

2021 Performance Commercial Formulary

<p>lowercase bold italics = Generic drugs</p> <p>UPPERCASE = Brand name drugs</p>	<p>Drug Tier Tier 1 = Generics Tier 2 = Preferred Brand Non-Specialty Tier 3 = Non-Preferred Brand Tier 4 = Specialty Preferred Medication</p>	<p>Coverage Requirements and Limits AL = Age Limit PA = Prior Authorization QL = Quantity Limits ST = Step Therapy</p>
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>abacavir oral tablet</i>	Tier 1	
<i>abacavir-lamivudine-zidovudine</i>	Tier 1	
ABELCET	Tier 4	PA
ABILIFY ORAL TABLET	Tier 3	
ABRAXANE	Tier 4	PA
<i>acamprosate</i>	Tier 1	PA
<i>acarbose</i>	Tier 1	
ACCOLATE	Tier 3	
ACCU-CHEK AVIVA CONTROL SOLN	Tier 2	
ACCU-CHEK AVIVA PLUS METER	Tier 3	QL (1 QY per 365 DYs)
ACCU-CHEK AVIVA PLUS TEST STRP	Tier 2	
ACCU-CHEK FASTCLIX LANCING DEV	Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER	Tier 2	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	Tier 2	
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 2	
ACCU-CHEK GUIDE TEST STRIPS	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SMARTVIEW CONTRL SOL	Tier 2	
ACCU-CHEK SMARTVIEW TEST STRIP	Tier 2	
ACCU-CHEK SOFT DEV LANCETS	Tier 3	
ACCU-CHEK SOFTCLIX LANCET DEV	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
ACCUPRIL	Tier 3	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	
<i>acetaminophen-codeine oral tablet</i>	Tier 1	
<i>acetazolamide oral capsule, extended release</i>	Tier 1	PA
<i>acetazolamide oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetazolamide sodium</i>	Tier 4	
<i>acetic acid otic (ear)</i>	Tier 1	
<i>acetylcysteine</i>	Tier 1	
ACIPHEX	Tier 3	PA
<i>acitretin</i>	Tier 1	
ACTEMRA INTRAVENOUS	Tier 4	PA
ACTIMMUNE	Tier 4	PA
ACTIVASE INTRAVENOUS RECON SOLN 50 MG	Tier 4	PA
ACTIVELLA ORAL TABLET 1-0.5 MG	Tier 3	
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	Tier 3	
ACTOPLUS MET	Tier 3	
ACTOS	Tier 3	
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir topical ointment</i>	Tier 1	PA
ACZONE TOPICAL GEL	Tier 3	
<i>adapalene topical cream</i>	Tier 1	
<i>adapalene topical gel 0.1 %</i>	Tier 1	
ADCETRIS	Tier 4	PA
ADCIRCA	Tier 4	PA
ADDERALL XR	Tier 3	
<i>adefovir</i>	Tier 4	PA
ADRENALIN NASAL	Tier 2	
ADRIAMYCIN INTRAVENOUS SOLUTION 10 MG/5 ML, 20 MG/10 ML, 50 MG/25 ML	Tier 4	PA
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 4	PA
ADVAIR HFA	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVATE	Tier 4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
AFINITOR ORAL TABLET 7.5 MG	Tier 4	
AFLURIA QD 2020-21(3YR UP)(PF)	Tier 5	
AFLURIA QD 2020-21(6-35MO)(PF)	Tier 5	
AFLURIA QUAD 2020-2021(6MO UP)	Tier 5	
AIMOVIG AUTOINJECTOR	Tier 4	PA
ALAVERT	Tier 1	
ALAVERT D-12 ALLERGY-SINUS	Tier 1	
ALAWAY	Tier 1	QL (1 QY per 30 DYs)
ALBENZA	Tier 3	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>albuterol sulfate oral tablet</i>	Tier 1	
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 3	
ALDURAZYME	Tier 4	PA
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
ALFERON N	Tier 4	PA
<i>alfuzosin</i>	Tier 1	
ALIMTA	Tier 4	PA
ALINIA	Tier 3	
ALKERAN	Tier 3	
ALKERAN (AS HCL)	Tier 4	PA
ALLEGRA-D 24 HOUR	Tier 3	
<i>allopurinol</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>allopurinol sodium</i>	Tier 4	
ALOCRIAL	Tier 3	
ALOMIDE	Tier 3	
ALORA	Tier 3	
ALOXI	Tier 4	PA
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 4	PA
ALPHANINE SD	Tier 4	PA
<i>alprazolam oral tablet</i>	Tier 1	
ALREX	Tier 3	
ALTABAX	Tier 3	
ALTACE	Tier 3	
ALVESCO	Tier 3	
<i>amantadine hcl oral capsule</i>	Tier 1	
<i>amantadine hcl oral solution</i>	Tier 1	
AMBIEN	Tier 3	
AMBIEN CR	Tier 3	PA
AMBISOME	Tier 4	PA
<i>amcinonide topical cream</i>	Tier 1	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 4	PA
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>aminocaproic acid intravenous</i>	Tier 4	PA
<i>aminophylline intravenous solution 250 mg/10 ml</i>	Tier 4	PA
<i>amiodarone oral tablet 200 mg</i>	Tier 1	
AMITIZA	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amitriptyline</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
<i>ammonium chloride</i>	Tier 1	
<i>ammonium lactate</i>	Tier 1	
AMNESTEEM	Tier 1	PA
<i>amoxapine</i>	Tier 1	
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>amphotericin b</i>	Tier 4	
<i>ampicillin oral capsule</i>	Tier 1	
<i>ampicillin sodium</i>	Tier 4	PA
<i>ampicillin-sulbactam</i>	Tier 4	PA
AMPYRA	Tier 4	PA
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG	Tier 3	
<i>anagrelide</i>	Tier 1	
<i>anastrozole</i>	Tier 1	
ANCOBON	Tier 3	
ANDRODERM	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANDROGEL	Tier 2	
ANGELIQ	Tier 3	
ANORO ELLIPTA	Tier 2	
ANUCORT-HC	Tier 1	
APIDRA SOLOSTAR U-100 INSULIN	Tier 3	
APIDRA U-100 INSULIN	Tier 3	
APOKYN	Tier 4	PA
<i>apraclonidine</i>	Tier 1	
APRI	Tier 5	
APRISO	Tier 3	
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 30 MG	Tier 3	
APTIVUS	Tier 3	
APTIVUS (WITH VITAMIN E)	Tier 3	
ARALAST NP	Tier 4	PA
ARANELLE (28)	Tier 5	
ARANESP (IN POLYSORBATE)	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA
ARCALYST	Tier 4	PA
ARCAPTA NEOHALER	Tier 3	
<i>arformoterol</i>	Tier 1	
ARIMIDEX	Tier 3	
<i>aripiprazole oral tablet</i>	Tier 1	
ARMOUR THYROID	Tier 3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 3	

