml</b> (Risperdal)	1				•
<b>risperidone tab 0.25 mg</b> (Risperdal)	1				•
<b>risperidone tab 0.5 mg</b> (Risperdal)	1				•
<b>risperidone tab 1 mg</b> (Risperdal)	1				•
<b>risperidone tab 2 mg</b> (Risperdal)	1				•
<b>risperidone tab 3 mg</b> (Risperdal)	1				•
<b>risperidone tab 4 mg</b> (Risperdal)	1				•
<b>thiothixene cap 1 mg</b>	1				
<b>thiothixene cap 2 mg</b>	1				
<b>thiothixene cap 5 mg</b>	1				
<b>thiothixene cap 10 mg</b>	1				
<b>trifluoperazine hcl tab 1 mg (base equivalent)</b>	1				
<b>trifluoperazine hcl tab 2 mg (base equivalent)</b>	1				
<b>trifluoperazine hcl tab 5 mg (base equivalent)</b>	1				
<b>trifluoperazine hcl tab 10 mg (base equivalent)</b>	1				
<b>VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent)</b>	2				•
<b>VRAYLAR – cariprazine hcl cap 3 mg (base equivalent)</b>	2				•
<b>VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)</b>	2				•
<b>VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)</b>	2				•
<b>ziprasidone hcl cap 20 mg</b> (Geodon)	1				•
<b>ziprasidone hcl cap 40 mg</b> (Geodon)	1				•
<b>ziprasidone hcl cap 60 mg</b> (Geodon)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ziprasidone hcl cap 80 mg (Geodon)	1				•
<b>SLEEP AIDS</b>					
estazolam tab 1 mg	1				
estazolam tab 2 mg	1				
eszopiclone tab 1 mg (Lunesta)	1				•
eszopiclone tab 2 mg (Lunesta)	1				•
eszopiclone tab 3 mg (Lunesta)	1				•
phenobarbital elixir 20 mg/5ml	1				
phenobarbital tab 15 mg	1				
phenobarbital tab 16.2 mg	1				
phenobarbital tab 30 mg	1				
phenobarbital tab 32.4 mg	1				
phenobarbital tab 60 mg	1				
phenobarbital tab 100 mg	1				
temazepam cap 15 mg (Restoril)	1				
temazepam cap 30 mg (Restoril)	1				
zaleplon cap 5 mg (Sonata)	1				•
zaleplon cap 10 mg (Sonata)	1				•
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1				•
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1				•
zolpidem tartrate tab 5 mg (Ambien)	1				•
zolpidem tartrate tab 10 mg (Ambien)	1				•
<b>HYPERACTIVITY/NARCOLEPSY</b>					
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 10 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 15 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1				•
armodafinil tab 50 mg (Nuvigil)	1				
armodafinil tab 150 mg (Nuvigil)	1				
armodafinil tab 200 mg (Nuvigil)	1				
armodafinil tab 250 mg (Nuvigil)	1				
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	1				•
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg	2				•
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 39.2-7.8 mg	2				•
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 52.3-10.4 mg	2				•
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) (Cafcit)	1				
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	1				•
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
dexmethylphenidate hcl tab 5 mg (Focalin)	1				•
dexmethylphenidate hcl tab 10 mg (Focalin)	1				•
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	1				•
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	1				•
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	1				•
dextroamphetamine sulfate tab 5 mg	1				•
dextroamphetamine sulfate tab 10 mg	1				•
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	1				•
lisdexamfetamine dimesylate cap 10 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate cap 20 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate cap 30 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate cap 40 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate cap 50 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate cap 60 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate cap 70 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate chew tab 10 mg (Vyvanse)	1				•
lisdexamfetamine dimesylate chew tab 20 mg (Vyvanse)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>lisdexamfetamine dimesylate chew tab 30 mg (Vyvanse)</b>	1				•
<b>lisdexamfetamine dimesylate chew tab 40 mg (Vyvanse)</b>	1				•
<b>lisdexamfetamine dimesylate chew tab 50 mg (Vyvanse)</b>	1				•
<b>lisdexamfetamine dimesylate chew tab 60 mg (Vyvanse)</b>	1				•
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)</b>	1				•
<b>methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)</b>	1				•
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)</b>	1				•
<b>methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)</b>	1				•
<b>methylphenidate hcl tab 5 mg (Ritalin)</b>	1				•
<b>methylphenidate hcl tab 10 mg (Ritalin)</b>	1				•
<b>methylphenidate hcl tab 20 mg (Ritalin)</b>	1				•
<b>modafinil tab 100 mg (Provigil)</b>	1				
<b>modafinil tab 200 mg (Provigil)</b>	1				
<b>MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</b>	2				•
<b>MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</b>	2				•
<b>MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</b>	2				•
<b>MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</b>	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg</b>	2				•
<b>QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg</b>	2				•
<b>QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg</b>	2				•
<b>QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)</b>	2				•
<b>SUNOSI – solriamfetol hcl tab 75 mg (base equiv)</b>	2		•		•
<b>SUNOSI – solriamfetol hcl tab 150 mg (base equiv)</b>	2		•		•
<b>VYVANSE – lisdexamfetamine dimesylate cap 10 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate cap 20 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate cap 30 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate cap 40 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate cap 50 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate cap 60 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate cap 70 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg</b>	2				•
<b>VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg</b>	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg	2				•
<b>MULTIPLE SCLEROSIS</b>					
AUBAGIO – teriflunomide tab 7 mg	2	•		•	•
AUBAGIO – teriflunomide tab 14 mg	2	•		•	•
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	•			•
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	•			•
BETASERON – interferon beta-1b for inj kit 0.3 mg	2	•			•
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1	•			•
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1	•			•
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1	•			•
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1	•			•
GILENYA – fingolimod hcl cap 0.5 mg (base equiv)	2	•		•	•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	1	•			•
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	1	•			•
KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs)	2	•			•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs)	2	•			•
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)	2	•			•
MAYZENT – siponimod fumarate tab 1 mg (base equiv)	2	•			•
MAYZENT – siponimod fumarate tab 2 mg (base equiv)	2	•			•
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack	2	•			•
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack	2	•			•
PLEGRIDY – peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	2	•			•
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	•			•
PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	•			•
PLEGRIDY STARTER PACK – peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	2	•			•
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	•			•
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml	2	•			•
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml	2	•			•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml	2	•			•
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml	2	•			•
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•			•
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•			•
teriflunomide tab 7 mg (Aubagio)	1	•			•
teriflunomide tab 14 mg (Aubagio)	1	•			•
ZEPOSIA – ozanimod hcl cap 0.92 mg	2	•	•		•
ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	2	•			•
ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	•	•		•
<b>OTHER CENTRAL NERVOUS SYSTEM DRUGS</b>					
acamprosate calcium tab delayed release 333 mg (Campral)	1				
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	1				
disulfiram tab 250 mg (Antabuse)	1				
disulfiram tab 500 mg (Antabuse)	1				
donepezil hydrochloride orally disintegrating tab 5 mg (Aricept odt)	1				
donepezil hydrochloride orally disintegrating tab 10 mg (Aricept odt)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
donepezil hydrochloride tab 5 mg (Aricept)	1				
donepezil hydrochloride tab 10 mg (Aricept)	1				
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	1				
galantamine hydrobromide tab 4 mg (Razadyne)	1				
galantamine hydrobromide tab 8 mg (Razadyne)	1				
galantamine hydrobromide tab 12 mg (Razadyne)	1				
memantine hcl oral solution 2 mg/ml (Namenda)	1				
memantine hcl tab 5 mg (Namenda)	1				
memantine hcl tab 10 mg (Namenda)	1				
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1				
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)	2				
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2				
rivastigmine tartrate cap 1.5 mg (base equivalent)	1				
rivastigmine tartrate cap 3 mg (base equivalent)	1				
rivastigmine tartrate cap 4.5 mg (base equivalent)	1				
rivastigmine tartrate cap 6 mg (base equivalent)	1				
tetrabenazine tab 12.5 mg (Xenazine)	1	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
tetrabenazine tab 25 mg (Xenazine)	1	•	•		•
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1				
varenicline tartrate tab 0.5 mg (base equiv)	1				
varenicline tartrate tab 1 mg (base equiv)	1				
WAINUA – eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	2	•	•		•
<b>PAIN RELIEF DRUGS</b>					
<b>NON-NARCOTIC DRUGS</b>					
butalbital-acetaminophen tab 50-325 mg	1				•
butalbital-acetaminophen- caffeine tab 50-325-40 mg	1				•
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	1				•
<b>NARCOTIC DRUGS</b>					
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1				•
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	1				•
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	1				•
buprenorphine hcl sl tab 2 mg (base equiv)	1		•		•
buprenorphine hcl sl tab 8 mg (base equiv)	1		•		•
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/ codeine #3)	1				•
CODEINE SULFATE – codeine sulfate tab 15 mg	2				•
CODEINE SULFATE – codeine sulfate tab 60 mg	2				•
codeine sulfate tab 30 mg	1				•
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 100 mcg/ hr (Duragesic)	1		•		•
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	1				•
hydrocodone-acetaminophen tab 10-325 mg (Norco)	1				•
hydrocodone-acetaminophen tab 5-325 mg (Norco)	1				•
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	1				•
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)	1				•
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1				•
hydromorphone hcl tab 2 mg (Dilaudid)	1				•
hydromorphone hcl tab 4 mg (Dilaudid)	1				•
hydromorphone hcl tab 8 mg (Dilaudid)	1				•
methadone hcl conc 10 mg/ml (Methadose)	1				•
methadone hcl soln 5 mg/5ml (Methadone hcl)	1				•
methadone hcl soln 10 mg/5ml (Methadone hcl)	1				•
methadone hcl tab for oral susp 40 mg	1				•
methadone hcl tab 5 mg (Dolophine hcl)	1				•
methadone hcl tab 10 mg (Dolophine)	1				•
MORPHINE SULFATE – morphine sulfate tab 15 mg	2				•



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>MORPHINE SULFATE – morphine sulfate tab 30 mg</b>	2				•
<b>morphine sulfate oral soln 10 mg/5ml</b>	1				•
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>	1				•
<b>morphine sulfate tab er 15 mg (Ms contin)</b>	1		•		•
<b>morphine sulfate tab er 30 mg (Ms contin)</b>	1		•		•
<b>morphine sulfate tab er 60 mg (Ms contin)</b>	1		•		•
<b>morphine sulfate tab er 100 mg (Ms contin)</b>	1		•		•
<b>morphine sulfate tab er 200 mg (Ms contin)</b>	1		•		•
<b>morphine sulfate tab 15 mg (Morphine sulfate)</b>	1				•
<b>morphine sulfate tab 30 mg (Morphine sulfate)</b>	1				•
<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml) (Oxycodone hcl)</b>	1				•
<b>oxycodone hcl soln 5 mg/5ml (Oxycodone hcl)</b>	1				•
<b>oxycodone hcl tab 5 mg (Roxicodone)</b>	1				•
<b>oxycodone hcl tab 10 mg</b>	1				•
<b>oxycodone hcl tab 15 mg (Roxicodone)</b>	1				•
<b>oxycodone hcl tab 20 mg</b>	1				•
<b>oxycodone hcl tab 30 mg (Roxicodone)</b>	1				•
<b>oxycodone w/ acetaminophen tab 5-325 mg (Percocet)</b>	1				•
<b>oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)</b>	1				•
<b>oxycodone w/ acetaminophen tab 10-325 mg (Percocet)</b>	1				•
<b>tramadol hcl tab er 24hr 100 mg</b>	1		•		•
<b>tramadol hcl tab er 24hr 200 mg</b>	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>tramadol hcl tab er 24hr 300 mg</b>	1		•		•
<b>tramadol hcl tab 50 mg (Ultram)</b>	1				•
<b>tramadol-acetaminophen tab 37.5-325 mg (Ultracet)</b>	1				•
<b>RHEUMATOID AND OSTEOARTHRITIS</b>					
<b>ADALIMUMAB-AATY 1-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml</b>	2	•	•		•
<b>ADALIMUMAB-AATY 1-PEN KIT – adalimumab-aaty auto-injector kit 80 mg/0.8ml</b>	2	•	•		•
<b>ADALIMUMAB-AATY 2-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml</b>	2	•	•		•
<b>ADALIMUMAB-AATY 2-SYRINGE – adalimumab-aaty prefilled syringe kit 20 mg/0.2ml</b>	2	•	•		•
<b>ADALIMUMAB-AATY 2-SYRINGE – adalimumab-aaty prefilled syringe kit 40 mg/0.4ml</b>	2	•	•		•
<b>ADALIMUMAB-ADAZ – adalimumab-adaz soln auto-injector 40 mg/0.4ml</b>	2	•	•		•
<b>ADALIMUMAB-ADAZ – adalimumab-adaz soln prefilled syringe 40 mg/0.4ml</b>	2	•	•		•
<b>celecoxib cap 50 mg (Celebrex)</b>	1				
<b>celecoxib cap 100 mg (Celebrex)</b>	1				
<b>celecoxib cap 200 mg (Celebrex)</b>	1				
<b>celecoxib cap 400 mg (Celebrex)</b>	1				
<b>diclofenac potassium tab 50 mg (Cataflam)</b>	1				
<b>diclofenac sodium tab delayed release 25 mg</b>	1				
<b>diclofenac sodium tab delayed release 50 mg</b>	1				
<b>diclofenac sodium tab delayed release 75 mg</b>	1				
<b>ENBREL – etanercept subcutaneous inj 25 mg/0.5ml</b>	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	•	•		•
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	•	•		•
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	2	•	•		•
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	2	•	•		•
etodolac cap 200 mg	1				
etodolac cap 300 mg	1				
etodolac tab er 24hr 400 mg	1				
etodolac tab er 24hr 500 mg	1				
etodolac tab er 24hr 600 mg	1				
etodolac tab 400 mg	1				
etodolac tab 500 mg	1				
flurbiprofen tab 100 mg	1				
HADLIMA – adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	2	•	•		•
HADLIMA – adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	2	•	•		•
HADLIMA PUSH TOUCH – adalimumab-bwwd soln auto-injector 40 mg/0.4ml	2	•	•		•
HADLIMA PUSH TOUCH – adalimumab-bwwd soln auto-injector 40 mg/0.8ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HUMIRA PEN – adalimumab auto-injector kit 40 mg/0.8ml	2	•	•		•
HUMIRA PEN – adalimumab auto-injector kit 40 mg/0.4ml	2	•	•		•
HUMIRA PEN – adalimumab auto-injector kit 80 mg/0.8ml	2	•	•		•
HUMIRA PEN-CD/UC/HS START – adalimumab auto-injector kit 80 mg/0.8ml	2	•	•		•
HUMIRA PEN-PS/UV STARTER – adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	•	•		•
ibuprofen susp 100 mg/5ml	1				
ibuprofen tab 400 mg	1				
ibuprofen tab 600 mg	1				
ibuprofen tab 800 mg	1				
indomethacin cap 25 mg	1				
indomethacin cap 50 mg	1				
leflunomide tab 10 mg (Arava)	1				
leflunomide tab 20 mg (Arava)	1				
meloxicam tab 7.5 mg (Mobic)	1				
meloxicam tab 15 mg (Mobic)	1				
nabumetone tab 500 mg	1				
nabumetone tab 750 mg	1				
naproxen sodium tab 275 mg (Anaprox)	1				
naproxen sodium tab 550 mg (Anaprox ds)	1				
naproxen tab 250 mg (Naprosyn)	1				
naproxen tab 375 mg (Naprosyn)	1				
naproxen tab 500 mg (Naprosyn)	1				
OTEZLA – apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	2	•	•		•
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	2	•	•		•
OTEZLA – apremilast tab 20 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OTEZLA – apremilast tab 30 mg	2	•	•		•
OTREXUP – methotrexate soln pf auto-injector 10 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 12.5 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 15 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 17.5 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 20 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 22.5 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 25 mg/0.4ml	2			•	
oxaprozin tab 600 mg (Daypro)	1				
piroxicam cap 10 mg (Feldene)	1				
piroxicam cap 20 mg (Feldene)	1				
RINVOQ – upadacitinib tab er 24hr 15 mg	2	•	•		•
RINVOQ – upadacitinib tab er 24hr 30 mg	2	•	•		•
RINVOQ – upadacitinib tab er 24hr 45 mg	2	•	•		•
RINVOQ LQ – upadacitinib oral soln 1 mg/ml	2	•	•		•
SIMLANDI 1-PEN KIT – adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	•	•		•
SIMLANDI 2-PEN KIT – adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	•	•		•
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	2	•	•		•
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	•	•		•
sulindac tab 150 mg	1				
sulindac tab 200 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TYENNE – tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	2		•		•
TYENNE – tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	2		•		•
XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	•	•		•
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)	2	•	•		•
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent)	2	•	•		•
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	•	•		•
XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	•	•		•
<b>MIGRAINE HEADACHES</b>					
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2		•		•
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2		•		•
AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		•		•
AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		•		•
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1				
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	1		•		•
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1				•
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2		•		•
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2		•		•
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		•		•
naratriptan hcl tab 1 mg (base equiv) (Amerge)	1				•
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	1				•
NURTEC – rimegepant sulfate tab disint 75 mg	2		•		•
QULIPTA – atogepant tab 10 mg	2		•		•
QULIPTA – atogepant tab 30 mg	2		•		•
QULIPTA – atogepant tab 60 mg	2		•		•
REYVOW – lasmiditan succinate tab 50 mg	2		•		•
REYVOW – lasmiditan succinate tab 100 mg	2		•		•
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	1				•
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1				•
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)	1				•
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1				•
sumatriptan nasal spray 5 mg/act (Imitrex)	1				•
sumatriptan nasal spray 20 mg/act (Imitrex)	1				•
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	1				•
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1				•
sumatriptan succinate tab 25 mg (Imitrex)	1				•
sumatriptan succinate tab 50 mg (Imitrex)	1				•
sumatriptan succinate tab 100 mg (Imitrex)	1				•
UBRELVY – ubrogepant tab 50 mg	2		•		•
UBRELVY – ubrogepant tab 100 mg	2		•		•
<b>GOUT</b>					
allopurinol tab 100 mg (Zyloprim)	1				
allopurinol tab 300 mg (Zyloprim)	1				
colchicine tab 0.6 mg (Colcris)	1				
colchicine w/ probenecid tab 0.5-500 mg	1				
probenecid tab 500 mg	1				
<b>NEUROMUSCULAR DRUGS</b>					
<b>SEIZURES</b>					
APTIOM – eslicarbazepine acetate tab 200 mg	2				
APTIOM – eslicarbazepine acetate tab 400 mg	2				
APTIOM – eslicarbazepine acetate tab 600 mg	2				
APTIOM – eslicarbazepine acetate tab 800 mg	2				
carbamazepine cap er 12hr 100 mg (Carbatrol)	1				
carbamazepine cap er 12hr 200 mg (Carbatrol)	1				
carbamazepine cap er 12hr 300 mg (Carbatrol)	1				
carbamazepine chew tab 100 mg	1				
carbamazepine susp 100 mg/5ml (Tegretol)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>carbamazepine tab er 12hr 100 mg</b> (Tegretol-xr)	1				
<b>carbamazepine tab er 12hr 200 mg</b> (Tegretol-xr)	1				
<b>carbamazepine tab er 12hr 400 mg</b> (Tegretol-xr)	1				
<b>carbamazepine tab 200 mg</b> (Tegretol)	1				
<b>clonazepam tab 0.5 mg</b> (Klonopin)	1				
<b>clonazepam tab 1 mg</b> (Klonopin)	1				
<b>clonazepam tab 2 mg</b> (Klonopin)	1				
<b>diazepam rectal gel delivery system 10 mg</b> (Diastat acudial)	1				
<b>diazepam rectal gel delivery system 20 mg</b> (Diastat acudial)	1				
<b>DILANTIN – phenytoin sodium extended cap 30 mg</b>	2				
<b>DILANTIN – phenytoin sodium extended cap 100 mg</b>	2				
<b>divalproex sodium cap delayed release sprinkle 125 mg</b> (Depakote sprinkles)	1				
<b>divalproex sodium tab delayed release 125 mg</b> (Depakote)	1				
<b>divalproex sodium tab delayed release 250 mg</b> (Depakote)	1				
<b>divalproex sodium tab delayed release 500 mg</b> (Depakote)	1				
<b>divalproex sodium tab er 24 hr 250 mg</b> (Depakote er)	1				
<b>divalproex sodium tab er 24 hr 500 mg</b> (Depakote er)	1				
<b>EPIDIOLEX – cannabidiol soln 100 mg/ml</b>	2	•	•		
<b>ethosuximide cap 250 mg</b> (Zarontin)	1				
<b>ethosuximide soln 250 mg/5ml</b> (Zarontin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>gabapentin cap 100 mg</b> (Neurontin)	1				
<b>gabapentin cap 300 mg</b> (Neurontin)	1				
<b>gabapentin cap 400 mg</b> (Neurontin)	1				
<b>gabapentin oral soln 250 mg/5ml</b> (Neurontin)	1				
<b>gabapentin tab 600 mg</b> (Neurontin)	1				
<b>gabapentin tab 800 mg</b> (Neurontin)	1				
<b>lacosamide oral solution 10 mg/ml</b> (Vimpat)	1				
<b>lacosamide tab 50 mg</b> (Vimpat)	1				
<b>lacosamide tab 100 mg</b> (Vimpat)	1				
<b>lacosamide tab 150 mg</b> (Vimpat)	1				
<b>lacosamide tab 200 mg</b> (Vimpat)	1				
<b>lamotrigine tab chewable dispersible 5 mg</b> (Lamictal chewable di)	1				
<b>lamotrigine tab chewable dispersible 25 mg</b> (Lamictal chewable di)	1				
<b>lamotrigine tab 25 mg</b> (Lamictal)	1				
<b>lamotrigine tab 100 mg</b> (Lamictal)	1				
<b>lamotrigine tab 150 mg</b> (Lamictal)	1				
<b>lamotrigine tab 200 mg</b> (Lamictal)	1				
<b>levetiracetam oral soln 100 mg/ml</b> (Keppra)	1				
<b>levetiracetam tab er 24hr 500 mg</b> (Keppra xr)	1				
<b>levetiracetam tab er 24hr 750 mg</b> (Keppra xr)	1				
<b>levetiracetam tab 250 mg</b> (Keppra)	1				
<b>levetiracetam tab 500 mg</b> (Keppra)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>levetiracetam tab 750 mg</b> (Keppra)	1				
<b>levetiracetam tab 1000 mg</b> (Keppra)	1				
<b>methsuximide cap 300 mg</b> (Celontin)	1				
<b>oxcarbazepine susp 300 mg/5ml</b> <b>(60 mg/ml)</b> (Trileptal)	1				
<b>oxcarbazepine tab 150 mg</b> (Trileptal)	1				
<b>oxcarbazepine tab 300 mg</b> (Trileptal)	1				
<b>oxcarbazepine tab 600 mg</b> (Trileptal)	1				
<b>phenytoin chew tab 50 mg</b> (Dilantin infatabs)	1				
<b>phenytoin sodium extended cap</b> <b>100 mg</b> (Dilantin)	1				
<b>phenytoin sodium extended cap</b> <b>200 mg</b> (Phenytek)	1				
<b>phenytoin sodium extended cap</b> <b>300 mg</b> (Phenytek)	1				
<b>phenytoin susp 125 mg/5ml</b> (Dilantin)	1				
<b>pregabalin cap 25 mg</b> (Lyrica)	1				•
<b>pregabalin cap 50 mg</b> (Lyrica)	1				•
<b>pregabalin cap 75 mg</b> (Lyrica)	1				•
<b>pregabalin cap 100 mg</b> (Lyrica)	1				•
<b>pregabalin cap 150 mg</b> (Lyrica)	1				•
<b>pregabalin cap 200 mg</b> (Lyrica)	1				•
<b>pregabalin cap 225 mg</b> (Lyrica)	1				•
<b>pregabalin cap 300 mg</b> (Lyrica)	1				•
<b>pregabalin soln 20 mg/ml</b> (Lyrica)	1				•
<b>primidone tab 50 mg</b> (Mysoline)	1				
<b>primidone tab 250 mg</b> (Mysoline)	1				
<b>rufinamide tab 200 mg</b> (Banzel)	1				
<b>rufinamide tab 400 mg</b> (Banzel)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>topiramate sprinkle cap 15 mg</b> (Topamax sprinkle)	1				
<b>topiramate sprinkle cap 25 mg</b> (Topamax sprinkle)	1				
<b>topiramate tab 25 mg</b> (Topamax)	1				
<b>topiramate tab 50 mg</b> (Topamax)	1				
<b>topiramate tab 100 mg</b> (Topamax)	1				
<b>topiramate tab 200 mg</b> (Topamax)	1				
<b>valproate sodium oral soln</b> <b>250 mg/5ml (base equiv)</b> (Depakene)	1				
<b>valproic acid cap 250 mg</b> (Depakene)	1				
<b>vigabatrin powd pack 500 mg</b> (Sabril)	1				
<b>vigabatrin tab 500 mg</b> (Sabril)	1				
VIMPAT – lacosamide oral solution 10 mg/ml	2				
VIMPAT – lacosamide tab 50 mg	2				
VIMPAT – lacosamide tab 100 mg	2				
VIMPAT – lacosamide tab 150 mg	2				
VIMPAT – lacosamide tab 200 mg	2				
<b>zonisamide cap 25 mg</b> (Zonegran)	1				
<b>zonisamide cap 50 mg</b>	1				
<b>zonisamide cap 100 mg</b> (Zonegran)	1				
<b>PARKINSON'S DISEASE</b>					
<b>amantadine hcl cap 100 mg</b>	1				
<b>amantadine hcl soln 50 mg/5ml</b>	1				
<b>benztropine mesylate tab 0.5 mg</b>	1				
<b>benztropine mesylate tab 1 mg</b>	1				
<b>benztropine mesylate tab 2 mg</b>	1				
<b>carbidopa &amp; levodopa tab er</b> <b>25-100 mg</b> (Sinemet cr)	1				
<b>carbidopa &amp; levodopa tab er</b> <b>50-200 mg</b> (Sinemet cr)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>carbidopa &amp; levodopa tab 10-100 mg (Sinemet)</b>	1				
<b>carbidopa &amp; levodopa tab 25-100 mg (Sinemet)</b>	1				
<b>carbidopa &amp; levodopa tab 25-250 mg (Sinemet)</b>	1				
<b>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)</b>	1				
<b>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)</b>	1				
<b>carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)</b>	1				
<b>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)</b>	1				
<b>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)</b>	1				
<b>carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)</b>	1				
<b>entacapone tab 200 mg (Comtan)</b>	1				
<b>INBRIJA – levodopa inhal powder cap 42 mg</b>	2	•			
<b>pramipexole dihydrochloride tab 0.125 mg (Mirapex)</b>	1				
<b>pramipexole dihydrochloride tab 0.25 mg (Mirapex)</b>	1				
<b>pramipexole dihydrochloride tab 0.5 mg (Mirapex)</b>	1				
<b>pramipexole dihydrochloride tab 0.75 mg (Mirapex)</b>	1				
<b>pramipexole dihydrochloride tab 1 mg (Mirapex)</b>	1				
<b>pramipexole dihydrochloride tab 1.5 mg (Mirapex)</b>	1				
<b>rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>rasagiline mesylate tab 1 mg (base equiv) (Azilect)</b>	1				
<b>ropinirole hydrochloride tab 0.25 mg (Requip)</b>	1				
<b>ropinirole hydrochloride tab 0.5 mg (Requip)</b>	1				
<b>ropinirole hydrochloride tab 1 mg (Requip)</b>	1				
<b>ropinirole hydrochloride tab 2 mg (Requip)</b>	1				
<b>ropinirole hydrochloride tab 3 mg (Requip)</b>	1				
<b>ropinirole hydrochloride tab 4 mg (Requip)</b>	1				
<b>ropinirole hydrochloride tab 5 mg (Requip)</b>	1				
<b>selegiline hcl cap 5 mg (Eldepryl)</b>	1				
<b>selegiline hcl tab 5 mg</b>	1				
<b>trihexyphenidyl hcl tab 2 mg</b>	1				
<b>trihexyphenidyl hcl tab 5 mg</b>	1				
<b>MUSCLE RELAXANTS</b>					
<b>baclofen tab 10 mg</b>	1				
<b>baclofen tab 20 mg</b>	1				
<b>chlorzoxazone tab 500 mg</b>	1				
<b>cyclobenzaprine hcl tab 5 mg</b>	1				
<b>cyclobenzaprine hcl tab 10 mg</b>	1				
<b>methocarbamol tab 500 mg (Robaxin)</b>	1				
<b>methocarbamol tab 750 mg (Robaxin-750)</b>	1				
<b>orphenadrine citrate tab er 12hr 100 mg</b>	1				
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	1				
<b>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)</b>	1				
<b>OTHER NEUROMUSCULAR DRUGS</b>					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
pyridostigmine bromide tab 60 mg (Mestinon)	1				
riluzole tab 50 mg (Rilutek)	1	•			
<b>SUPPLEMENTS</b>					
<b>VITAMINS</b>					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1				
phytonadione tab 5 mg (Mephyton)	1				
<b>MINERALS AND ELECTROLYTES</b>					
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1				
potassium chloride cap er 8 meq (Micro-k)	1				
potassium chloride cap er 10 meq (Micro-k)	1				
potassium chloride microencapsulated crys er tab 10 meq	1				
potassium chloride microencapsulated crys er tab 20 meq	1				
potassium chloride oral soln 10% (20 meq/15ml)	1				
potassium chloride oral soln 20% (40 meq/15ml)	1				
potassium chloride powder packet 20 meq	1				
potassium chloride tab er 8 meq (600 mg)	1				
potassium chloride tab er 10 meq (K-tab)	1				
potassium phosphate monobasic tab 500 mg (K-phos)	1				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride)	1				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride)	1				
<b>BLOOD MODIFYING DRUGS</b>					
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 500 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 500 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 1000 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 2000 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 3000 unit	2	•	•		