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ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	
AROMASIN	Tier 4	PA
ARRANON	Tier 4	PA
ARTIFICIAL TEARS (POLYVIN ALC)	Tier 1	
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML	Tier 4	PA
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 2	
<i>aspirin-dipyridamole</i>	Tier 1	
ATACAND HCT ORAL TABLET 16-12.5 MG	Tier 3	
<i>atazanavir</i>	Tier 1	
<i>atenolol</i>	Tier 1	
ATGAM	Tier 4	PA
<i>atomoxetine</i>	Tier 1	
<i>atorvastatin</i>	Tier 1	
<i>atovaquone</i>	Tier 1	PA
<i>atovaquone-proguanil</i>	Tier 1	
ATRIPLA	Tier 2	
<i>atropine injection syringe 0.1 mg/ml</i>	Tier 1	
ATROVENT HFA	Tier 2	
AUBAGIO	Tier 4	PA
AUBRA	Tier 5	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUGMENTIN XR	Tier 3	
AVANDAMET	Tier 3	
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 3	
AVASTIN	Tier 4	PA
AVIANE	Tier 5	
AVODART	Tier 3	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 4	PA
AZACTAM	Tier 4	PA
AZASAN	Tier 3	
AZASITE	Tier 3	
<i>azathioprine</i>	Tier 1	
<i>azelastine</i>	Tier 1	
<i>azelastine-fluticasone</i>	Tier 1	
AZELEX	Tier 3	
AZESCHEW	Tier 1	
AZESCO	Tier 1	
AZILECT	Tier 3	
<i>azithromycin oral packet</i>	Tier 1	QL (1 FL per 30 DYs)
<i>azithromycin oral suspension for reconstitution</i>	Tier 1	QL (1 FL per 30 DYs)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (6 QY per 30 DYs)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (1 FL per 30 DYs)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (8 QY per 30 DYs)
AZOR	Tier 3	PA
<i>aztreonam</i>	Tier 4	PA
<i>bacitracin intramuscular</i>	Tier 4	
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	Tier 1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAL-CARE DHA	Tier 3	
<i>balsalazide</i>	Tier 1	
BALZIVA (28)	Tier 5	
BAQSIMI	Tier 2	
BARACLUDE	Tier 4	
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (30 ML per 30 days)
BD AUTOSHIELD DUO PEN NEEDLE	Tier 2	
BD INSULIN SYRINGE	Tier 1	
BD INSULIN SYRINGE (HALF UNIT)	Tier 1	
BD INSULIN SYRINGE MICRO-FINE	Tier 1	
BD INSULIN SYRINGE SLIP TIP	Tier 1	
BD INSULIN SYRINGE U-500	Tier 1	
BD INSULIN SYRINGE ULTRA-FINE	Tier 1	
BD LO-DOSE MICRO-FINE IV	Tier 1	
BD LO-DOSE ULTRA-FINE	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 1	
BD ULTRA-FINE MINI PEN NEEDLE	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE	Tier 2	
BECONASE AQ	Tier 3	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG	Tier 3	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
BENEFIX	Tier 4	PA
BENLYSTA INTRAVENOUS	Tier 4	PA
BENZAMYCIN	Tier 3	PA
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
<i>benzoyl peroxide topical gel 10 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benztropine oral</i>	Tier 1	
<i>bepotastine besilate</i>	Tier 1	
BERINERT INTRAVENOUS KIT	Tier 4	PA
BESIVANCE	Tier 3	
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate topical cream</i>	Tier 1	
<i>betamethasone valerate topical lotion</i>	Tier 1	
<i>betamethasone valerate topical ointment</i>	Tier 1	
<i>betamethasone, augmented topical cream</i>	Tier 1	
<i>betamethasone, augmented topical lotion</i>	Tier 1	
<i>betamethasone, augmented topical ointment</i>	Tier 1	
BETASERON SUBCUTANEOUS KIT	Tier 4	PA
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bethanechol chloride</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
BEVESPI AEROSPHERE	Tier 2	
<i>bicalutamide</i>	Tier 1	
BICILLIN C-R	Tier 4	
BICILLIN L-A	Tier 4	
BICNU	Tier 4	PA
BIDIL	Tier 2	
BIKTARVY	Tier 4	
BILTRICIDE	Tier 3	
<i>bimatoprost ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
BIVIGAM	Tier 4	PA
<i>bleomycin</i>	Tier 4	PA
BONIVA INTRAVENOUS	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BONIVA ORAL	Tier 3	
BOSULIF ORAL TABLET 100 MG, 500 MG	Tier 4	
BOTOX	Tier 4	PA
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN 50 UNIT	Tier 4	PA
BRAVELLE	Tier 4	PA
BREO ELLIPTA	Tier 2	
BREZTRI AEROSPHERE	Tier 2	
BRILINTA	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brinzolamide</i>	Tier 1	
BROMFED DM	Tier 1	
<i>bromfenac</i>	Tier 1	
<i>bromocriptine</i>	Tier 1	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	Tier 1	QL (30 QY per 30 DYs); AL (Max 8 Years)
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	Tier 1	QL (60 QY per 30 DYs); AL (Max 8 Years)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days); AL (Max 8 Years)
<i>budesonide nasal</i>	Tier 1	PA
<i>budesonide oral capsule, delayed, extend. release</i>	Tier 1	PA
<i>budesonide-formoterol</i>	Tier 1	
<i>bumetanide oral</i>	Tier 1	
BUPHENYL ORAL TABLET	Tier 4	
<i>buprenorphine hcl sublingual</i>	Tier 1	PA
<i>buprenorphine-naloxone sublingual tablet</i>	Tier 1	PA
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 1	
<i>buspirone</i>	Tier 1	
BUSULFEX	Tier 4	PA
BUTALBITAL COMPOUND W/CODEINE	Tier 1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	
<i>butorphanol nasal</i>	Tier 1	PA
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Tier 3	
BYDUREON BCISE	Tier 2	
BYETTA	Tier 2	
<i>cabergoline</i>	Tier 1	
CADUET	Tier 3	
<i>caffeine citrate oral</i>	Tier 1	
<i>calcipotriene topical cream</i>	Tier 1	
<i>calcipotriene-betamethasone</i>	Tier 1	
<i>calcitonin (salmon)</i>	Tier 1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 1	
<i>calcitriol oral capsule</i>	Tier 1	
<i>calcitriol topical</i>	Tier 1	
<i>calcium acetate(phosphat bind)</i>	Tier 1	
CAMILA	Tier 5	
CAMRESE	Tier 5	
CANASA	Tier 2	
CANCIDAS	Tier 4	PA
<i>candesartan</i>	Tier 1	

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<i>candesartan-hydrochlorothiazid</i>	Tier 1	
CAPASTAT	Tier 3	PA
<i>capecitabine</i>	Tier 4	PA
CAPRELSA	Tier 4	PA
<i>capsaicin topical cream 0.025 %</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
CARAFATE ORAL SUSPENSION	Tier 3	
CARBAGLU	Tier 4	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
<i>carbidopa</i>	Tier 1	
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carboplatin</i>	Tier 4	PA
CARDIZEM LA	Tier 3	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
CARNITOR (SUGAR-FREE)	Tier 3	
CARNITOR ORAL	Tier 3	
<i>carteolol</i>	Tier 1	
CARTIA XT	Tier 3	
<i>carvedilol</i>	Tier 1	
CATAPRES-TTS-1	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CATAPRES-TTS-2	Tier 3	
CATAPRES-TTS-3	Tier 3	
CATHFLO ACTIVASE	Tier 4	PA
CAVERJECT IMPULSE	Tier 3	
CAYSTON	Tier 4	PA
<i>cefaclor oral capsule</i>	Tier 1	
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	Tier 4	PA
<i>cefdinir</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Tier 1	
<i>cefepime in dextrose 5 %</i>	Tier 4	PA
<i>cefepime in dextrose,iso-osm</i>	Tier 4	PA
<i>cefepime injection</i>	Tier 4	PA
<i>cefotaxime injection recon soln 1 gram</i>	Tier 4	PA
<i>cefotetan</i>	Tier 4	PA
<i>cefotetan in dextrose, iso-osm</i>	Tier 4	PA
<i>cefoxitin intravenous recon soln 1 gram</i>	Tier 1	
<i>cefpodoxime</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>ceftazidime</i>	Tier 4	PA
<i>ceftriaxone in dextrose,iso-os</i>	Tier 4	PA
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	Tier 4	PA
<i>ceftriaxone intravenous</i>	Tier 4	PA
<i>cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	Tier 4	PA
<i>celecoxib</i>	Tier 1	ST
CELESTONE SOLUSPAN	Tier 3	
CELLCEPT	Tier 3	
CELLCEPT INTRAVENOUS	Tier 4	PA
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution</i>	Tier 1	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 4	PA
CESAMET	Tier 3	
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>cetirizine oral tablet</i>	Tier 1	
<i>cetirizine-pseudoephedrine</i>	Tier 1	
CETRAXAL	Tier 3	
<i>cevimeline</i>	Tier 1	
CHANTIX	Tier 5	QL (360 QY per 365 DYs); AL (Min 18 Years)
CHANTIX STARTING MONTH BOX	Tier 5	QL (360 QY per 365 DYs); AL (Min 18 Years)
CHATEAL (28)	Tier 5	
CHEMET	Tier 3	
<i>chloramphenicol sod succinate</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
<i>chloroquine phosphate</i>	Tier 1	
<i>chlorothiazide oral tablet 500 mg</i>	Tier 1	
<i>chlorpromazine oral tablet</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cholestyramine (with sugar)</i>	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	Tier 1	
<i>choline,magnesium salicylate</i>	Tier 1	
<i>chromium chloride</i>	Tier 4	
CIALIS	Tier 2	
<i>ciclopirox topical gel</i>	Tier 1	
<i>ciclopirox topical solution</i>	Tier 1	
<i>ciclopirox topical suspension</i>	Tier 1	
<i>cidofovir</i>	Tier 1	PA
<i>cilostazol</i>	Tier 1	
CILOXAN OPHTHALMIC (EYE) OINTMENT	Tier 3	
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl oral</i>	Tier 1	
CIMZIA	Tier 4	PA
CIMZIA POWDER FOR RECONST	Tier 4	PA
CINRYZE	Tier 4	PA
CIPRO HC	Tier 3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	Tier 3	
CIPRO XR	Tier 3	
CIPRODEX	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Tier 1	QL (68 QY per 34 DYs)
<i>ciprofloxacin hcl oral tablet 750 mg</i>	Tier 1	QL (28 QY per 30 DYs)
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	Tier 4	PA
<i>ciprofloxacin-dexamethasone</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cisplatin intravenous solution</i>	Tier 4	PA
<i>citalopram</i>	Tier 1	
CITRANATAL B-CALM (FE GLUC)	Tier 3	
<i>cladribine</i>	Tier 4	PA
CLAFORAN INJECTION	Tier 4	PA
CLAFORAN INTRAVENOUS RECON SOLN	Tier 4	PA
CLARAVIS	Tier 1	PA
CLARINEX ORAL TABLET	Tier 3	PA
CLARINEX-D 12 HOUR	Tier 3	PA
<i>clarithromycin</i>	Tier 1	QL (1 FL per 30 DYs)
CLARITIN REDITABS ORAL TABLET, DISINTEGRATING 5 MG	Tier 3	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
CLEOCIN INJECTION	Tier 4	PA
CLEVIPREX	Tier 4	
CLIMARA	Tier 3	
CLIMARA PRO	Tier 3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>clindamycin phosphate injection</i>	Tier 4	PA
<i>clindamycin phosphate topical gel</i>	Tier 1	
<i>clindamycin phosphate topical lotion</i>	Tier 1	
<i>clindamycin phosphate topical solution</i>	Tier 1	
<i>clindamycin phosphate topical swab</i>	Tier 1	
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i>	Tier 1	
CLINISOL SF 15 %	Tier 4	PA
CLINPRO 5000	Tier 5	AL (Max 20 Years)
<i>clobetasol scalp</i>	Tier 1	
<i>clobetasol topical cream</i>	Tier 1	

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	Tier 1 = Generics	
UPPERCASE = Brand name drugs	Tier 2 = Preferred Brand Non-Specialty	
	Tier 3 = Non-Preferred Brand Medication	
Tier 4 = Specialty Preferred Medication		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol topical gel</i>	Tier 1	
<i>clobetasol topical ointment</i>	Tier 1	
<i>clobetasol-emollient topical cream</i>	Tier 1	
CLODERM	Tier 3	
CLOLAR	Tier 4	PA
<i>clomipramine</i>	Tier 1	
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonidine</i>	Tier 1	
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	Tier 1	
<i>clonidine hcl oral tablet</i>	Tier 1	
<i>clopidogrel</i>	Tier 1	
<i>clorazepate dipotassium</i>	Tier 1	
CLORPRES	Tier 3	
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>clotrimazole topical</i>	Tier 1	
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (15 QY per 34 DYs)
<i>clotrimazole-betamethasone topical lotion</i>	Tier 1	
<i>clozapine oral tablet</i>	Tier 1	
C-NATE DHA	Tier 1	
COARTEM	Tier 3	
<i>codeine sulfate</i>	Tier 1	
<i>colchicine oral tablet</i>	Tier 1	
COLCRYS	Tier 3	PA
<i>colestipol oral tablet</i>	Tier 1	
<i>colistin (colistimethate na)</i>	Tier 4	PA
COLY-MYCIN M PARENTERAL	Tier 4	PA
COMBIGAN	Tier 3	
COMBIPATCH	Tier 3	
COMBIVENT RESPIMAT	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMETRIQ	Tier 4	
COMPLERA	Tier 2	
COMPLETE NATAL DHA	Tier 1	
COMPLETENATE	Tier 3	
COMTAN	Tier 3	PA
CONDYLOX TOPICAL GEL	Tier 3	
CONSTULOSE	Tier 1	
CONTRACE	Tier 2	PA
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG	Tier 3	
COPAXONE SUBCUTANEOUS SYRINGE	Tier 4	PA
CORDRAN TOPICAL CREAM 0.05 %	Tier 3	
CORDRAN TOPICAL LOTION	Tier 3	
COREG CR	Tier 3	
CORIFACT	Tier 4	PA
CORTISPORIN TOPICAL	Tier 3	
CORTROSYN	Tier 4	PA
COSENTYX	Tier 4	PA
COSENTYX (2 SYRINGES)	Tier 4	PA
COSENTYX PEN	Tier 4	PA
COSENTYX PEN (2 PENS)	Tier 4	PA
COSMEGEN	Tier 4	PA
<i>cosyntropin</i>	Tier 4	PA
COZAAR	Tier 3	
CREON	Tier 2	
CRESTOR	Tier 3	
CRINONE	Tier 3	
CRIXIVAN ORAL CAPSULE 200 MG	Tier 2	
<i>cromolyn inhalation</i>	Tier 1	
<i>cromolyn ophthalmic (eye)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cromolyn oral</i>	Tier 1	
CRYSELLE (28)	Tier 5	
CUBICIN	Tier 4	PA
CUPRIMINE	Tier 3	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>cyclophosphamide intravenous recon soln</i>	Tier 4	PA
<i>cyclophosphamide oral capsule</i>	Tier 1	
<i>cycloserine</i>	Tier 1	
CYCLOSET	Tier 3	
<i>cyclosporine intravenous</i>	Tier 4	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>cyclosporine oral capsule</i>	Tier 1	
CYMBALTA	Tier 3	
<i>cyproheptadine</i>	Tier 1	
CYSTADANE	Tier 4	
CYSTAGON	Tier 3	
<i>cytarabine</i>	Tier 4	PA
<i>cytarabine (pf)</i>	Tier 4	PA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
CYTOMEL	Tier 3	
CYTOVENE	Tier 4	PA
<i>d5 %-0.45 % sodium chloride</i>	Tier 4	PA
<i>dacarbazine</i>	Tier 4	PA
DACOGEN	Tier 4	PA
<i>dalfampridine</i>	Tier 4	PA
DALIRESP	Tier 2	ST