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 4000 unit	2	•	•		
anagrelide hcl cap 0.5 mg (Agrylin)	1				
anagrelide hcl cap 1 mg	1				
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit	2	•	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit	2	•	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit	2	•	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit	2	•	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit	2	•	•		
BRILINTA – ticagrelor tab 60 mg	2				
BRILINTA – ticagrelor tab 90 mg	2				
CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)	2	•	•		•
cilostazol tab 50 mg (Pletal)	1				
cilostazol tab 100 mg (Pletal)	1				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1				
COAGADEX – coagulation factor x (human) for inj 250 unit	2	•	•		
COAGADEX – coagulation factor x (human) for inj 500 unit	2	•	•		
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	2	•	•		
cyanocobalamin inj 1000 mcg/ml	1				
dipyridamole tab 25 mg (Persantine)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
dipyridamole tab 50 mg (Persantine)	1				
dipyridamole tab 75 mg (Persantine)	1				
DOPTELET – avatrombopag maleate tab 20 mg (base equiv)	2	•	•		•
ELIQUIS – apixaban tab 2.5 mg	2				•
ELIQUIS – apixaban tab 5 mg	2				•
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg	2				•
EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	•	•		•
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)	1				
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1				
FABHALTA – iptacopan hcl cap 200 mg	2	•	•		•
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit	2	•	•		
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit	2	•	•		
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit	2	•	•		
folic acid tab 1 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	•			
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	2	•	•		•
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	2	•	•		•
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit	2	•	•		
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit	2	•	•		
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit	2	•	•		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	•	•		•
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit	2	•	•		
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 500 unit	2	•	•		
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 1000 unit	2	•	•		
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 2000 unit	2	•	•		
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 3000 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 500 unit	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	2	•	•		
MULPLETA – lusutrombopag tab 3 mg	2	•	•		•
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	2	•			
NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	2	•			
NIVESTYM – filgrastim-aafi inj 300 mcg/ml	2	•			
NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	2	•			
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	2	•	•		
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	2	•	•		
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	2	•	•		
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	2	•	•		
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	2	•	•		
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	2	•	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	2	•	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	2	•	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	2	•	•		
NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	2	•			
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	•	•		
pentoxifylline tab er 400 mg	1				
prasugrel hcl tab 5 mg (base equiv) (Effient)	1				
prasugrel hcl tab 10 mg (base equiv) (Effient)	1				
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 20000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	2	•			
TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	•	•		•
TAKHZYRO – lanadelumab-flyo soln pref syringe 150 mg/ml	2	•	•		•
TAKHZYRO – lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	2	•	•		•
TRETTEN – coagulation factor xiii a-subunit for inj 2500 unit	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VONVENDI – von willebrand factor (recombinant) for inj 650 unit	2	•	•		
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	2	•	•		
warfarin sodium tab 1 mg (Coumadin)	1				
warfarin sodium tab 2 mg (Coumadin)	1				
warfarin sodium tab 2.5 mg (Coumadin)	1				
warfarin sodium tab 3 mg (Coumadin)	1				
warfarin sodium tab 4 mg (Coumadin)	1				
warfarin sodium tab 5 mg (Coumadin)	1				
warfarin sodium tab 6 mg (Coumadin)	1				
warfarin sodium tab 7.5 mg (Coumadin)	1				
warfarin sodium tab 10 mg (Coumadin)	1				
XARELTO – rivaroxaban for susp 1 mg/ml	2				•
XARELTO – rivaroxaban tab 2.5 mg	2				•
XARELTO – rivaroxaban tab 10 mg	2				•
XARELTO – rivaroxaban tab 15 mg	2				•
XARELTO – rivaroxaban tab 20 mg	2				•
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	2				•
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	2	•			
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>TOPICAL DRUGS</b>					
<b>EYE</b>					
<i>Anti-infectives</i>					
BACITRACIN – bacitracin ophth oint 500 unit/gm	2				
bacitracin-polymyxin b ophth oint	1				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1				
erythromycin ophth oint 5 mg/gm	1				
gentamicin sulfate ophth soln 0.3% (Garamycin)	1				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1				
NATACYN – natamycin ophth susp 5%	2				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1				
ofloxacin ophth soln 0.3% (Ocuflox)	1				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1				
sulfacetamide sodium ophth soln 10% (Bleph-10)	1				
tobramycin ophth soln 0.3% (Tobrex)	1				
TRIFLURIDINE – trifluridine ophth soln 1%	2				
<i>Steroids and Combination Products</i>					
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1				
fluorometholone ophth susp 0.1% (Fml liquifilm)	1				
LOTEMAX – loteprednol etabonate ophth oint 0.5%	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%	2				
loteprednol etabonate ophth gel 0.5% (Lotemax)	1				
loteprednol etabonate ophth susp 0.5% (Lotemax)	1				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1				
prednisolone acetate ophth susp 1% (Pred forte)	1				
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1				
<i>Glaucoma</i>					
brimonidine tartrate ophth soln 0.1% (Alphagan p)	1				
brimonidine tartrate ophth soln 0.2%	1				
dorzolamide hcl ophth soln 2% (Trusopt)	1				
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1				
latanoprost ophth soln 0.005% (Xalatan)	1				•
LUMIGAN – bimatoprost ophth soln 0.01%	2				•
pilocarpine hcl ophth soln 1% (Isopto carpine)	1				
pilocarpine hcl ophth soln 2% (Isopto carpine)	1				
pilocarpine hcl ophth soln 4% (Isopto carpine)	1				
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%	2				•
timolol maleate ophth soln 0.25% (Timoptic)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>timolol maleate ophth soln 0.5%</b> (Timoptic)	1				
<b>Other Eye Products</b>					
<b>atropine sulfate ophth soln 1%</b> (Atropine sulfate)	1				
<b>azelastine hcl ophth soln 0.05%</b> (Optivar)	1				
<b>cyclopentolate hcl ophth soln 1%</b> (Cyclogyl)	1				
<b>diclofenac sodium ophth soln 0.1%</b>	1				
<b>ketorolac tromethamine ophth soln 0.4%</b> (Acular Is)	1				
<b>ketorolac tromethamine ophth soln 0.5%</b> (Acular)	1				
<b>RESTASIS – cyclosporine (ophth) emulsion 0.05%</b>	1		•		•
<b>EAR</b>					
<b>acetic acid otic soln 2%</b>	1				
<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</b> (Ciprodex)	1				
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b> (Vosol hc)	1				
<b>neomycin-polymyxin-hc otic soln 1%</b> (Cortisporin)	1				
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	1				
<b>ofloxacin otic soln 0.3%</b>	1				
<b>MOUTH AND THROAT (LOCAL)</b>					
<b>cevimeline hcl cap 30 mg</b> (Evoxac)	1				
<b>chlorhexidine gluconate soln 0.12%</b> (Peridex)	1				
<b>clotrimazole troche 10 mg</b>	1				
<b>lidocaine hcl viscous soln 2%</b>	1				
<b>nystatin susp 100000 unit/ml</b>	1				
<b>pilocarpine hcl tab 5 mg</b> (Salagen)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>pilocarpine hcl tab 7.5 mg</b> (Salagen)	1				
<b>triamcinolone acetonide dental paste 0.1%</b>	1				
<b>ANORECTAL AGENTS</b>					
<b>CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose)</b>	2				
<b>hydrocortisone enema 100 mg/60ml</b> (Cortenema)	1				
<b>hydrocortisone perianal cream 2.5%</b> (Anusol-hc)	1				
<b>SKIN CONDITIONS/PRODUCTS</b>					
<b>Acne</b>					
<b>adapalene cream 0.1%</b> (Differin)	1				
<b>adapalene gel 0.1%</b> (Differin)	1				
<b>adapalene gel 0.3%</b> (Differin)	1				
<b>adapalene-benzoyl peroxide gel 0.1-2.5%</b> (Epiduo)	1				
<b>azelaic acid gel 15%</b> (Finacea)	1				
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b> (Duac)	1				
<b>clindamycin phosphate gel 1%</b> (Cleocin-t)	1				
<b>clindamycin phosphate lotion 1%</b> (Cleocin-t)	1				
<b>clindamycin phosphate soln 1%</b> (Cleocin-t)	1				
<b>clindamycin phosphate swab 1%</b> (Cleocin-t)	1				
<b>DIFFERIN – adapalene lotion 0.1%</b>	2				
<b>doxycycline (rosacea) cap delayed release 40 mg</b> (Oracea)	1				
<b>erythromycin gel 2%</b> (Erygel)	1				
<b>erythromycin soln 2%</b>	1				
<b>isotretinoin cap 10 mg</b>	1				
<b>isotretinoin cap 20 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
isotretinoin cap 30 mg (Claravis)	1				
isotretinoin cap 40 mg	1				
metronidazole cream 0.75% (Metrocream)	1				
metronidazole gel 0.75%	1				
metronidazole gel 1% (Metrogel)	1				
SOOLANTRA – ivermectin cream 1%	2				
sulfacetamide sodium lotion 10% (acne) (Klaron)	1				
tazarotene cream 0.05% (Tazorac)	1				
tazarotene cream 0.1% (Tazorac)	1				
tazarotene gel 0.05% (Tazorac)	1				
tazarotene gel 0.1% (Tazorac)	1				
TAZORAC – tazarotene cream 0.05%	2				
TAZORAC – tazarotene gel 0.05%	2				
TAZORAC – tazarotene gel 0.1%	2				
tretinoin cream 0.025% (Retin-a)	1				
tretinoin cream 0.05% (Retin-a)	1				
tretinoin cream 0.1% (Retin-a)	1				
tretinoin gel 0.01% (Retin-a)	1				
<b>Anti-infectives</b>					
acyclovir oint 5% (Zovirax)	1				
ciclopirox gel 0.77% (Loprox)	1				
ciclopirox olamine cream 0.77% (base equiv)	1				
ciclopirox olamine susp 0.77% (base equiv)	1				
ciclopirox shampoo 1% (Loprox shampoo)	1				
ciclopirox solution 8% (Penlac nail lacquer)	1		•		•
econazole nitrate cream 1%	1				
gentamicin sulfate cream 0.1%	1				
gentamicin sulfate oint 0.1%	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ketoconazole cream 2%	1				
ketoconazole shampoo 2% (Nizoral)	1				
mupirocin oint 2% (Bactroban)	1				
nystatin cream 100000 unit/gm	1				
nystatin oint 100000 unit/gm	1				
nystatin topical powder 100000 unit/gm	1				
silver sulfadiazine cream 1% (Silvadene)	1				
<b>Corticosteroids</b>					
alclometasone dipropionate cream 0.05% (Aclovate)	1				
alclometasone dipropionate oint 0.05%	1				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1				
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	1				
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1				
betamethasone dipropionate cream 0.05%	1				
betamethasone dipropionate lotion 0.05%	1				
betamethasone dipropionate oint 0.05%	1				
betamethasone valerate cream 0.1% (base equivalent)	1				
betamethasone valerate lotion 0.1% (base equivalent)	1				
betamethasone valerate oint 0.1% (base equivalent)	1				
clobetasol propionate cream 0.05% (Temovate)	1				
clobetasol propionate emollient base cream 0.05% (Temovate e)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>clobetasol propionate foam 0.05%</b> (Olux)	1				•
<b>clobetasol propionate gel 0.05%</b> (Temovate)	1				
<b>clobetasol propionate oint 0.05%</b> (Temovate)	1				
<b>clobetasol propionate soln 0.05%</b> (Temovate)	1				
<b>desonide cream 0.05%</b> (Desowen)	1				
<b>desonide oint 0.05%</b> (Desowen)	1				
<b>desoximetasone cream 0.25%</b> (Topicort)	1				
<b>desoximetasone oint 0.25%</b> (Topicort)	1				
<b>ENSTILAR – calcipotriene-betamethasone dipropionate foam 0.005-0.064%</b>	2				•
<b>fluocinolone acetonide cream 0.01%</b>	1				
<b>fluocinolone acetonide cream 0.025%</b> (Synalar)	1				
<b>fluocinolone acetonide oil 0.01% (body oil)</b> (Derma-smoothe/fs bod)	1				
<b>fluocinolone acetonide oil 0.01% (scalp oil)</b> (Derma-smoothe/fs sca)	1				
<b>fluocinolone acetonide oint 0.025%</b> (Synalar)	1				
<b>fluocinolone acetonide soln 0.01%</b> (Synalar)	1				
<b>fluocinonide cream 0.05%</b>	1				
<b>fluocinonide cream 0.1%</b> (Vanos)	1				
<b>fluocinonide emulsified base cream 0.05%</b>	1				
<b>fluocinonide oint 0.05%</b>	1				
<b>fluocinonide soln 0.05%</b>	1				
<b>fluticasone propionate cream 0.05%</b> (Cutivate)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>fluticasone propionate oint 0.005%</b> (Cutivate)	1				
<b>halobetasol propionate cream 0.05%</b> (Ultravate)	1				
<b>hydrocortisone cream 2.5%</b>	1				
<b>hydrocortisone oint 2.5%</b>	1				
<b>hydrocortisone valerate cream 0.2%</b>	1				
<b>mometasone furoate cream 0.1%</b> (Elocon)	1				
<b>mometasone furoate oint 0.1%</b> (Elocon)	1				
<b>mometasone furoate solution 0.1% (lotion)</b> (Elocon)	1				
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	1				
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>	1				
<b>triamcinolone acetonide cream 0.025%</b>	1				
<b>triamcinolone acetonide cream 0.1%</b>	1				
<b>triamcinolone acetonide cream 0.5%</b>	1				
<b>triamcinolone acetonide lotion 0.025%</b>	1				
<b>triamcinolone acetonide lotion 0.1%</b>	1				
<b>triamcinolone acetonide oint 0.025%</b>	1				
<b>triamcinolone acetonide oint 0.1%</b>	1				
<b>triamcinolone acetonide oint 0.5%</b>	1				
<b>Other Skin Products</b>					
<b>acitretin cap 10 mg</b> (Soriatane)	1				
<b>acitretin cap 17.5 mg</b> (Soriatane)	1				
<b>acitretin cap 25 mg</b> (Soriatane)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ADBRY – tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	2	•	•		•
ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	•	•		•
calcipotriene cream 0.005% (Dovonex)	1				•
CIBINQO – abrocitinib tab 50 mg	2	•	•		•
CIBINQO – abrocitinib tab 100 mg	2	•	•		•
CIBINQO – abrocitinib tab 200 mg	2	•	•		•
COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	•	•		•
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml	2	•	•		•
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	•	•		•
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	2	•	•		•
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	•	•		•
COSENTYX UNOREADY – secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•		•
diclofenac sodium (actinic keratoses) gel 3% (Solaraze)	1		•		•
DUPIXENT – dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	2	•	•		•
DUPIXENT – dupilumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	2	•	•		•
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	2	•	•		•
fluorouracil cream 5% (Efudex)	1		•		•
fluorouracil soln 5%	1				•
imiquimod cream 5% (Aldara)	1				•
lidocaine hcl soln 4% (Xylocaine)	1				•
lidocaine patch 5% (Lidoderm)	1				•
lidocaine-prilocaine cream 2.5-2.5% (Emla)	1				•
malathion lotion 0.5% (Ovide)	1				•
permethrin cream 5% (Elimite)	1				•
selenium sulfide lotion 2.5%	1				•
SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	•	•		•
SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml	2	•	•		•
SOTYKTU – deucravacitinib tab 6 mg	2	•	•		•
STELARA – ustekinumab inj 45 mg/0.5ml	2	•	•		•
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	2	•	•		•
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	2	•	•		•
tacrolimus oint 0.03% (Protopic)	1			•	
tacrolimus oint 0.1% (Protopic)	1			•	
TREMFYA – guselkumab soln auto-injector 100 mg/ml	2	•	•		•
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	2	•	•		•
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	2	•			