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	Tier 1 = Generics	
UPPERCASE = Brand name drugs	Tier 2 = Preferred Brand Non-Specialty	
	Tier 3 = Non-Preferred Brand Medication	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>danazol</i>	Tier 1	PA
<i>dantrolene oral</i>	Tier 1	
<i>dapsone oral</i>	Tier 1	
<i>daunorubicin intravenous solution</i>	Tier 4	PA
DAYTRANA	Tier 3	
<i>deferoxamine</i>	Tier 4	PA
DELZICOL	Tier 2	
<i>demeclocycline</i>	Tier 1	
DEMSEER	Tier 3	
DENAVIR	Tier 3	QL (5 QY per 30 DYs)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	Tier 3	
DERMACEA NON-WOVEN TOPICAL SPONGE 4 X 4 "	Tier 2	
DERMOTIC OIL	Tier 3	
DESFERAL INJECTION RECON SOLN 500 MG	Tier 4	PA
<i>desipramine oral tablet 10 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>desloratadine</i>	Tier 1	PA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	PA
<i>desmopressin oral</i>	Tier 1	PA; AL (Min 6 Years)
<i>desonide topical ointment</i>	Tier 1	
<i>desoximetasone topical cream</i>	Tier 1	
<i>desvenlafaxine succinate</i>	Tier 1	
DETROL LA	Tier 3	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	

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	Tier 3 = Non-Preferred Brand Medication	
Tier 4 = Specialty Preferred Medication		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection solution</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	
DEXCOM G6 RECEIVER	Tier 2	
DEXCOM G6 SENSOR	Tier 2	
DEXCOM G6 TRANSMITTER	Tier 2	
DEXILANT	Tier 2	ST
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>dexrazoxane hcl</i>	Tier 4	PA
<i>dextroamphetamine oral capsule, extended release</i>	Tier 1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine-amphetamine</i>	Tier 1	
<i>dextrose 70 % in water (d70w)</i>	Tier 4	PA
<i>diazepam oral tablet</i>	Tier 1	
DIBENZYLINE	Tier 3	
<i>diclofenac epolamine</i>	Tier 1	
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	
<i>dicloxacillin</i>	Tier 1	
<i>dicyclomine oral capsule</i>	Tier 1	
<i>dicyclomine oral solution</i>	Tier 1	
<i>dicyclomine oral tablet</i>	Tier 1	
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFFERIN TOPICAL LOTION	Tier 3	
DIFICID ORAL TABLET	Tier 3	
<i>diflorasone topical cream</i>	Tier 1	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 3	
DIFLUCAN ORAL TABLET 150 MG	Tier 3	QL (2 EA per 30 days)
<i>diflunisal</i>	Tier 1	
<i>difluprednate</i>	Tier 1	
DIGOX	Tier 1	
<i>digoxin oral tablet</i>	Tier 1	
<i>dihydroergotamine injection</i>	Tier 1	
<i>dihydroergotamine nasal</i>	Tier 1	QL (1 FL per 30 DYs)
DILANTIN	Tier 2	
DILANTIN INFATABS	Tier 3	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet</i>	Tier 1	
DILT-XR	Tier 1	
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>	Tier 4	PA
DIOVAN HCT	Tier 3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diphenhydramine hcl injection syringe</i>	Tier 1	
<i>diphenhydramine hcl oral capsule</i>	Tier 1	
<i>diphenhydramine hcl oral tablet</i>	Tier 1	
<i>diphenoxylate-atropine</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
<i>disopyramide phosphate oral capsule</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
DIURIL	Tier 3	
<i>divalproex</i>	Tier 1	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)	Tier 3	
DOCEFREZ	Tier 4	PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 4	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	AL (Min 18 Years)
<i>donepezil oral tablet, disintegrating</i>	Tier 1	AL (Min 18 Years)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	Tier 3	
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>doxazosin</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>doxercalciferol oral</i>	Tier 4	
<i>doxorubicin intravenous solution</i>	Tier 4	PA
<i>doxorubicin, peg-liposomal</i>	Tier 1	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 1	
DRITHOCREME HP	Tier 3	
<i>dronabinol oral capsule 2.5 mg</i>	Tier 1	
<i>droperidol injection solution</i>	Tier 1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier 5	
DROXIA	Tier 3	
DUAVEE	Tier 2	
DUET DHA BALANCED	Tier 3	
DUET DHA WITH OMEGA-3	Tier 3	
DUETACT	Tier 3	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
DURACLON (PF)	Tier 4	
DYRENIUM	Tier 3	
DYSPORE	Tier 4	PA
EASY TOUCH NEEDLE 31 GAUGE X 3/16"	Tier 2	
<i>econazole</i>	Tier 1	
EDARBI	Tier 3	PA
EDARBYCLOR	Tier 3	PA
EDECIN	Tier 3	
EDLUAR	Tier 3	PA
EDURANT	Tier 2	
EEMT HS	Tier 1	
<i>efavirenz oral capsule</i>	Tier 1	
ELAPRASE	Tier 4	PA
ELELYSO	Tier 4	
<i>eletriptan</i>	Tier 1	QL (12 EA per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIDEL	Tier 3	PA
ELIGARD	Tier 4	PA
ELIGARD (3 MONTH)	Tier 4	PA
ELIGARD (4 MONTH)	Tier 4	PA
ELIGARD (6 MONTH)	Tier 4	PA
ELIQUIS	Tier 2	
ELIQUIS DVT-PE TREAT 30D START	Tier 2	
ELITEK	Tier 4	PA
ELLA	Tier 5	
ELLENC	Tier 4	PA
ELMIRON	Tier 3	PA
EMCYT	Tier 3	
EMEND ORAL CAPSULE 80 MG	Tier 3	
EMEND ORAL CAPSULE,DOSE PACK	Tier 3	
EMGALITY PEN	Tier 4	PA
EMGALITY SYRINGE	Tier 4	PA
EMSAM	Tier 3	
<i>emtricitabine</i>	Tier 1	
<i>emtricitabine-tenofovir (tdf)</i>	Tier 1	
EMTRIVA ORAL SOLUTION	Tier 2	
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>enalaprilat intravenous solution</i>	Tier 4	PA
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
ENBREL MINI	Tier 4	PA
ENBREL SUBCUTANEOUS RECON SOLN	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE	Tier 4	PA
ENBREL SURECLICK	Tier 4	PA
ENDOCET ORAL TABLET 5-325 MG	Tier 1	
ENDOMETRIN	Tier 4	PA
<i>enoxaparin</i>	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENPRESSE	Tier 5	
<i>entacapone</i>	Tier 1	PA
<i>entecavir</i>	Tier 4	
ENTEREG	Tier 3	
ENTOCORT EC	Tier 3	PA
ENTRESTO	Tier 2	
ENULOSE	Tier 1	
EPCLUSA ORAL TABLET 400-100 MG	Tier 4	PA
EPIDUO TOPICAL GEL WITH PUMP	Tier 3	
<i>epinastine</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 DYs)
<i>epinephrine injection solution</i>	Tier 1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
EPIPEN	Tier 3	QL (2 EA per 30 days)
EPIPEN 2-PAK	Tier 3	QL (2 QY per 30 DYs)
EPIPEN JR	Tier 3	QL (2 EA per 30 days)
EPIPEN JR 2-PAK	Tier 3	QL (2 QY per 30 DYs)
<i>epirubicin intravenous recon soln 50 mg</i>	Tier 4	PA
<i>epirubicin intravenous solution</i>	Tier 4	PA
EPIVIR	Tier 3	
EPIVIR HBV	Tier 4	PA
<i>eplerenone</i>	Tier 1	
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA
<i>epoprostenol (glycine)</i>	Tier 4	PA
<i>epoprostenol intravenous recon soln 1.5 mg</i>	Tier 4	
<i>eprosartan</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPZICOM	Tier 2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	Tier 3	
ERAXIS(WATER DILUENT)	Tier 4	PA
ERBITUX	Tier 4	PA
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergoloid</i>	Tier 1	
ERGOMAR	Tier 3	
ERIVEDGE	Tier 4	PA
ERRIN	Tier 5	
ERTACZO	Tier 3	
ERWINAZE	Tier 4	PA
ERY PADS	Tier 1	
ERYPED 200	Tier 3	
ERYPED 400	Tier 3	
ERY-TAB	Tier 3	
ERYTHROCIN	Tier 4	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 1	
<i>erythromycin ophthalmic (eye)</i>	Tier 1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	Tier 1	
<i>erythromycin with ethanol topical gel</i>	Tier 1	
<i>erythromycin with ethanol topical solution</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>escitalopram oxalate</i>	Tier 1	
<i>estazolam</i>	Tier 1	
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal</i>	Tier 1	