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>MISCELLANEOUS CATEGORIES (includes supplies and devices)</b>					
<b>DIABETIC SUPPLIES</b>					
CONTOUR BLOOD GLUCOSE MON – blood glucose monitoring devices	2				
CONTOUR BLOOD GLUCOSE TES – glucose blood test strip	2				•
CONTOUR HIGH CONTROL – blood glucose calibration - liquid - high	2				
CONTOUR LOW CONTROL – blood glucose calibration - liquid - low	2				
CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip	2				•
CONTOUR NEXT BLOOD GLUCOS – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT CONTROL LEVE – blood glucose calibration - liquid - normal	2				
CONTOUR NEXT CONTROL LEVE – blood glucose calibration - liquid - low	2				
CONTOUR NEXT EZ BLOOD GLU – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring devices	2				
CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT LINK BLOOD G – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT LINK WIRELES – blood glucose monitoring kit w/ device	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring devices	2				
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring kit	2				
CONTOUR NORMAL CONTROL – blood glucose calibration - liquid - normal	2				
CONTOUR PLUS BLOOD GLUCOS – glucose blood test strip	2				•
CONTOUR PLUS BLUE BLOOD G – blood glucose monitoring kit w/ device	2				
DEXCOM G6 RECEIVER – continuous glucose system receiver	2			•	•
DEXCOM G6 SENSOR – continuous glucose system sensor	2			•	•
DEXCOM G6 TRANSMITTER – continuous glucose system transmitter	2			•	•
DEXCOM G7 RECEIVER – continuous glucose system receiver	2			•	•
DEXCOM G7 SENSOR – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 14 DAY/RE – continuous glucose system receiver	2			•	•
FREESTYLE LIBRE 14 DAY/SE – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 2 PLUS/SE – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 2/READER/ – continuous glucose system receiver	2			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FREESTYLE LIBRE 2/SENSOR/ – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 3 PLUS/SE – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 3/READER/ – continuous glucose system receiver	2			•	•
FREESTYLE LIBRE 3/SENSOR/ – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE/READER/FL – continuous glucose system receiver	2			•	•
IN TOUCH DIABETES MANAGEM – blood glucose monitoring misc.	2				
ONETOUCH ULTRA – glucose blood test strip	2				•
ONETOUCH ULTRA BLUE TEST – glucose blood test strip	2				•
ONETOUCH ULTRA CONTROL – blood glucose calibration - liquid	2				
ONETOUCH ULTRA CONTROL SO – blood glucose calibration - liquid	2				
ONETOUCH ULTRA TEST STRIP – glucose blood test strip	2				•
ONETOUCH ULTRA 2 – blood glucose monitoring kit w/ device	2				
ONETOUCH VERIO – blood glucose monitoring kit w/ device	2				
ONETOUCH VERIO FLEX BLOOD – blood glucose monitoring kit w/ device	2				
ONETOUCH VERIO IQ BLOOD G – blood glucose monitoring kit w/ device	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ONETOUCH VERIO LEVEL 3 CO – blood glucose calibration - liquid	2				
ONETOUCH VERIO LEVEL 4 CO – blood glucose calibration - liquid - high	2				
ONETOUCH VERIO REFLECT – blood glucose monitoring kit w/ device	2				
ONETOUCH VERIO TEST STRIP – glucose blood test strip	2				•
FINGERSTIX LANCETS – lancets	2				
KINRAY INSULIN SYRINGE/0. – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
LIFESCAN UNISTIK 2 DEEP P – lancets	2				
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2				
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2				
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2				
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 29 x 1/2"	2				
MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 30 x 5/16"	2				
MEDIC INSULIN SYRINGE/0.3 – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2				
MEDIC INSULIN SYRINGE/0.5 – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2				
MICROLET LANCETS – lancets	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MONOJECT ALLERGIST TRAY/ P – allergy tray kit 1/2 ml 28 x 1/2"	2				
MONOJECT ALLERGIST TRAY/P – allergy tray kit 1 ml 28 x 1/2"	2				
MONOJECT INSULIN SYRINGE – insulin syringe (disp) u-100 1 ml	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe (disp) u-100 1 ml	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 25 x 5/8"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 27 x 1/2"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2"	2				
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16"	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1 ml 28 x 1/2"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 1 ml 29 x 1/2"	2				
MONOJECT ULTRA COMFORT IN – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2				
OMNIPOD DASH INTRO KIT (G – insulin infusion disposable pump kit	2				
OMNIPOD DASH PODS (GEN 4) – insulin infusion disposable pump reservoir	2				•
OMNIPOD 5 DEXCOM G7G6 INT – insulin infusion disposable pump kit	2				
OMNIPOD 5 DEXCOM G7G6 POD – insulin infusion disposable pump reservoir	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OMNIPOD 5 LIBRE2 PLUS G6 – insulin infusion disposable pump reservoir	2				
OMNIPOD 5 LIBRE2 PLUS G6 – insulin infusion disposable pump kit	2				
ONETOUCH DELICA LANCETS E – lancets	2				
ONETOUCH DELICA LANCETS F – lancets	2				
ONETOUCH DELICA PLUS LANC – lancets	2				
ONETOUCH DELICA SAFETY LA – lancets	2				
ONETOUCH LANCETS – lancets	2				
ONETOUCH ULTRASOFT 2 LANC – lancets	2				
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2				
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 28 x 1/2"	2				
REALITY INSULIN SYRINGE/U – insulin syringe/needle u-100 1 ml 29 x 1/2"	2				
SINGLE-LET – lancets	2				
<b>MISCELLANEOUS DRUGS</b>					
azathioprine tab 50 mg (Imuran)	1				
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1				•
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1				•
CHEMET – succimer cap 100 mg	2				
cyclosporine cap 25 mg (Sandimmune)	1				
cyclosporine cap 100 mg (Sandimmune)	1				
cyclosporine modified cap 25 mg (Neoral)	1				
cyclosporine modified cap 50 mg (Cyclosporine modifie)	1				
cyclosporine modified cap 100 mg (Neoral)	1				
cyclosporine modified oral soln 100 mg/ml (Neoral)	1				
everolimus tab 0.25 mg (Zortress)	1				
everolimus tab 0.5 mg (Zortress)	1				
everolimus tab 0.75 mg (Zortress)	1				
everolimus tab 1 mg (Zortress)	1				
KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml	2				
lenalidomide caps 2.5 mg (Revlimid)	1	•	•		•
lenalidomide cap 5 mg (Revlimid)	1	•	•		•
lenalidomide cap 10 mg (Revlimid)	1	•	•		•
lenalidomide cap 15 mg (Revlimid)	1	•	•		•
lenalidomide cap 20 mg (Revlimid)	1	•	•		•
lenalidomide cap 25 mg (Revlimid)	1	•	•		•
LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm	2				
mycophenolate mofetil cap 250 mg (Cellcept)	1				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1				
mycophenolate mofetil tab 500 mg (Cellcept)	1				
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	1				
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	1				
MYHIBBIN – mycophenolate mofetil oral susp 200 mg/ml	2				
naloxone hcl inj 0.4 mg/ml	1				
naloxone hcl inj 4 mg/10ml	1				
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1				
NALOXONE HYDROCHLORIDE – naloxone hcl soln cartridge 0.4 mg/ml	2				
NALOXONE HYDROCHLORIDE – naloxone hcl soln prefilled syringe 0.4 mg/ml	2				
naltrexone hcl tab 50 mg (Revia)	1				
OPVEE – nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2				
penicillamine tab 250 mg (Depen titratabs)	1	•			
REVLIMID – lenalidomide caps 2.5 mg	2	•	•		•
REVLIMID – lenalidomide cap 5 mg	2	•	•		•
REVLIMID – lenalidomide cap 10 mg	2	•	•		•
REVLIMID – lenalidomide cap 15 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
REVLIMID – lenalidomide cap 20 mg	2	•	•		•
REVLIMID – lenalidomide cap 25 mg	2	•	•		•
REXTOVY – naloxone hcl nasal spray 4 mg/0.25ml	2				
sirolimus oral soln 1 mg/ml (Rapamune)	1				
sirolimus tab 0.5 mg (Rapamune)	1				
sirolimus tab 1 mg (Rapamune)	1				
sirolimus tab 2 mg (Rapamune)	1				
sodium polystyrene sulfonate powder (Kayexalate)	1				
tacrolimus cap 0.5 mg (Prograf)	1				
tacrolimus cap 1 mg (Prograf)	1				
tacrolimus cap 5 mg (Prograf)	1				
THALOMID – thalidomide cap 50 mg	2	•	•		•
THALOMID – thalidomide cap 100 mg	2	•	•		•
VELTASSA – patiomer sorbitex calcium for susp packet 1 gm (base eq)	2				
VELTASSA – patiomer sorbitex calcium for susp packet 8.4 gm (base eq)	2				
VELTASSA – patiomer sorbitex calcium for susp packet 16.8 gm (base eq)	2				
VELTASSA – patiomer sorbitex calcium for susp packet 25.2 gm (base eq)	2				
ZOKINVY – lonafarnib cap 50 mg	2	•	•		•
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amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel).....	28		
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel).....	28		
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel).....	28		

amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr).....	46	ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act.....	35
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr).....	46	ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/act (breath activated).....	35
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr).....	46	ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated).....	35
amphetamine-dextroamphetamine tab 5 mg (Adderall).....	46	ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/act (breath activated).....	35
amphetamine-dextroamphetamine tab 7.5 mg (Adderall).....	46	ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated).....	35
amphetamine-dextroamphetamine tab 10 mg (Adderall).....	46	<b>atazanavir sulfate cap 150 mg (base equiv)</b> (Reyataz).....	4
amphetamine-dextroamphetamine tab 12.5 mg (Adderall).....	46	<b>atazanavir sulfate cap 200 mg (base equiv)</b> (Reyataz).....	4
amphetamine-dextroamphetamine tab 15 mg (Adderall).....	46	<b>atazanavir sulfate cap 300 mg (base equiv)</b> (Reyataz).....	4
amphetamine-dextroamphetamine tab 20 mg (Adderall).....	46	<b>atenolol &amp; chlorthalidone tab 50-25 mg (Tenoretic 50)</b> .....	27
amphetamine-dextroamphetamine tab 30 mg (Adderall).....	46	<b>atenolol &amp; chlorthalidone tab 100-25 mg (Tenoretic 100)</b> .....	27
ampicillin cap 500 mg.....	1	<b>atenolol tab 25 mg (Tenormin)</b> .....	27
anagrelide hcl cap 1 mg.....	60	<b>atenolol tab 50 mg (Tenormin)</b> .....	27
anagrelide hcl cap 0.5 mg (Agrylin).....	60	<b>atenolol tab 100 mg (Tenormin)</b> .....	27
anastrozole tab 1 mg (Arimidex).....	8	<b>atomoxetine hcl cap 10 mg (base equiv) (Strattera)</b> .....	46
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act.....	34	<b>atomoxetine hcl cap 18 mg (base equiv) (Strattera)</b> .....	46
<b>aprepitant capsule 40 mg (Emend)</b> .....	38	<b>atomoxetine hcl cap 25 mg (base equiv) (Strattera)</b> .....	46
<b>aprepitant capsule 80 mg (Emend)</b> .....	38	<b>atomoxetine hcl cap 40 mg (base equiv) (Strattera)</b> .....	47
<b>aprepitant capsule 125 mg (Emend)</b> .....	38	<b>atomoxetine hcl cap 60 mg (base equiv) (Strattera)</b> .....	47
<b>aprepitant capsule therapy pack 80 &amp; 125 mg (Emend)</b> .....	38	<b>atomoxetine hcl cap 80 mg (base equiv) (Strattera)</b> .....	47
APTIOM – eslicarbazepine acetate tab 200 mg.....	55	<b>atomoxetine hcl cap 100 mg (base equiv) (Strattera)</b> .....	47
APTIOM – eslicarbazepine acetate tab 400 mg.....	55	<b>atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)</b> .....	30
APTIOM – eslicarbazepine acetate tab 600 mg.....	55	<b>atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)</b> .....	30
APTIOM – eslicarbazepine acetate tab 800 mg.....	55	<b>atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)</b> .....	30
<b>aripiprazole tab 2 mg (Abilify)</b> .....	43	<b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)</b> .....	30
<b>aripiprazole tab 5 mg (Abilify)</b> .....	43	<b>atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)</b> .....	6
<b>aripiprazole tab 10 mg (Abilify)</b> .....	43	<b>atovaquone-proguanil hcl tab 250-100 mg (Malarone)</b> .....	6
<b>aripiprazole tab 15 mg (Abilify)</b> .....	43	<b>atovaquone susp 750 mg/5ml (Mepron)</b> .....	6
<b>aripiprazole tab 20 mg (Abilify)</b> .....	43	<b>atropine sulfate ophth soln 1% (Atropine sulfate)</b> .....	64
<b>aripiprazole tab 30 mg (Abilify)</b> .....	43	ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act.....	35
<b>armodafinil tab 50 mg (Nuvigil)</b> .....	46	AUBAGIO – teriflunomide tab 7 mg.....	49
<b>armodafinil tab 150 mg (Nuvigil)</b> .....	46	AUBAGIO – teriflunomide tab 14 mg.....	49
<b>armodafinil tab 200 mg (Nuvigil)</b> .....	46	AUVI-Q – epinephrine solution auto-injector 0.1 mg/0.1ml.....	33
<b>armodafinil tab 250 mg (Nuvigil)</b> .....	46	AUVI-Q – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....	33
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act.....	34	AUVI-Q – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	33
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act.....	35		
ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act.....	35		
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act.....	35		
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act.....	35		



AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....	49	BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit.....	60
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....	49	BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit.....	60
AYVAKIT – avapritinib tab 25 mg.....	8	BENZNIDAZOLE – benznidazole tab 12.5 mg.....	6
AYVAKIT – avapritinib tab 50 mg.....	8	BENZNIDAZOLE – benznidazole tab 100 mg.....	6
AYVAKIT – avapritinib tab 100 mg.....	8	<b>benztropine mesylate tab 0.5 mg.....</b>	<b>57</b>
AYVAKIT – avapritinib tab 200 mg.....	8	<b>benztropine mesylate tab 1 mg.....</b>	<b>57</b>
AYVAKIT – avapritinib tab 300 mg.....	8	<b>benztropine mesylate tab 2 mg.....</b>	<b>57</b>
<b>azathioprine tab 50 mg (Imuran).....</b>	<b>71</b>	<b>betaine powder for oral solution (Cystadane).....</b>	<b>23</b>
<b>azelaic acid gel 15% (Finacea).....</b>	<b>64</b>	<b>betamethasone dipropionate augmented cream 0.05% (Diprolene af).....</b>	<b>65</b>
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray).....</b>	<b>34</b>	<b>betamethasone dipropionate augmented lotion 0.05% (Diprolene).....</b>	<b>65</b>
<b>azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro).....</b>	<b>34</b>	<b>betamethasone dipropionate augmented oint 0.05% (Diprolene).....</b>	<b>65</b>
<b>azelastine hcl ophth soln 0.05% (Optivar).....</b>	<b>64</b>	<b>betamethasone dipropionate augmented cream 0.05%.....</b>	<b>65</b>
<b>azithromycin for susp 100 mg/5ml (Zithromax).....</b>	<b>1</b>	<b>betamethasone dipropionate lotion 0.05%.....</b>	<b>65</b>
<b>azithromycin for susp 200 mg/5ml (Zithromax).....</b>	<b>1</b>	<b>betamethasone dipropionate oint 0.05%.....</b>	<b>65</b>
<b>azithromycin tab 250 mg (Zithromax).....</b>	<b>2</b>	<b>betamethasone valerate cream 0.1% (base equivalent).....</b>	<b>65</b>
<b>azithromycin tab 500 mg (Zithromax).....</b>	<b>2</b>	<b>betamethasone valerate lotion 0.1% (base equivalent).....</b>	<b>65</b>
<b>azithromycin tab 600 mg (Zithromax).....</b>	<b>2</b>	<b>betamethasone valerate oint 0.1% (base equivalent).....</b>	<b>65</b>
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg.....	47	BETASERON – interferon beta-1b for inj kit 0.3 mg.....	49
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 39.2-7.8 mg.....	47	<b>bexarotene cap 75 mg (Targretin).....</b>	<b>8</b>
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 52.3-10.4 mg.....	47	<b>bicalutamide tab 50 mg (Casodex).....</b>	<b>8</b>
<b>B</b>		BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab 30-120-15 mg.....	4
BACITRACIN – bacitracin ophth oint 500 unit/gm.....	63	BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab 50-200-25 mg.....	4
<b>bacitracin-polymyxin b ophth oint.....</b>	<b>63</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (Ziac).....</b>	<b>27</b>
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%.....</b>	<b>63</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac).....</b>	<b>27</b>
<b>baclofen tab 10 mg.....</b>	<b>58</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac).....</b>	<b>27</b>
<b>baclofen tab 20 mg.....</b>	<b>58</b>	<b>bisoprolol fumarate tab 5 mg (Zebeta).....</b>	<b>27</b>
<b>balsalazide disodium cap 750 mg (Colazal).....</b>	<b>39</b>	<b>bisoprolol fumarate tab 10 mg (Zebeta).....</b>	<b>27</b>
BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose.....	18	<b>bosentan tab 62.5 mg (Tracleer).....</b>	<b>32</b>
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose.....	18	<b>bosentan tab 125 mg (Tracleer).....</b>	<b>32</b>
BARACLUDE – entecavir oral soln 0.05 mg/ml.....	3	BOSULIF – bosutinib cap 50 mg.....	8
<b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg.....</b>	<b>25</b>	BOSULIF – bosutinib cap 100 mg.....	8
<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (Lotensin hct).....</b>	<b>25</b>	BOSULIF – bosutinib tab 100 mg.....	8
<b>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (Lotensin hct).....</b>	<b>25</b>	BOSULIF – bosutinib tab 400 mg.....	8
<b>benazepril &amp; hydrochlorothiazide tab 20-25 mg (Lotensin hct).....</b>	<b>25</b>	BOSULIF – bosutinib tab 500 mg.....	8
<b>benazepril hcl tab 5 mg.....</b>	<b>25</b>	BREO ELLIPTA – fluticasone furoate-vilanterol aero powder 50-25 mcg/act.....	35
<b>benazepril hcl tab 10 mg (Lotensin).....</b>	<b>25</b>	BREO ELLIPTA – fluticasone furoate-vilanterol aero powder 100-25 mcg/act.....	35
<b>benazepril hcl tab 20 mg (Lotensin).....</b>	<b>25</b>	BREO ELLIPTA – fluticasone furoate-vilanterol aero powder 200-25 mcg/act.....	35
<b>benazepril hcl tab 40 mg (Lotensin).....</b>	<b>25</b>	BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act.....	35
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit.....	60	BRILINTA – ticagrelor tab 60 mg.....	60
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit.....	60		
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit.....	60		

BRILINTA – ticagrelor tab 90 mg.....	60	CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent).....	8
brimonidine tartrate ophth soln 0.2%.....	63	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) (Cafcit).....	47
brimonidine tartrate ophth soln 0.1% (Alphagan p)....	63	calcipotriene cream 0.005% (Dovonex).....	67
BRUKINSA – zanubrutinib cap 80 mg.....	8	calcitonin (salmon) nasal soln 200 unit/act (Miacalcin).....	23
budesonide delayed release particles cap 3 mg (Entocort ec).....	14	calcitriol cap 0.25 mcg (Rocaltrol).....	23
budesonide inhalation susp 0.25 mg/2ml (Pulmicort).....	35	calcitriol cap 0.5 mcg (Rocaltrol).....	23
budesonide inhalation susp 0.5 mg/2ml (Pulmicort).....	35	calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo).....	39
budesonide inhalation susp 1 mg/2ml (Pulmicort).....	35	calcium acetate (phosphate binder) tab 667 mg (Eliphos).....	39
bumetanide tab 0.5 mg.....	31	CALQUENCE – acalabrutinib maleate tab 100 mg.....	8
bumetanide tab 1 mg.....	31	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct).....	26
bumetanide tab 2 mg.....	31	candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct).....	26
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone).....	71	candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct).....	26
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone).....	71	candesartan cilexetil tab 4 mg (Atacand).....	26
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone).....	71	candesartan cilexetil tab 8 mg (Atacand).....	26
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone).....	71	candesartan cilexetil tab 16 mg (Atacand).....	26
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	71	candesartan cilexetil tab 32 mg (Atacand).....	26
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	71	capecitabine tab 150 mg (Xeloda).....	8
buprenorphine hcl sl tab 2 mg (base equiv).....	51	capecitabine tab 500 mg (Xeloda).....	8
buprenorphine hcl sl tab 8 mg (base equiv).....	51	CAPRELSA – vandetanib tab 100 mg.....	8
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban).....	50	CAPRELSA – vandetanib tab 300 mg.....	8
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....	42	captopril tab 12.5 mg.....	25
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....	42	captopril tab 25 mg.....	25
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr).....	42	captopril tab 50 mg.....	25
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).....	42	captopril tab 100 mg.....	25
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).....	42	CARBAGLU – carglumic acid soluble tab 200 mg.....	23
bupropion hcl tab 75 mg (Wellbutrin).....	42	carbamazepine cap er 12hr 100 mg (Carbatrol).....	55
bupropion hcl tab 100 mg (Wellbutrin).....	42	carbamazepine cap er 12hr 200 mg (Carbatrol).....	55
bupirone hcl tab 5 mg.....	41	carbamazepine cap er 12hr 300 mg (Carbatrol).....	55
bupirone hcl tab 10 mg.....	41	carbamazepine chew tab 100 mg.....	55
bupirone hcl tab 15 mg.....	41	carbamazepine susp 100 mg/5ml (Tegretol).....	55
bupirone hcl tab 30 mg.....	41	carbamazepine tab er 12hr 100 mg (Tegretol-xr).....	56
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	51	carbamazepine tab er 12hr 200 mg (Tegretol-xr).....	56
butalbital-acetaminophen tab 50-325 mg.....	51	carbamazepine tab er 12hr 400 mg (Tegretol-xr).....	56
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal).....	51	carbamazepine tab 200 mg (Tegretol).....	56
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3).....	51	carbidopa & levodopa tab er 25-100 mg (Sinemet cr).....	57
<b>C</b>		carbidopa & levodopa tab er 50-200 mg (Sinemet cr).....	57
cabergoline tab 0.5 mg.....	23	carbidopa & levodopa tab 10-100 mg (Sinemet).....	58
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent).....	8	carbidopa & levodopa tab 25-100 mg (Sinemet).....	58
CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent).....	8	carbidopa & levodopa tab 25-250 mg (Sinemet).....	58
		carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50).....	58
		carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75).....	58
		carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100).....	58

carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125).....	58	cholestyramine light powder 4 gm/dose (Questran light).....	30
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150).....	58	cholestyramine powder 4 gm/dose (Questran).....	30
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200).....	58	CHORIONIC GONADOTROPIN – chorionic gonadotropin for im inj 10000 unit.....	17
carglumic acid soluble tab 200 mg (Carbaglu).....	24	CIBINQO – abrocitinib tab 50 mg.....	67
carvedilol tab 3.125 mg (Coreg).....	27	CIBINQO – abrocitinib tab 100 mg.....	67
carvedilol tab 6.25 mg (Coreg).....	27	CIBINQO – abrocitinib tab 200 mg.....	67
carvedilol tab 12.5 mg (Coreg).....	27	ciclopirox gel 0.77% (Loprox).....	65
carvedilol tab 25 mg (Coreg).....	27	ciclopirox olamine cream 0.77% (base equiv).....	65
cefadroxil cap 500 mg.....	1	ciclopirox olamine susp 0.77% (base equiv).....	65
cefadroxil for susp 250 mg/5ml.....	1	ciclopirox shampoo 1% (Loprox shampoo).....	65
cefadroxil for susp 500 mg/5ml.....	1	ciclopirox solution 8% (Penlac nail lacquer).....	65
cefdinir cap 300 mg.....	1	cilostazol tab 50 mg (Pletal).....	60
cefdinir for susp 125 mg/5ml.....	1	cilostazol tab 100 mg (Pletal).....	60
cefdinir for susp 250 mg/5ml.....	1	CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	4
cefixime cap 400 mg (Suprax).....	1	cimetidine tab 300 mg.....	37
cefixime for susp 100 mg/5ml (Suprax).....	1	cimetidine tab 400 mg.....	37
cefixime for susp 200 mg/5ml (Suprax).....	1	cimetidine tab 800 mg.....	37
cefpodoxime proxetil for susp 50 mg/5ml.....	1	cinacalcet hcl tab 30 mg (base equiv) (Sensipar).....	24
cefpodoxime proxetil for susp 100 mg/5ml.....	1	cinacalcet hcl tab 60 mg (base equiv) (Sensipar).....	24
cefpodoxime proxetil tab 100 mg.....	1	cinacalcet hcl tab 90 mg (base equiv) (Sensipar).....	24
cefpodoxime proxetil tab 200 mg.....	1	CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10% (10 gm/100ml).....	2
cefprozil for susp 125 mg/5ml.....	1	ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex).....	64
cefprozil for susp 250 mg/5ml.....	1	ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	63
cefprozil tab 250 mg.....	1	ciprofloxacin hcl tab 750 mg (base equiv).....	2
cefprozil tab 500 mg.....	1	ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	2
cefuroxime axetil tab 250 mg (Ceftin).....	1	ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	2
cefuroxime axetil tab 500 mg (Ceftin).....	1	citalopram hydrobromide oral soln 10 mg/5ml.....	42
celecoxib cap 50 mg (Celebrex).....	52	citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....	42
celecoxib cap 100 mg (Celebrex).....	52	citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....	42
celecoxib cap 200 mg (Celebrex).....	52	citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	42
celecoxib cap 400 mg (Celebrex).....	52	clarithromycin tab er 24hr 500 mg.....	2
cephalexin cap 250 mg (Keflex).....	1	clarithromycin tab 250 mg (Biaxin).....	2
cephalexin cap 500 mg (Keflex).....	1	clarithromycin tab 500 mg (Biaxin).....	2
cephalexin for susp 125 mg/5ml.....	1	CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day.....	15
cephalexin for susp 250 mg/5ml.....	1	clindamycin hcl cap 75 mg (Cleocin).....	6
CERDELGA – eliglustat tartrate cap 84 mg (base equivalent).....	60	clindamycin hcl cap 150 mg (Cleocin).....	7
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	34	clindamycin hcl cap 300 mg (Cleocin).....	7
cevimeline hcl cap 30 mg (Evoxac).....	64	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....	7
CHEMET – succimer cap 100 mg.....	71	clindamycin phosphate gel 1% (Cleocin-t).....	64
CHENODAL – chenodiol tab 250 mg.....	39	clindamycin phosphate lotion 1% (Cleocin-t).....	64
chlorhexidine gluconate soln 0.12% (Peridex).....	64	clindamycin phosphate soln 1% (Cleocin-t).....	64
chloroquine phosphate tab 250 mg.....	6	clindamycin phosphate swab 1% (Cleocin-t).....	64
chloroquine phosphate tab 500 mg.....	6	clindamycin phosphate vaginal cream 2% (Cleocin).....	40
chlorpromazine hcl tab 10 mg.....	43		
chlorpromazine hcl tab 25 mg.....	43		
chlorpromazine hcl tab 50 mg.....	43		
chlorpromazine hcl tab 100 mg.....	43		
chlorpromazine hcl tab 200 mg.....	44		
chlorthalidone tab 25 mg.....	31		
chlorthalidone tab 50 mg.....	31		
chlorzoxazone tab 500 mg.....	58		

clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac).....	64	CONTOUR BLOOD GLUCOSE TES – glucose blood test strip.....	68
clobetasol propionate cream 0.05% (Temovate).....	65	CONTOUR HIGH CONTROL – blood glucose calibration - liquid - high.....	68
clobetasol propionate emollient base cream 0.05% (Temovate e).....	65	CONTOUR LOW CONTROL – blood glucose calibration - liquid - low.....	68
clobetasol propionate foam 0.05% (Olux).....	66	CONTOUR NEXT BLOOD GLUCOS – blood glucose monitoring kit w/ device.....	68
clobetasol propionate gel 0.05% (Temovate).....	66	CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip.....	68
clobetasol propionate oint 0.05% (Temovate).....	66	CONTOUR NEXT CONTROL LEVE – blood glucose calibration - liquid - low.....	68
clobetasol propionate soln 0.05% (Temovate).....	66	CONTOUR NEXT CONTROL LEVE – blood glucose calibration - liquid - normal.....	68
clomipramine hcl cap 25 mg (Anafranil).....	42	CONTOUR NEXT EZ BLOOD GLU – blood glucose monitoring kit w/ device.....	68
clomipramine hcl cap 50 mg (Anafranil).....	42	CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring devices.....	68
clomipramine hcl cap 75 mg (Anafranil).....	42	CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring kit w/ device.....	68
clonazepam tab 0.5 mg (Klonopin).....	56	CONTOUR NEXT LINK BLOOD G – blood glucose monitoring kit w/ device.....	68
clonazepam tab 1 mg (Klonopin).....	56	CONTOUR NEXT LINK WIRELES – blood glucose monitoring kit w/ device.....	68
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clotrimazole troche 10 mg.....	64	CORLANOR – ivabradine hcl tab 7.5 mg (base equiv).....	32
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CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	39	desloratadine tab 5 mg (Clarinet).....	34
CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	39	desmopressin acetate inj 4 mcg/ml (Ddvp).....	24
cromolyn sodium soln nebu 20 mg/2ml.....	35	desmopressin acetate nasal spray soln 0.01% (Ddvp).....	24
cyanocobalamin inj 1000 mcg/ml.....	60	desmopressin acetate nasal spray soln 0.01% (refrigerated).....	24
cyclobenzaprine hcl tab 5 mg.....	58	desmopressin acetate preservative free (pf) inj 4 mcg/ ml (Ddvp).....	24
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cyclopentolate hcl ophth soln 1% (Cyclogyl).....	64	desmopressin acetate tab 0.2 mg (Ddvp).....	24
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dasatinib tab 100 mg (Sprycel).....	9	dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr).....	47
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dexmethylphenidate hcl tab 5 mg (Focalin).....	47	diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac).....	28
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diazepam tab 10 mg (Valium).....	41	dipyridamole tab 25 mg (Persantine).....	60
diazoxide susp 50 mg/ml (Proglycem).....	18	dipyridamole tab 50 mg (Persantine).....	60
diclofenac potassium tab 50 mg (Cataflam).....	52	dipyridamole tab 75 mg (Persantine).....	60
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diclofenac sodium tab delayed release 25 mg.....	52	disulfiram tab 250 mg (Antabuse).....	50
diclofenac sodium tab delayed release 50 mg.....	52	disulfiram tab 500 mg (Antabuse).....	50
diclofenac sodium tab delayed release 75 mg.....	52	divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	56
dicloxacillin sodium cap 250 mg.....	1	divalproex sodium tab delayed release 125 mg (Depakote).....	56
dicloxacillin sodium cap 500 mg.....	1	divalproex sodium tab delayed release 250 mg (Depakote).....	56
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dicyclomine hcl tab 20 mg (Bentyl).....	38	divalproex sodium tab er 24 hr 500 mg (Depakote er).....	56
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DIFICID – fidaxomicin tab 200 mg.....	2	donepezil hydrochloride tab 5 mg (Aricept).....	50
digoxin oral soln 0.05 mg/ml (Digoxin).....	32	donepezil hydrochloride tab 10 mg (Aricept).....	50
digoxin tab 125 mcg (0.125 mg) (Lanoxin).....	32	DOPTelet – avatrombopag maleate tab 20 mg (base equiv).....	60
digoxin tab 250 mcg (0.25 mg) (Lanoxin).....	32	dorzolamide hcl ophth soln 2% (Trusopt).....	63
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45).....	54		
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal).....	54		
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<b>doxazosin mesylate tab 1 mg (Cardura)</b> .....	<b>32</b>	<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</b> .....	<b>5</b>	
<b>doxazosin mesylate tab 2 mg (Cardura)</b> .....	<b>32</b>	<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)</b> .....	<b>4</b>	
<b>doxazosin mesylate tab 4 mg (Cardura)</b> .....	<b>32</b>	<b>efavirenz tab 600 mg (Sustiva)</b> .....	<b>4</b>	
<b>doxazosin mesylate tab 8 mg (Cardura)</b> .....	<b>32</b>	<b>eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)</b> .....	<b>54</b>	
<b>doxepin hcl cap 10 mg</b> .....	<b>42</b>	<b>eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)</b> .....	<b>54</b>	
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<b>doxepin hcl cap 50 mg</b> .....	<b>42</b>	ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg.....	9	
<b>doxepin hcl cap 75 mg</b> .....	<b>42</b>	ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg.....	9	
<b>doxepin hcl cap 100 mg</b> .....	<b>42</b>	ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg.....	9	
<b>doxepin hcl conc 10 mg/ml</b> .....	<b>42</b>	ELIQUIS – apixaban tab 2.5 mg.....	60	
<b>doxycycline hyclate cap 50 mg</b> .....	<b>2</b>	ELIQUIS – apixaban tab 5 mg.....	60	
<b>doxycycline hyclate cap 100 mg (Vibramycin)</b> .....	<b>2</b>	ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg.....	60	
<b>doxycycline hyclate tab 20 mg</b> .....	<b>2</b>	ELLA – ulipristal acetate tab 30 mg.....	16	
<b>doxycycline hyclate tab 100 mg</b> .....	<b>2</b>	EMEND – aprepitant for oral susp 125 mg (125 mg/5ml).....	38	
<b>doxycycline monohydrate cap 50 mg</b> .....	<b>2</b>	EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	55	
<b>doxycycline monohydrate cap 100 mg (Monodox)</b> .....	<b>2</b>	EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml.....	55	
<b>doxycycline monohydrate tab 50 mg (Adoxa)</b> .....	<b>2</b>	EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	55	
<b>doxycycline monohydrate tab 75 mg (Adoxa)</b> .....	<b>2</b>	EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml).....	60	
<b>doxycycline monohydrate tab 100 mg (Adoxa pak 1/100)</b> .....	<b>2</b>	<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)</b> .....	<b>5</b>	
<b>doxycycline monohydrate tab 150 mg (Adoxa pak 1/150)</b> .....	<b>2</b>	<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)</b> .....	<b>5</b>	
<b>doxycycline (rosacea) cap delayed release 40 mg (Oracea)</b> .....	<b>64</b>	<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)</b> .....	<b>5</b>	
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</b> .....	<b>16</b>	<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)</b> .....	<b>5</b>	
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</b> .....	<b>16</b>	<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	<b>25</b>	
DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg.....	15	<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic)</b> .....	<b>25</b>	
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act.....	35	<b>enalapril maleate tab 2.5 mg (Vasotec)</b> .....	<b>25</b>	
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	35	<b>enalapril maleate tab 5 mg (Vasotec)</b> .....	<b>25</b>	
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	35	<b>enalapril maleate tab 10 mg (Vasotec)</b> .....	<b>25</b>	
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)</b> .....	<b>42</b>	<b>enalapril maleate tab 20 mg (Vasotec)</b> .....	<b>25</b>	
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)</b> .....	<b>42</b>	ENBREL – etanercept subcutaneous inj 25 mg/0.5ml.....	52	
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DUPIXENT – dupilumab subcutaneous soln auto-injector 300 mg/2ml.....	67			
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml.....	67			
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml.....	67			
<b>dutasteride cap 0.5 mg (Avodart)</b> .....	<b>41</b>			

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ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml.....	53	erythromycin soln 2%.....	64
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml.....	53	escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro).....	42
ENDOMETRIN – progesterone vaginal insert 100 mg.....	40	escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....	42
enoxaparin sodium inj 300 mg/3ml (Lovenox).....	60	escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....	42
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox).....	60	escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....	42
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox).....	60	esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium).....	38
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox).....	60	esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium).....	38
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox).....	60	esomeprazole magnesium for delayed release susp packet 10 mg (Nexium).....	38
enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox).....	60	esomeprazole magnesium for delayed release susp packet 20 mg (Nexium).....	38
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox).....	60	esomeprazole magnesium for delayed release susp packet 40 mg (Nexium).....	38
enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox).....	60	estazolam tab 1 mg.....	46
ENSTILAR – calcipotriene-betamethasone dipropionate foam 0.005-0.064%.....	66	estazolam tab 2 mg.....	46
entacapone tab 200 mg (Comtan).....	58	estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella).....	15
entecavir tab 0.5 mg (Baraclude).....	3	estradiol & norethindrone acetate tab 1-0.5 mg (Activella).....	15
entecavir tab 1 mg (Baraclude).....	3	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel).....	15
ENTRESTO – sacubitril-valsartan sprinkle cap 6-6 mg.....	29	estradiol tab 0.5 mg (Estrace).....	15
ENTRESTO – sacubitril-valsartan sprinkle cap 15-16 mg.....	29	estradiol tab 1 mg (Estrace).....	15
ENTRESTO – sacubitril-valsartan tab 24-26 mg.....	29	estradiol tab 2 mg (Estrace).....	15
ENTRESTO – sacubitril-valsartan tab 49-51 mg.....	29	estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel).....	15
ENTRESTO – sacubitril-valsartan tab 97-103 mg.....	29	estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel).....	15
ENTYVIO PEN – vedolizumab soln auto-injector 108 mg/0.68ml.....	39	estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel).....	15
EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg.....	3	estradiol td gel 1 mg/gm (0.1%) (Divigel).....	15
EPCLUSA – sofosbuvir-velpatasvir pellet pack 200-50 mg.....	3	estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel).....	15
EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg.....	3	estradiol td patch twice weekly 0.025 mg/24hr (Vivelle- dot).....	15
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg.....	3	estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot).....	15
EPIDIOLEX – cannabidiol soln 100 mg/ml.....	56	estradiol td patch twice weekly 0.05 mg/24hr (Vivelle- dot).....	15
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....	33	estradiol td patch twice weekly 0.075 mg/24hr (Vivelle- dot).....	15
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....	33	estradiol td patch weekly 0.025 mg/24hr (Climara).....	15
eplerenone tab 25 mg (Inspra).....	32	estradiol td patch weekly 0.05 mg/24hr (Climara).....	15
eplerenone tab 50 mg (Inspra).....	32	estradiol td patch weekly 0.06 mg/24hr (Climara).....	15
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....	59	estradiol td patch weekly 0.075 mg/24hr (Climara).....	16
ERIVEDGE – vismodegib cap 150 mg.....	9	estradiol td patch weekly 0.1 mg/24hr (Climara).....	16
ERLEADA – apalutamide tab 60 mg.....	9	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara).....	15
ERLEADA – apalutamide tab 240 mg.....	9	estradiol vaginal cream 0.1 mg/gm (Estrace).....	40
erlotinib hcl tab 25 mg (base equivalent) (Tarceva).....	9	estradiol vaginal tab 10 mcg (Vagifem).....	41
erlotinib hcl tab 100 mg (base equivalent) (Tarceva).....	9		
erlotinib hcl tab 150 mg (base equivalent) (Tarceva).....	9		
erythromycin gel 2% (Erygel).....	64		



ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs).....	41	FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml.....	35
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<b>eszopiclone tab 2 mg (Lunesta).....</b>	<b>46</b>	FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit.....	60
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<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg (Zovia 1/50e).....</b>	<b>16</b>	<b>fenofibrate micronized cap 200 mg (Lofibra).....</b>	<b>30</b>
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<b>etodolac cap 300 mg.....</b>	<b>53</b>	<b>fenofibrate tab 160 mg (Lofibra).....</b>	<b>30</b>
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LONSURF – trifluridine-tipiracil tab 15-6.14 mg.....	11	LYNPARZA – olaparib tab 100 mg.....	11
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loperamide hcl cap 2 mg.....	37	LYSODREN – mitotane tab 500 mg.....	11
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra).....	5	LYUMJEV – insulin lispro-aabc inj 100 unit/ml.....	21
lopinavir-ritonavir tab 100-25 mg (Kaletra).....	5	LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml.....	21
lopinavir-ritonavir tab 200-50 mg (Kaletra).....	5	LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial).....	21
lorazepam conc 2 mg/ml (Lorazepam intensol).....	41	LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml.....	21
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losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....	26	MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 0.3 ml 30 x 5/16".....	69
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar).....	26	MAGELLAN INSULIN SAFETY S – insulin syringe/needle u-100 1 ml 29 x 1/2".....	69
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lovastatin tab 20 mg (Mevacor).....	30		
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loxapine succinate cap 10 mg.....	44		
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MATULANE – procarbazine hcl cap 50 mg.....	11	memantine hcl tab 10 mg (Namenda).....	50
MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs).....	49	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa).....	50
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs).....	49	mercaptopurine tab 50 mg (Purinethol).....	11
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs).....	49	mesalamine cap dr 400 mg (Delzicol).....	39
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs).....	49	mesalamine cap er 24hr 0.375 gm (Apriso).....	39
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs).....	49	mesalamine enema 4 gm.....	39
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs).....	49	mesalamine suppos 1000 mg (Canasa).....	39
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MAYZENT – siponimod fumarate tab 0.25 mg (base equiv).....	49	metformin hcl tab er 24hr 750 mg (Glucophage xr).....	19
MAYZENT – siponimod fumarate tab 1 mg (base equiv).....	49	metformin hcl tab 500 mg (Glucophage).....	19
MAYZENT – siponimod fumarate tab 2 mg (base equiv).....	49	metformin hcl tab 850 mg (Glucophage).....	19
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack.....	49	metformin hcl tab 1000 mg (Glucophage).....	19
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack.....	49	methadone hcl conc 10 mg/ml (Methadose).....	51
meclizine hcl tab 12.5 mg.....	38	methadone hcl soln 5 mg/5ml (Methadone hcl).....	51
meclizine hcl tab 25 mg.....	38	methadone hcl soln 10 mg/5ml (Methadone hcl).....	51
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medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac).....	17	methazolamide tab 25 mg (Neptazane).....	31
medroxyprogesterone acetate tab 2.5 mg (Provera).....	16	methazolamide tab 50 mg (Neptazane).....	31
medroxyprogesterone acetate tab 5 mg (Provera).....	16	methimazole tab 5 mg (Tapazole).....	22
medroxyprogesterone acetate tab 10 mg (Provera).....	16	methimazole tab 10 mg (Tapazole).....	22
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megestrol acetate tab 20 mg.....	11	methotrexate sodium for inj 1 gm.....	11
megestrol acetate tab 40 mg.....	11	methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	11
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MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	11	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	11
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	11	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....	11
meloxicam tab 7.5 mg (Mobic).....	53	methotrexate sodium tab 2.5 mg (base equiv).....	11
meloxicam tab 15 mg (Mobic).....	53	methscopolamine bromide tab 2.5 mg (Pamine).....	38
memantine hcl oral solution 2 mg/ml (Namenda).....	50	methscopolamine bromide tab 5 mg (Pamine forte).....	38
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		methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta).....	48
		methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta).....	48
		methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta).....	48
		methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta).....	48
		methylphenidate hcl tab 5 mg (Ritalin).....	48
		methylphenidate hcl tab 10 mg (Ritalin).....	48
		methylphenidate hcl tab 20 mg (Ritalin).....	48
		methylprednisolone tab 4 mg (Medrol).....	14
		methylprednisolone tab 8 mg (Medrol).....	14
		methylprednisolone tab 16 mg (Medrol).....	14
		methylprednisolone tab 32 mg (Medrol).....	14