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	Tier 1 = Generics Tier 2 = Preferred Brand Non-Specialty Tier 3 = Non-Preferred Brand Tier 4 = Specialty Preferred Medication	
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	Tier 4	
<i>estradiol-norethindrone acet</i>	Tier 1	
ESTRING	Tier 3	
ESTROGEL	Tier 3	
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>eszopiclone</i>	Tier 1	PA
<i>ethambutol</i>	Tier 1	
<i>ethosuximide</i>	Tier 1	
ETHYOL	Tier 4	PA
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
<i>etodolac oral capsule</i>	Tier 1	
<i>etodolac oral tablet</i>	Tier 1	
ETOPOPHOS	Tier 4	PA
<i>etoposide</i>	Tier 4	PA
<i>etravirine</i>	Tier 1	
EUCRISA	Tier 2	
EUFLEXXA	Tier 4	PA
EURAX TOPICAL LOTION	Tier 3	QL (60 QY per 30 DYs)
EVEKEO	Tier 2	
<i>everolimus (antineoplastic)</i>	Tier 4	
EVISTA	Tier 3	
EVOTAZ	Tier 2	
EVOXAC	Tier 3	PA
EXELDERM TOPICAL CREAM	Tier 3	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Tier 3	AL (Min 18 Years)
<i>exemestane</i>	Tier 1	
EXJADE	Tier 4	PA
EXTAVIA SUBCUTANEOUS KIT	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA INTRAVITREAL SOLUTION	Tier 4	PA
<i>ezetimibe</i>	Tier 1	
FABRAZYME	Tier 4	PA
FACTIVE	Tier 3	
<i>famciclovir</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
FANAPT ORAL TABLET 1 MG, 2 MG, 6 MG	Tier 3	
FARESTON	Tier 3	PA
FARXIGA	Tier 2	
FASENRA PEN	Tier 2	PA
FASLODEX	Tier 4	PA
FE C PLUS	Tier 5	
<i>febuxostat</i>	Tier 1	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT	Tier 4	PA
<i>felbamate oral tablet</i>	Tier 1	
<i>felodipine</i>	Tier 1	
FEMARA	Tier 3	
FEMHRT LOW DOSE	Tier 3	
FEMRING	Tier 3	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenopropfen oral tablet</i>	Tier 1	
<i>fentanyl citrate (pf) injection solution</i>	Tier 1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	QL (10 QY per 30 DYs)
FERRIPROX ORAL TABLET 500 MG	Tier 4	PA
FERRLECIT	Tier 4	PA
<i>ferumoxylol</i>	Tier 4	PA

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	Tier 1 = Generics	
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	Tier 3 = Non-Preferred Brand Medication	
Tier 4 = Specialty Preferred Medication		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fexofenadine oral suspension</i>	Tier 1	ST
<i>fexofenadine oral tablet 180 mg</i>	Tier 1	ST
FINACEA TOPICAL GEL	Tier 3	
<i>finasteride</i>	Tier 1	
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	PA
FLAREX	Tier 3	
<i>flavoxate</i>	Tier 1	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	Tier 4	PA
<i>flecainide</i>	Tier 1	
FLOLAN	Tier 4	PA
FLOVENT DISKUS	Tier 2	
FLOVENT HFA	Tier 2	
<i>floxuridine</i>	Tier 4	PA
FLUAD 2020-2021 (65 YR UP)(PF)	Tier 5	
FLUAD QUAD 2020-21(65Y UP)(PF)	Tier 5	
FLUARIX QUAD 2020-2021 (PF)	Tier 5	
FLUBLOK QUAD 2020-2021 (PF)	Tier 5	
FLUCELVAX QUAD 2020-2021	Tier 5	
FLUCELVAX QUAD 2020-2021 (PF)	Tier 5	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 4	PA
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 QY per 30 DYs)
<i>flucytosine</i>	Tier 1	
<i>fludarabine</i>	Tier 4	PA
<i>fludrocortisone</i>	Tier 1	

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	Tier 1 = Generics	
UPPERCASE = Brand name drugs	Tier 2 = Preferred Brand Non-Specialty	
	Tier 3 = Non-Preferred Brand Medication	
Tier 4 = Specialty Preferred Medication		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLULAVAL QUAD 2020-2021 (PF)	Tier 5	
FLUMIST QUAD 2020-2021	Tier 5	
<i>flunisolide</i>	Tier 1	
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>fluocinolone and shower cap</i>	Tier 1	
<i>fluocinolone topical cream</i>	Tier 1	
<i>fluocinolone topical ointment</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical gel</i>	Tier 1	
<i>fluocinonide topical ointment</i>	Tier 1	
<i>fluocinonide topical solution</i>	Tier 1	
FLUOCINONIDE-E	Tier 1	
<i>fluoride (sodium) oral drops</i>	Tier 5	AL (Max 20 Years)
<i>fluoride (sodium) oral tablet, chewable</i>	Tier 5	AL (Max 20 Years)
<i>fluorometholone</i>	Tier 1	
<i>fluorouracil intravenous</i>	Tier 4	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	PA
<i>fluoxetine oral solution</i>	Tier 1	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl injection</i>	Tier 1	
<i>fluphenazine hcl oral tablet</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>flutamide</i>	Tier 1	
<i>fluticasone propionate</i>	Tier 1	
<i>fluticasone propion-salmeterol</i>	Tier 1	
<i>fluvoxamine oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE HIGHDOSE QUAD 20-21 PF	Tier 5	
FLUZONE QUAD 2020-2021	Tier 5	
FLUZONE QUAD 2020-2021 (PF)	Tier 5	
FML FORTE	Tier 3	
FML S.O.P.	Tier 3	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 3	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG	Tier 2	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
FOLOTYN	Tier 4	PA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 1	
<i>formoterol fumarate</i>	Tier 1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	Tier 4	PA
FOSAMAX ORAL TABLET 70 MG	Tier 3	
FOSAMAX PLUS D	Tier 3	
<i>fosinopril</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>fosphenytoin</i>	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier 3	
FREESTYLE LIBRE 14 DAY READER	Tier 2	
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	
FREESTYLE LIBRE 2 READER	Tier 2	
FREESTYLE LIBRE 2 SENSOR	Tier 2	
FROVA	Tier 3	PA; QL (12 QY per 30 DYs)
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FUSILEV	Tier 4	PA
FUZEON SUBCUTANEOUS RECON SOLN	Tier 2	PA
<i>gabapentin oral capsule</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 24 mg</i>	Tier 1	
GALZIN	Tier 4	PA
GAMASTAN S/D	Tier 4	PA
GAMMAGARD LIQUID	Tier 4	PA
GAMMAPLEX (WITH SORBITOL)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
<i>gatifloxacin</i>	Tier 1	
GATTEX 30-VIAL	Tier 4	PA
GATTEX ONE-VIAL	Tier 4	PA
<i>gemcitabine intravenous recon soln</i>	Tier 4	PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Tier 4	PA
<i>gemfibrozil</i>	Tier 1	
GENGRAF ORAL CAPSULE	Tier 1	
GENOTROPIN	Tier 4	PA
GENOTROPIN MINIQUICK	Tier 4	PA
GENTAK OPHTHALMIC (EYE) OINTMENT	Tier 1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	Tier 4	PA
<i>gentamicin injection</i>	Tier 4	PA
<i>gentamicin ophthalmic (eye) drops</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	Tier 4	PA	
<i>gentamicin topical</i>	Tier 1		
GENVOYA	Tier 2		
GILENYA	Tier 4	PA	
GLASSIA	Tier 4	PA	
<i>glatiramer</i>	Tier 4	PA	
GLEEVEC	Tier 4	PA	
GLIADEL WAFER	Tier 4	PA	
<i>glimepiride</i>	Tier 1		
<i>glipizide</i>	Tier 1		
<i>glipizide-metformin</i>	Tier 1		
GLUCAGEN HYPOKIT	Tier 2	QL (2 QY per 30 DYs)	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 2	QL (2 QY per 30 DYs)	
<i>glucagon hcl</i>	Tier 2		
<i>glyburide</i>	Tier 1		
<i>glyburide micronized</i>	Tier 1		
<i>glyburide-metformin</i>	Tier 1		
<i>glycopyrrolate injection</i>	Tier 1		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1		
GLYXAMBI	Tier 2		
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	Tier 3	PA	
<i>granisetron (pf)</i>	Tier 4	PA	
<i>granisetron hcl intravenous</i>	Tier 4	PA	
<i>granisetron hcl oral</i>	Tier 1	PA	
<i>griseofulvin microsize</i>	Tier 1		
<i>griseofulvin ultramicrosize oral tablet 125 mg</i>	Tier 1		
<i>griseofulvin ultramicrosize oral tablet 250 mg</i>	Tier 1	PA	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guanfacine</i>	Tier 1	
<i>guanidine</i>	Tier 1	
GYNAZOLE-1	Tier 3	
HALAVEN	Tier 4	PA
<i>halobetasol propionate topical cream</i>	Tier 1	
HALOG TOPICAL CREAM	Tier 3	
HALOG TOPICAL OINTMENT	Tier 3	
<i>haloperidol decanoate</i>	Tier 1	
<i>haloperidol lactate injection</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
<i>haloperidol oral tablet 10 mg</i>	Tier 1	PA
HARVONI ORAL TABLET 90-400 MG	Tier 4	PA
HEMANGEOL	Tier 2	PA
HEMOFIL M HIGH	Tier 4	PA
HEMOFIL M LOW	Tier 4	PA
HEMOFIL M MID	Tier 4	PA
HEMOFIL M SUPER HIGH	Tier 4	PA
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 4	PA
<i>heparin (porcine) in nacl (pf)</i>	Tier 4	PA
<i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
HEPSERA	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG JUNIOR KWIKPEN U-100	Tier 2	QL (30 ML per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 QY per 30 DYs)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 30 DYs)
HUMALOG MIX 50-50 INSULN U-100	Tier 2	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (30 QY per 30 DYs)
HUMALOG MIX 75-25 KWIKPEN	Tier 2	QL (30 QY per 30 DYs)
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	QL (30 QY per 30 DYs)
HUMALOG U-100 INSULIN	Tier 2	QL (30 QY per 30 DYs)
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT	Tier 4	PA
HUMATROPE	Tier 4	PA
HUMIRA PEN	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START	Tier 4	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA(CF)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER	Tier 4	PA