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metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....	39	mometasone furoate oint 0.1% (Elocon).....	66
metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....	40	mometasone furoate solution 0.1% (lotion) (Elocon).....	66
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metolazone tab 2.5 mg (Zaroxolyn).....	31	MONOJECT ALLERGIST TRAY/P – allergy tray kit 1 ml 28 x 1/2".....	70
metolazone tab 5 mg (Zaroxolyn).....	31	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 28 x 1/2".....	70
metoprolol & hydrochlorothiazide tab 100-50 mg.....	27	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2".....	70
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct).....	27	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1/2 ml 30 x 5/16".....	70
metoprolol & hydrochlorothiazide tab 100-25 mg (Lopressor hct).....	27	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2".....	70
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metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....	27	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 25 x 5/8".....	70
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl).....	27	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 27 x 1/2".....	70
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl).....	27	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 28 x 1/2".....	70
metoprolol tartrate tab 25 mg.....	28	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 29 x 1/2".....	70
metoprolol tartrate tab 50 mg (Lopressor).....	28	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 30 x 5/16".....	70
metoprolol tartrate tab 100 mg (Lopressor).....	28	MONOJECT INSULIN SYRINGE/ – insulin syringe/needle u-100 1 ml 31 x 5/16".....	70
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metronidazole tab 250 mg (Flagyl).....	7	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1/2 ml 28 x 1/2".....	70
metronidazole tab 500 mg (Flagyl).....	7	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1/2 ml 29 x 1/2".....	70
metronidazole vaginal gel 0.75% (Metrogel- vaginal).....	41	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1/2 ml 30 x 5/16".....	70
mexiletine hcl cap 150 mg.....	32	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 0.3 ml 29 x 1/2".....	70
mexiletine hcl cap 200 mg.....	32	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 0.3 ml 30 x 5/16".....	70
mexiletine hcl cap 250 mg.....	32	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1 ml 28 x 1/2".....	70
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midodrine hcl tab 2.5 mg.....	33	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 0.3 ml 31 x 5/16".....	70
midodrine hcl tab 5 mg.....	33	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1 ml 28 x 1/2".....	70
midodrine hcl tab 10 mg.....	33	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1 ml 29 x 1/2".....	70
minocycline hcl cap 50 mg (Minocin).....	2	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 0.3 ml 30 x 5/16".....	70
minocycline hcl cap 75 mg (Minocin).....	2	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1 ml 29 x 1/2".....	70
minocycline hcl cap 100 mg (Minocin).....	2	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 0.3 ml 31 x 5/16".....	70
minoxidil tab 2.5 mg.....	33	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1 ml 28 x 1/2".....	70
minoxidil tab 10 mg.....	33	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1 ml 29 x 1/2".....	70
mirtazapine tab 7.5 mg.....	43	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 0.3 ml 30 x 5/16".....	70
mirtazapine tab 15 mg (Remeron).....	43	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1 ml 28 x 1/2".....	70
mirtazapine tab 30 mg (Remeron).....	43	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 1 ml 29 x 1/2".....	70
mirtazapine tab 45 mg (Remeron).....	43	MONOJECT ULTRA COMFORT IN – insulin syringe/ needle u-100 0.3 ml 31 x 5/16".....	70
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<b>montelukast sodium chew tab 5 mg (base equiv) (Singulair).....</b>	<b>36</b>	MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg.....	16
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MORPHINE SULFATE – morphine sulfate tab 30 mg.....	52	MYRBETRIQ – mirabegron tab er 24 hr 25 mg.....	40
<b>morphine sulfate oral soln 10 mg/5ml.....</b>	<b>52</b>	MYRBETRIQ – mirabegron tab er 24 hr 50 mg.....	40
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....</b>	<b>52</b>	<b>N</b>	
<b>morphine sulfate tab er 15 mg (Ms contin).....</b>	<b>52</b>	<b>nabumetone tab 500 mg.....</b>	<b>53</b>
<b>morphine sulfate tab er 30 mg (Ms contin).....</b>	<b>52</b>	<b>nabumetone tab 750 mg.....</b>	<b>53</b>
<b>morphine sulfate tab er 60 mg (Ms contin).....</b>	<b>52</b>	<b>nadolol tab 20 mg (Corgard).....</b>	<b>28</b>
<b>morphine sulfate tab er 100 mg (Ms contin).....</b>	<b>52</b>	<b>nadolol tab 40 mg (Corgard).....</b>	<b>28</b>
<b>morphine sulfate tab er 200 mg (Ms contin).....</b>	<b>52</b>	<b>nadolol tab 80 mg (Corgard).....</b>	<b>28</b>
<b>morphine sulfate tab 15 mg (Morphine sulfate).....</b>	<b>52</b>	<b>naloxone hcl inj 0.4 mg/ml.....</b>	<b>72</b>
<b>morphine sulfate tab 30 mg (Morphine sulfate).....</b>	<b>52</b>	<b>naloxone hcl inj 4 mg/10ml.....</b>	<b>72</b>
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MOUNJARO – tirzepatide soln auto-injector 12.5 mg/0.5ml.....	19	<b>naproxen sodium tab 275 mg (Anaprox).....</b>	<b>53</b>
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MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent).....	40	<b>naproxen tab 375 mg (Naprosyn).....</b>	<b>53</b>
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MULTAQ – dronedarone hcl tab 400 mg (base equivalent).....	32	<b>naratriptan hcl tab 2.5 mg (base equiv) (Amerge).....</b>	<b>55</b>
<b>mupirocin oint 2% (Bactroban).....</b>	<b>65</b>	NATACYN – natamycin ophth susp 5%.....	63
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<b>mycophenolate mofetil tab 500 mg (Cellcept).....</b>	<b>72</b>	<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....</b>	<b>63</b>
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic).....</b>	<b>72</b>	<b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol).....</b>	<b>63</b>
<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic).....</b>	<b>72</b>	<b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).....</b>	<b>63</b>
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MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg.....	48	<b>neomycin sulfate tab 500 mg.....</b>	<b>2</b>
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg.....	48	<b>nevirapine tab er 24hr 400 mg (Viramune xr).....</b>	<b>5</b>
		<b>nevirapine tab 200 mg (Viramune).....</b>	<b>5</b>
		NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent).....	11
		NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg.....	38
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nifedipine tab er 24hr 30 mg (Adalat cc).....	29	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35).....	17
nifedipine tab er 24hr 60 mg (Adalat cc).....	29	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20).....	17
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nifedipine tab er 24hr osmotic release 30 mg (Procardia xl).....	29	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21).....	17
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl).....	29	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21).....	17
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nilutamide tab 150 mg (Nilandron).....	11	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose).....	16
nimodipine cap 30 mg.....	29	norethindrone acetate tab 5 mg (Aygestin).....	16
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent).....	11	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe).....	17
NINLARO – ixazomib citrate cap 3 mg (base equivalent).....	11	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg (Ortho-novum 7/7/7).....	17
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nitisinone cap 2 mg (Orfadin).....	24	norethindrone tab 0.35 mg (Nor-qd).....	17
nitisinone cap 5 mg (Orfadin).....	24	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen).....	17
nitisinone cap 10 mg (Orfadin).....	24	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen).....	17
nitisinone cap 20 mg (Orfadin).....	24	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo).....	17
nitrofurantoin macrocrystalline cap 25 mg (Macrochantin).....	7	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	17
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SUTENT – sunitinib malate cap 50 mg (base equivalent)	12	<b>tacrolimus cap 1 mg (Prograf)</b>	<b>72</b>
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		<b>tamoxifen citrate tab 20 mg (base equivalent)</b>	<b>13</b>
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		TASIGNA – nilotinib hcl cap 50 mg (base equivalent)	13
		TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	13
		TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	13
		<b>tazarotene cream 0.05% (Tazorac)</b>	<b>65</b>

tazarotene cream 0.1% (Tazorac).....	65	thiothixene cap 5 mg.....	45
tazarotene gel 0.05% (Tazorac).....	65	thiothixene cap 10 mg.....	45
tazarotene gel 0.1% (Tazorac).....	65	TIBSOVO – ivosidenib tab 250 mg.....	13
TAZORAC – tazarotene cream 0.05%.....	65	timolol maleate ophth soln 0.25% (Timoptic).....	63
TAZORAC – tazarotene gel 0.05%.....	65	timolol maleate ophth soln 0.5% (Timoptic).....	64
TAZORAC – tazarotene gel 0.1%.....	65	TIVICAY – dolutegravir sodium tab 50 mg (base equiv).....	6
telmisartan tab 20 mg (Micardis).....	27	TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv).....	6
telmisartan tab 40 mg (Micardis).....	27	tizanidine hcl tab 2 mg (base equivalent).....	58
telmisartan tab 80 mg (Micardis).....	27	tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....	58
temazepam cap 15 mg (Restoril).....	46	tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex).....	63
temazepam cap 30 mg (Restoril).....	46	tobramycin nebu soln 300 mg/5ml (Tobi).....	2
temozolomide cap 5 mg (Temodar).....	13	tobramycin ophth soln 0.3% (Tobrex).....	63
temozolomide cap 20 mg (Temodar).....	13	tolterodine tartrate cap er 24hr 2 mg (Detrol la).....	40
temozolomide cap 100 mg (Temodar).....	13	tolterodine tartrate cap er 24hr 4 mg (Detrol la).....	40
temozolomide cap 140 mg (Temodar).....	13	tolterodine tartrate tab 1 mg (Detrol).....	40
temozolomide cap 180 mg (Temodar).....	13	tolterodine tartrate tab 2 mg (Detrol).....	40
temozolomide cap 250 mg (Temodar).....	13	topiramate sprinkle cap 15 mg (Topamax sprinkle).....	57
tenofovir disoproxil fumarate tab 300 mg (Viread).....	6	topiramate sprinkle cap 25 mg (Topamax sprinkle).....	57
terazosin hcl cap 1 mg (base equivalent).....	33	topiramate tab 25 mg (Topamax).....	57
terazosin hcl cap 2 mg (base equivalent).....	33	topiramate tab 50 mg (Topamax).....	57
terazosin hcl cap 5 mg (base equivalent).....	33	topiramate tab 100 mg (Topamax).....	57
terazosin hcl cap 10 mg (base equivalent).....	33	topiramate tab 200 mg (Topamax).....	57
terbinafine hcl tab 250 mg (Lamisil).....	3	toremifene citrate tab 60 mg (base equivalent) (Fareston).....	13
terbutaline sulfate tab 2.5 mg.....	36	torsemide tab 5 mg (Demadex).....	31
terbutaline sulfate tab 5 mg.....	36	torsemide tab 10 mg (Demadex).....	31
terconazole vaginal cream 0.8%.....	41	torsemide tab 20 mg (Demadex).....	31
terconazole vaginal cream 0.4% (Terazol 7).....	41	torsemide tab 100 mg (Demadex).....	31
terconazole vaginal suppos 80 mg.....	41	TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial).....	22
teriflunomide tab 7 mg (Aubagio).....	50	TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial).....	22
teriflunomide tab 14 mg (Aubagio).....	50	TRACLEER – bosentan tab for oral susp 32 mg.....	33
teriparatide soln pen-inj 600 mcg/2.4ml (Forteo).....	25	tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	52
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone).....	15	tramadol hcl tab er 24hr 100 mg.....	52
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone).....	15	tramadol hcl tab er 24hr 200 mg.....	52
testosterone td gel 12.5 mg/act (1%) (Androgel pump).....	15	tramadol hcl tab er 24hr 300 mg.....	52
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump).....	15	tramadol hcl tab 50 mg (Ultram).....	52
testosterone td gel 25 mg/2.5gm (1%) (Androgel).....	15	trandolapril tab 1 mg (Mavik).....	26
testosterone td gel 50 mg/5gm (1%) (Androgel).....	15	trandolapril tab 2 mg (Mavik).....	26
testosterone td soln 30 mg/act (Axiron).....	15	trandolapril tab 4 mg (Mavik).....	26
tetrabenazine tab 12.5 mg (Xenazine).....	50	tranylcypromine sulfate tab 10 mg (Parnate).....	43
tetrabenazine tab 25 mg (Xenazine).....	51	trazodone hcl tab 50 mg.....	43
tetracycline hcl cap 250 mg (Tetracycline hcl).....	2	trazodone hcl tab 100 mg.....	43
tetracycline hcl cap 500 mg (Tetracycline hcl).....	2	trazodone hcl tab 150 mg.....	43
TEZSPIRE – tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml.....	36	TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act.....	37
THALOMID – thalidomide cap 50 mg.....	72	TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act.....	37
THALOMID – thalidomide cap 100 mg.....	72	TREMFYA – guselkumab soln auto-injector 100 mg/ml.....	67
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theophylline tab er 12hr 450 mg.....	36		
theophylline tab er 24hr 400 mg.....	36		
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thiothixene cap 2 mg.....	45		