HUMIRA(CF) PEN	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (30 ML per 30 DYs)
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (30 QY per 30 DYs)
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (30 QY per 30 DYs)
HUMULIN R U-500 (CONC) INSULIN	Tier 2	QL (30 QY per 30 DYs)
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	

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	Tier 1 = Generics	
UPPERCASE = Brand name drugs	Tier 2 = Preferred Brand Non-Specialty	
	Tier 3 = Non-Preferred Brand Medication	
Tier 4 = Specialty Preferred Medication		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYALGAN	Tier 4	PA
HYCAMTIN	Tier 4	PA
<i>hydralazine oral</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA
<i>hydrocortisone acetate rectal</i>	Tier 1	
<i>hydrocortisone acetate topical cream 1 %</i>	Tier 1	
<i>hydrocortisone acetate topical ointment</i>	Tier 1	
<i>hydrocortisone oral</i>	Tier 1	
<i>hydrocortisone rectal</i>	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 1	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Tier 1	
<i>hydromorphone oral liquid</i>	Tier 1	
<i>hydromorphone oral tablet</i>	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	
<i>hydromorphone rectal</i>	Tier 1	
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	
<i>hydroxyurea</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroxyzine hcl oral</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>ibandronate oral</i>	Tier 1	
IBRANCE ORAL CAPSULE 125 MG	Tier 3	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ibuprofen-oxycodone</i>	Tier 1	
ICLUSIG ORAL TABLET 15 MG, 45 MG	Tier 4	
IDAMYCIN PFS	Tier 4	PA
<i>idarubicin</i>	Tier 4	PA
IFEX	Tier 4	PA
<i>ifosfamide</i>	Tier 4	PA
ILEVRO	Tier 2	
<i>imatinib</i>	Tier 4	PA
IMBRUVICA ORAL CAPSULE 140 MG	Tier 3	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (24 QY per 30 DYs)
INCRELEX	Tier 4	PA
INCRUSE ELLIPTA	Tier 2	
<i>indapamide</i>	Tier 1	
INDERAL LA	Tier 3	
INDERAL XL	Tier 3	
INDOCIN ORAL	Tier 3	
<i>indomethacin oral</i>	Tier 1	
INFED	Tier 4	PA
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML	Tier 3	
INLYTA	Tier 4	PA
INNOPRAN XL	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPRA	Tier 3	
INSULIN SYRINGE MICROFINE	Tier 1	
<i>insulin syringe needleless</i>	Tier 1	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2"</i>	Tier 1	
INTELENCE ORAL TABLET 25 MG	Tier 2	
INTERMEZZO SUBLINGUAL TABLET 3.5 MG	Tier 3	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Tier 4	PA
INTRON A INJECTION	Tier 4	PA
INTUNIV ER	Tier 3	
INVANZ INJECTION	Tier 4	PA
INVEGA SUSTENNA	Tier 4	PA
INVIRASE ORAL TABLET	Tier 2	
INVOKAMET	Tier 2	
INVOKAMET XR	Tier 2	
INVOKANA	Tier 2	
<i>ipratropium bromide</i>	Tier 1	
<i>ipratropium-albuterol</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>irinotecan</i>	Tier 4	PA
ISENTRESS	Tier 2	
ISOLYTE-S	Tier 4	
<i>isoniazid oral</i>	Tier 1	
ISORDIL	Tier 3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet extended release</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isosorbide mononitrate</i>	Tier 1	
<i>isradipine</i>	Tier 1	
ISTODAX	Tier 4	PA
<i>itraconazole oral capsule</i>	Tier 1	
IXEMPRA	Tier 4	PA
JAKAFI	Tier 4	PA
JALYN	Tier 3	
JANUMET	Tier 2	
JANUMET XR	Tier 2	
JANUVIA	Tier 2	
JARDIANCE	Tier 2	
JENTADUETO	Tier 2	
JENTADUETO XR	Tier 2	
JEVTANA	Tier 4	PA
JINTELI	Tier 1	
JOLESSA	Tier 5	
JUBLIA	Tier 3	
JUNEL 1.5/30 (21)	Tier 5	
JUNEL 1/20 (21)	Tier 5	
JUNEL FE 1.5/30 (28)	Tier 5	
JUNEL FE 1/20 (28)	Tier 5	
KADCYLA	Tier 4	PA
KALBITOR	Tier 4	PA
KALYDECO ORAL TABLET	Tier 4	PA
KARIVA (28)	Tier 5	
KELNOR 1/35 (28)	Tier 5	
KEPIVANCE	Tier 4	PA
KEPPRA INTRAVENOUS	Tier 4	PA
KESIMPTA PEN	Tier 4	PA
<i>ketoconazole oral</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketoconazole topical cream</i>	Tier 1	
<i>ketoconazole topical shampoo</i>	Tier 1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac ophthalmic (eye)</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	
<i>ketotifen fumarate</i>	Tier 1	QL (1 QY per 30 DYs)
KEVZARA	Tier 4	PA
KINERET	Tier 4	PA
KLOR-CON	Tier 1	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M20	Tier 1	
KOGENATE FS	Tier 4	PA
KOMBIGLYZE XR	Tier 3	
KOSHER PRENATAL PLUS IRON	Tier 1	
KRISTALOSE	Tier 3	
KRYSTEXXA	Tier 4	PA
KUVAN ORAL TABLET,SOLUBLE	Tier 4	PA
KYPROLIS INTRAVENOUS RECON SOLN 60 MG	Tier 4	PA
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 5	
<i>labetalol oral</i>	Tier 1	
<i>lactulose</i>	Tier 1	
<i>lamivudine oral solution</i>	Tier 1	
<i>lamivudine oral tablet 100 mg</i>	Tier 4	PA
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>lamivudine-zidovudine</i>	Tier 1	
<i>lamotrigine oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>lamotrigine oral tablets, dose pack</i>	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	Tier 1	PA
<i>lanthanum</i>	Tier 1	
LANTUS SOLOSTAR U-100 INSULIN	Tier 2	
LANTUS U-100 INSULIN	Tier 2	
LASTACAFT	Tier 3	PA
<i>latanoprost</i>	Tier 1	
LATUDA	Tier 3	
LEENA 28	Tier 5	
<i>leflunomide</i>	Tier 1	
LESSINA	Tier 5	
LETAIRIS	Tier 4	PA
<i>letrozole</i>	Tier 1	QL (1 QY per 1 DY)
<i>leucovorin calcium injection recon soln</i>	Tier 4	PA
<i>leucovorin calcium oral</i>	Tier 1	
LEUKERAN	Tier 3	
LEUKINE INJECTION RECON SOLN	Tier 4	PA
<i>leuprolide subcutaneous kit</i>	Tier 4	PA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol tartrate</i>	Tier 1	
LEVATOL	Tier 3	
LEVEMIR FLEXTOUCH U-100 INSULN	Tier 3	QL (30 ML per 30 days)
LEVEMIR U-100 INSULIN	Tier 3	QL (30 QY per 30 DYs)
<i>levetiracetam intravenous</i>	Tier 4	PA
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet</i>	Tier 1	