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TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml.....	22	TRULANCE – plecanatide tab 3 mg.....	40
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml.....	22	TRULICITY – dulaglutide soln auto-injector 0.75 mg/0.5ml.....	20
TRESIBA – insulin degludec inj 100 unit/ml.....	22	TRULICITY – dulaglutide soln auto-injector 1.5 mg/0.5ml.....	20
<b>tretinoin cap 10 mg.....</b>	<b>13</b>	TRULICITY – dulaglutide soln auto-injector 3 mg/0.5ml.....	20
<b>tretinoin cream 0.025% (Retin-a).....</b>	<b>65</b>	TRULICITY – dulaglutide soln auto-injector 4.5 mg/0.5ml.....	20
<b>tretinoin cream 0.05% (Retin-a).....</b>	<b>65</b>	TYENNE – tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml.....	54
<b>tretinoin cream 0.1% (Retin-a).....</b>	<b>65</b>	TYENNE – tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml.....	54
<b>tretinoin gel 0.01% (Retin-a).....</b>	<b>65</b>	TYKERB – lapatinib ditosylate tab 250 mg (base equiv).....	13
TRETEN – coagulation factor xiii a-subunit for inj 2500 unit.....	62	TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml.....	25
<b>triamcinolone acetonide cream 0.025%.....</b>	<b>66</b>	<b>U</b>	
<b>triamcinolone acetonide cream 0.1%.....</b>	<b>66</b>	UBRELVY – ubrogepant tab 50 mg.....	55
<b>triamcinolone acetonide cream 0.5%.....</b>	<b>66</b>	UBRELVY – ubrogepant tab 100 mg.....	55
<b>triamcinolone acetonide dental paste 0.1%.....</b>	<b>64</b>	UPTRAVI – selexipag tab 200 mcg.....	33
<b>triamcinolone acetonide lotion 0.025%.....</b>	<b>66</b>	UPTRAVI – selexipag tab 400 mcg.....	33
<b>triamcinolone acetonide lotion 0.1%.....</b>	<b>66</b>	UPTRAVI – selexipag tab 600 mcg.....	33
<b>triamcinolone acetonide oint 0.025%.....</b>	<b>66</b>	UPTRAVI – selexipag tab 800 mcg.....	33
<b>triamcinolone acetonide oint 0.1%.....</b>	<b>66</b>	UPTRAVI – selexipag tab 1000 mcg.....	33
<b>triamcinolone acetonide oint 0.5%.....</b>	<b>66</b>	UPTRAVI – selexipag tab 1200 mcg.....	33
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Dyazide).....</b>	<b>31</b>	UPTRAVI – selexipag tab 1400 mcg.....	33
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....</b>	<b>31</b>	UPTRAVI – selexipag tab 1600 mcg.....	33
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<b>trifluoperazine hcl tab 1 mg (base equivalent).....</b>	<b>45</b>	<b>ursodiol cap 300 mg (Actigall).....</b>	<b>40</b>
<b>trifluoperazine hcl tab 2 mg (base equivalent).....</b>	<b>45</b>	<b>ursodiol tab 250 mg (Urso 250).....</b>	<b>40</b>
<b>trifluoperazine hcl tab 5 mg (base equivalent).....</b>	<b>45</b>	<b>ursodiol tab 500 mg (Urso forte).....</b>	<b>40</b>
<b>trifluoperazine hcl tab 10 mg (base equivalent).....</b>	<b>45</b>	<b>V</b>	
TRIFLURIDINE – trifluridine ophth soln 1%.....	63	<b>valacyclovir hcl tab 1 gm (Valtrex).....</b>	<b>4</b>
<b>trihexyphenidyl hcl tab 2 mg.....</b>	<b>58</b>	<b>valacyclovir hcl tab 500 mg (Valtrex).....</b>	<b>4</b>
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TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg.....	20	<b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte).....</b>	<b>3</b>
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg.....	20	<b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte).....</b>	<b>3</b>
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg.....	20	<b>valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene).....</b>	<b>57</b>
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg.....	20	<b>valproic acid cap 250 mg (Depakene).....</b>	<b>57</b>
TRIKAFTA – elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran.....	37	<b>valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct).....</b>	<b>27</b>
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran.....	37	<b>valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct).....</b>	<b>27</b>
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk.....	37	<b>valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct).....</b>	<b>27</b>
TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk.....	37		
<b>trimethobenzamide hcl cap 300 mg (Tigan).....</b>	<b>39</b>		
<b>trimethoprim tab 100 mg.....</b>	<b>7</b>		
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg.....	6		

<b>valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)</b> .....	27	VERQUVO – vericiguat tab 2.5 mg.....	33
<b>valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)</b> .....	27	VERQUVO – vericiguat tab 5 mg.....	33
<b>valsartan tab 40 mg (Diovan)</b> .....	27	VERQUVO – vericiguat tab 10 mg.....	33
<b>valsartan tab 80 mg (Diovan)</b> .....	27	VERZENIO – abemaciclib tab 50 mg.....	13
<b>valsartan tab 160 mg (Diovan)</b> .....	27	VERZENIO – abemaciclib tab 100 mg.....	13
<b>valsartan tab 320 mg (Diovan)</b> .....	27	VERZENIO – abemaciclib tab 150 mg.....	13
<b>vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)</b> .....	7	VERZENIO – abemaciclib tab 200 mg.....	13
<b>vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)</b> .....	7	VIBERZI – eluxadoline tab 75 mg.....	40
<b>varenicline tartrate tab 0.5 mg (base equiv)</b> .....	51	VIBERZI – eluxadoline tab 100 mg.....	40
<b>varenicline tartrate tab 1 mg (base equiv)</b> .....	51	<b>vigabatrin powd pack 500 mg (Sabril)</b> .....	57
<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b> .....	51	<b>vigabatrin tab 500 mg (Sabril)</b> .....	57
VASCEPA – icosapent ethyl cap 0.5 gm.....	31	VIMPAT – lacosamide oral solution 10 mg/ml.....	57
VASCEPA – icosapent ethyl cap 1 gm.....	31	VIMPAT – lacosamide tab 50 mg.....	57
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg.....	40	VIMPAT – lacosamide tab 100 mg.....	57
VELTASSA – patiomer sorbitex calcium for susp packet 1 gm (base eq).....	72	VIMPAT – lacosamide tab 150 mg.....	57
VELTASSA – patiomer sorbitex calcium for susp packet 8.4 gm (base eq).....	72	VIMPAT – lacosamide tab 200 mg.....	57
VELTASSA – patiomer sorbitex calcium for susp packet 16.8 gm (base eq).....	72	VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm.....	6
VELTASSA – patiomer sorbitex calcium for susp packet 25.2 gm (base eq).....	72	VIREAD – tenofovir disoproxil fumarate tab 150 mg.....	6
VELMIDY – tenofovir alafenamide fumarate tab 25 mg.....	4	VIREAD – tenofovir disoproxil fumarate tab 200 mg.....	6
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg.....	13	VIREAD – tenofovir disoproxil fumarate tab 250 mg.....	6
VENCLEXTA – venetoclax tab 10 mg.....	13	VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent).....	14
VENCLEXTA – venetoclax tab 50 mg.....	13	VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent).....	14
VENCLEXTA – venetoclax tab 100 mg.....	13	VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent).....	13
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)</b> .....	43	VONVENDI – von willebrand factor (recombinant) for inj 650 unit.....	62
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)</b> .....	43	VONVENDI – von willebrand factor (recombinant) for inj 1300 unit.....	62
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)</b> .....	43	<b>voriconazole for susp 40 mg/ml (Vfend)</b> .....	3
<b>venlafaxine hcl tab 25 mg (base equivalent)</b> .....	43	<b>voriconazole tab 50 mg (Vfend)</b> .....	3
<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b> .....	43	<b>voriconazole tab 200 mg (Vfend)</b> .....	3
<b>venlafaxine hcl tab 50 mg (base equivalent)</b> .....	43	VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg.....	4
<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	43	VOTRIENT – pazopanib hcl tab 200 mg (base equiv).....	14
<b>venlafaxine hcl tab 100 mg (base equivalent)</b> .....	43	VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent).....	45
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	37	VRAYLAR – cariprazine hcl cap 3 mg (base equivalent).....	45
<b>verapamil hcl cap er 24hr 120 mg (Verelan)</b> .....	29	VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent).....	45
<b>verapamil hcl cap er 24hr 180 mg (Verelan)</b> .....	29	VRAYLAR – cariprazine hcl cap 6 mg (base equivalent).....	45
<b>verapamil hcl cap er 24hr 240 mg (Verelan)</b> .....	29	VYNDAMAX – tafamidis cap 61 mg.....	33
<b>verapamil hcl tab er 120 mg (Calan sr)</b> .....	29	VYNDAMAX – tafamidis meglumine (cardiac) cap 20 mg.....	33
<b>verapamil hcl tab er 180 mg (Calan sr)</b> .....	29	VYVANSE – lisdexamfetamine dimesylate cap 10 mg.....	48
<b>verapamil hcl tab er 240 mg (Calan sr)</b> .....	29	VYVANSE – lisdexamfetamine dimesylate cap 20 mg.....	48
<b>verapamil hcl tab 40 mg</b> .....	29	VYVANSE – lisdexamfetamine dimesylate cap 30 mg.....	48
<b>verapamil hcl tab 80 mg (Calan)</b> .....	29	VYVANSE – lisdexamfetamine dimesylate cap 40 mg.....	48
<b>verapamil hcl tab 120 mg (Calan)</b> .....	29	VYVANSE – lisdexamfetamine dimesylate cap 50 mg.....	48
		VYVANSE – lisdexamfetamine dimesylate cap 60 mg.....	48
		VYVANSE – lisdexamfetamine dimesylate cap 70 mg.....	48

VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg.....	48	XEMBIFY – immune globulin (human)-klhw subcutaneous inj 10 gm/50ml.....	8
VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg.....	48	XIFAXAN – rifaximin tab 550 mg.....	7
VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg.....	48	XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg.....	20
VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg.....	48	XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg.....	20
VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg.....	48	XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg.....	20
VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg.....	49	XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg.....	20
<b>W</b>		XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg.....	20
WAINUA – eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml.....	51	XOLAIR – omalizumab subcutaneous soln auto-injector 75 mg/0.5ml.....	37
<b>warfarin sodium tab 1 mg (Coumadin)</b> .....	<b>62</b>	XOLAIR – omalizumab subcutaneous soln auto-injector 150 mg/ml.....	37
<b>warfarin sodium tab 2 mg (Coumadin)</b> .....	<b>62</b>	XOLAIR – omalizumab subcutaneous soln auto-injector 300 mg/2ml.....	37
<b>warfarin sodium tab 2.5 mg (Coumadin)</b> .....	<b>62</b>	XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml.....	37
<b>warfarin sodium tab 3 mg (Coumadin)</b> .....	<b>62</b>	XOLAIR – omalizumab subcutaneous soln prefilled syringe 150 mg/ml.....	37
<b>warfarin sodium tab 4 mg (Coumadin)</b> .....	<b>62</b>	XOLAIR – omalizumab subcutaneous soln prefilled syringe 300 mg/2ml.....	37
<b>warfarin sodium tab 5 mg (Coumadin)</b> .....	<b>62</b>	XTANDI – enzalutamide cap 40 mg.....	14
<b>warfarin sodium tab 6 mg (Coumadin)</b> .....	<b>62</b>	XTANDI – enzalutamide tab 40 mg.....	14
<b>warfarin sodium tab 7.5 mg (Coumadin)</b> .....	<b>62</b>	XTANDI – enzalutamide tab 80 mg.....	14
<b>warfarin sodium tab 10 mg (Coumadin)</b> .....	<b>62</b>	XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml.....	20
<b>X</b>		<b>Y</b>	
XALKORI – crizotinib cap 200 mg.....	14	YONSA – abiraterone acetate micronized tab 125 mg.....	14
XALKORI – crizotinib cap 250 mg.....	14	<b>Z</b>	
XALKORI – crizotinib cap sprinkle 20 mg.....	14	<b>zafirlukast tab 10 mg (Accolate)</b> .....	<b>37</b>
XALKORI – crizotinib cap sprinkle 50 mg.....	14	<b>zafirlukast tab 20 mg (Accolate)</b> .....	<b>37</b>
XALKORI – crizotinib cap sprinkle 150 mg.....	14	<b>zaleplon cap 5 mg (Sonata)</b> .....	<b>46</b>
XARELTO – rivaroxaban for susp 1 mg/ml.....	62	<b>zaleplon cap 10 mg (Sonata)</b> .....	<b>46</b>
XARELTO – rivaroxaban tab 2.5 mg.....	62	ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml.....	62
XARELTO – rivaroxaban tab 10 mg.....	62	ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml.....	62
XARELTO – rivaroxaban tab 15 mg.....	62	ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml.....	20
XARELTO – rivaroxaban tab 20 mg.....	62	ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml.....	20
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg.....	62	ZEJULA – niraparib tosylate tab 100 mg (base equivalent).....	14
XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent).....	54	ZEJULA – niraparib tosylate tab 200 mg (base equivalent).....	14
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent).....	54	ZEJULA – niraparib tosylate tab 300 mg (base equivalent).....	14
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent).....	54	ZELBORAF – vemurafenib tab 240 mg.....	14
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent).....	54	ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit.....	39
XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent).....	54		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 1 gm/5ml.....	8		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 2 gm/10ml.....	8		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 4 gm/20ml.....	8		



ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit.....	39
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.....	39
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.....	39
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.....	39
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.....	39
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.....	39
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit.....	39
ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg.....	50
ZEPOSIA – ozanimod hcl cap 0.92 mg.....	50
ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg.....	50
<b>zidovudine cap 100 mg (Retrovir).....</b>	<b>6</b>
<b>zidovudine syrup 10 mg/ml (Retrovir).....</b>	<b>6</b>
<b>zidovudine tab 300 mg.....</b>	<b>6</b>
<b>ziprasidone hcl cap 20 mg (Geodon).....</b>	<b>45</b>
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<b>zolpidem tartrate tab er 12.5 mg (Ambien cr).....</b>	<b>46</b>
<b>zolpidem tartrate tab 5 mg (Ambien).....</b>	<b>46</b>
<b>zolpidem tartrate tab 10 mg (Ambien).....</b>	<b>46</b>
<b>zonisamide cap 50 mg.....</b>	<b>57</b>
<b>zonisamide cap 25 mg (Zonegran).....</b>	<b>57</b>
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