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	Tier 1 = Generics	
UPPERCASE = Brand name drugs	Tier 2 = Preferred Brand Non-Specialty	
	Tier 3 = Non-Preferred Brand Medication	
	Tier 4 = Specialty Preferred Medication	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	Tier 1	
LEVITRA ORAL TABLET 10 MG, 20 MG	Tier 3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levocarnitine oral tablet</i>	Tier 1	
<i>levocetirizine oral solution</i>	Tier 1	PA
<i>levocetirizine oral tablet</i>	Tier 1	ST
<i>levofloxacin oral solution</i>	Tier 1	QL (1 FL per 30 DYs)
<i>levofloxacin oral tablet</i>	Tier 1	QL (14 QY per 30 DYs)
<i>levonorgestrel-ethinyl estrad</i>	Tier 5	
LEVORA-28	Tier 5	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	
<i>levothyroxine oral tablet</i>	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
LEXIVA	Tier 2	
LIALDA	Tier 3	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	Tier 4	
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i>	Tier 4	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	PA
<i>lidocaine topical ointment</i>	Tier 1	
LIDOCAINE VISCOUS	Tier 1	

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 QY per 30 DYs)
LIDODERM	Tier 3	PA
LINCOCIN	Tier 4	PA
<i>linezolid oral tablet</i>	Tier 1	
LINZESS	Tier 2	
LIORESAL	Tier 4	PA
<i>liothyronine oral</i>	Tier 1	
LIPOSYN II	Tier 4	PA
LIPOSYN III	Tier 4	PA
<i>lisinopril</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>lithium carbonate</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LIVALO	Tier 3	
LODOSYN	Tier 3	
LOKELMA	Tier 2	
<i>loperamide oral capsule</i>	Tier 1	
<i>lopinavir-ritonavir</i>	Tier 1	
<i>loratadine oral solution</i>	Tier 1	
<i>loratadine oral tablet</i>	Tier 1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	Tier 3	
LOTENSIN ORAL TABLET 20 MG, 40 MG	Tier 3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Tier 3	
LOTRONEX	Tier 3	PA
<i>lovastatin</i>	Tier 1	
LOVAZA	Tier 3	
LOVENOX	Tier 4	
LOW-OGESTREL (28)	Tier 5	
<i>loxapine succinate</i>	Tier 1	
LUCENTIS INTRAVITREAL SOLUTION	Tier 4	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 3	
LUMIZYME	Tier 4	PA
LUNESTA	Tier 3	PA
LUPRON DEPOT	Tier 4	PA
LUPRON DEPOT (3 MONTH)	Tier 4	PA
LUPRON DEPOT (4 MONTH)	Tier 4	PA
LUPRON DEPOT (6 MONTH)	Tier 4	PA
LUPRON DEPOT-PED	Tier 4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 4	PA
LUTERA (28)	Tier 5	
LYSODREN	Tier 3	
LYZA	Tier 5	
MACRODANTIN ORAL CAPSULE 25 MG	Tier 3	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	Tier 4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	Tier 4	
<i>magnesium sulfate injection</i>	Tier 4	PA
MAKENA	Tier 4	PA
MAKENA (PF)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MALARONE	Tier 3	
MALARONE PEDIATRIC	Tier 3	
<i>malathion</i>	Tier 1	
<i>maprotiline</i>	Tier 1	
MARNATAL-F	Tier 3	
MARPLAN	Tier 3	
MATULANE	Tier 3	
MAVYRET	Tier 4	PA
MAXALT ORAL TABLET 10 MG	Tier 3	PA; QL (12 QY per 30 DYs)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	Tier 3	PA; QL (12 QY per 30 DYs)
MAXIDEX	Tier 3	
MAYZENT	Tier 4	PA
MAYZENT STARTER PACK	Tier 4	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>meclizine oral tablet,chewable</i>	Tier 1	
<i>meclofenamate</i>	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 3	
<i>medroxyprogesterone intramuscular</i>	Tier 5	
<i>medroxyprogesterone oral</i>	Tier 1	
<i>mefenamic acid</i>	Tier 1	
<i>mefloquine</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	QL (150 ML per 30 days)
<i>megestrol oral tablet</i>	Tier 1	
<i>meloxicam oral tablet</i>	Tier 1	
<i>melphalan</i>	Tier 1	
<i>melphalan hcl</i>	Tier 4	PA
<i>memantine oral tablet</i>	Tier 1	AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine oral tablets,dose pack</i>	Tier 1	AL (Min 18 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 3	
MENOSTAR	Tier 3	
MENTAX	Tier 3	
<i>meperidine oral solution</i>	Tier 1	
<i>meperidine oral tablet 50 mg</i>	Tier 1	
MEPHYTON	Tier 3	
<i>meprobamate</i>	Tier 1	
MEPRON	Tier 3	PA
<i>mercaptopurine</i>	Tier 1	
<i>meropenem</i>	Tier 4	PA
MERREM INTRAVENOUS RECON SOLN 500 MG	Tier 4	PA
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	Tier 1	
<i>mesalamine rectal enema</i>	Tier 1	
<i>mesna</i>	Tier 4	PA
MESNEX INTRAVENOUS	Tier 4	PA
MESTINON ORAL	Tier 3	
MESTINON TIMESPAN	Tier 3	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>metformin oral tablet</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr</i>	Tier 1	
<i>methadone oral concentrate</i>	Tier 1	
<i>methadone oral solution</i>	Tier 1	
<i>methadone oral tablet</i>	Tier 1	
<i>methadone oral tablet,soluble</i>	Tier 1	
<i>methamphetamine</i>	Tier 1	
<i>methazolamide</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methenamine hippurate</i>	Tier 1	
<i>methenamine mandelate oral tablet 1 gram</i>	Tier 1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
METHITEST	Tier 3	
<i>methocarbamol oral</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution</i>	Tier 1	
<i>methoxsalen</i>	Tier 4	PA
<i>methscopolamine</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide</i>	Tier 1	
<i>methyldopate</i>	Tier 1	
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet, chewable</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	Tier 4	PA
<i>metipranolol</i>	Tier 1	
<i>metoclopramide hcl oral solution</i>	Tier 1	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METRO I.V.	Tier 4	PA
METROGEL TOPICAL GEL 1 %	Tier 3	PA
<i>metronidazole in nacl (iso-os)</i>	Tier 4	PA
<i>metronidazole oral tablet</i>	Tier 1	
<i>metronidazole topical gel</i>	Tier 1	
<i>metronidazole topical lotion</i>	Tier 1	
<i>metronidazole vaginal</i>	Tier 1	
<i>mexiletine</i>	Tier 1	
MICARDIS	Tier 3	PA
MICARDIS HCT	Tier 3	PA
MICONAZOLE-3 VAGINAL SUPPOSITORY	Tier 1	
MICRHOGAM ULTRA-FILTERED PLUS	Tier 4	PA
MICROGESTIN 1.5/30 (21)	Tier 5	
MICROGESTIN 1/20 (21)	Tier 5	
MICROGESTIN FE 1.5/30 (28)	Tier 5	
MICROGESTIN FE 1/20 (28)	Tier 5	
<i>midodrine</i>	Tier 1	
MIGRANAL	Tier 3	QL (1 FL per 30 DYs)
MINERAL OIL HEAVY ORAL	Tier 1	
MINIVELLE	Tier 3	
<i>minocycline oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
MIRENA	Tier 4	PA
<i>mirtazapine</i>	Tier 1	
<i>misoprostol</i>	Tier 1	
<i>mitomycin intravenous</i>	Tier 4	PA
<i>mitoxantrone</i>	Tier 4	PA
M-NATAL PLUS	Tier 1	
<i>modafinil</i>	Tier 1	
<i>moexipril</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone nasal</i>	Tier 1	
<i>mometasone topical cream</i>	Tier 1	QL (45 QY per 30 DYs)
<i>mometasone topical ointment</i>	Tier 1	QL (45 QY per 30 DYs)
<i>mometasone topical solution</i>	Tier 1	
MONODOX	Tier 3	
<i>montelukast oral granules in packet</i>	Tier 1	AL (Max 1 Years)
<i>montelukast oral tablet</i>	Tier 1	
<i>montelukast oral tablet, chewable</i>	Tier 1	
MONUROL	Tier 3	
<i>morphine concentrate oral solution</i>	Tier 1	
<i>morphine oral capsule, extend. release pellets 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	
<i>morphine oral solution</i>	Tier 1	
<i>morphine oral tablet</i>	Tier 1	
<i>morphine oral tablet extended release</i>	Tier 1	
<i>morphine rectal</i>	Tier 1	
MOTEGRITY	Tier 2	
MOTOFEN	Tier 3	
MOVANTIK	Tier 2	
MOXATAG	Tier 3	PA
<i>moxifloxacin ophthalmic (eye)</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	QL (10 QY per 30 DYs)
MOZOBIL	Tier 4	PA
MULTAQ	Tier 2	
MULTIGEN	Tier 5	
MULTIGEN FOLIC	Tier 5	
MULTIGEN PLUS	Tier 5	
MULTI-VIT WITH FLUORIDE-IRON	Tier 5	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS	Tier 5	

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG, 1 MG	Tier 5	
<i>mupirocin</i>	Tier 1	
<i>mupirocin calcium</i>	Tier 1	
MYAMBUTOL ORAL TABLET 400 MG	Tier 3	
MYCAMINE	Tier 4	PA
MYCOBUTIN	Tier 3	
<i>mycophenolate mofetil oral capsule</i>	Tier 1	
<i>mycophenolate mofetil oral tablet</i>	Tier 1	
MYLERAN	Tier 3	
MYNATAL	Tier 3	
MYNATAL PLUS	Tier 3	
MYNATAL-Z	Tier 3	
MYOBLOC	Tier 4	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 3	
<i>nabumetone</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	Tier 4	PA
<i>nafcillin injection</i>	Tier 4	PA
NAFTIN TOPICAL GEL 1 %	Tier 3	
NAGLAZYME	Tier 4	PA
<i>nalbuphine</i>	Tier 1	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naltrexone</i>	Tier 1	
NAMENDA ORAL TABLET	Tier 3	AL (Min 18 Years)
NAMENDA TITRATION PAK	Tier 3	AL (Min 18 Years)
NAMENDA XR	Tier 2	
NAMZARIC	Tier 2	
<i>naproxen</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
NASACORT	Tier 1	ST
NASONEX	Tier 2	
NATACHEW (FE BIS-GLYCINATE)	Tier 3	
<i>nateglinide</i>	Tier 1	
NATROBA	Tier 3	ST
NAVELBINE	Tier 4	PA
<i>nebivolol</i>	Tier 1	
NEBUPENT	Tier 3	PA
<i>nefazodone</i>	Tier 1	
<i>neomycin</i>	Tier 1	
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b gu</i>	Tier 4	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
NEORAL	Tier 3	
NESTABS	Tier 3	
NESTABS ABC	Tier 3	
NESTABS DHA	Tier 3	
NEULASTA	Tier 4	PA
NEUPOGEN	Tier 4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR	Tier 3	
NEVANAC	Tier 3	
<i>nevirapine oral suspension</i>	Tier 1	
<i>nevirapine oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	
NEWGEN	Tier 3	
NEXAVAR	Tier 4	PA
NEXIUM	Tier 3	PA
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	Tier 3	PA
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 3	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
NIACOR	Tier 1	
NIASPAN EXTENDED-RELEASE	Tier 3	
<i>nifedipine oral</i>	Tier 1	
NICOTROL	Tier 5	
NICOTROL NS	Tier 5	QL (60 QY per 30 DYs)
<i>nifedipine</i>	Tier 1	
NILANDRON	Tier 4	PA
<i>nimodipine</i>	Tier 1	
NIPENT	Tier 4	PA
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
NITRO-BID	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitrofurantoin</i>	Tier 1	
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg</i>	Tier 1	
<i>nitroglycerin sublingual tablet 0.4 mg</i>	Tier 1	

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	Tier 1 = Generics	
UPPERCASE = Brand name drugs	Tier 2 = Preferred Brand Non-Specialty	
	Tier 3 = Non-Preferred Brand Medication	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 1	
NITROSTAT	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 9 MG	Tier 1	
<i>nizatidine oral capsule</i>	Tier 1	
NIZORAL A-D	Tier 1	
NORA-BE	Tier 5	
NORDITROPIN FLEXPOR	Tier 4	PA
<i>norethindrone (contraceptive)</i>	Tier 5	
<i>norethindrone acetate</i>	Tier 5	
NORMOSOL-R PH 7.4	Tier 4	
NORPACE CR	Tier 3	
NORTREL 0.5/35 (28)	Tier 5	
NORTREL 1/35 (21)	Tier 5	
NORTREL 1/35 (28)	Tier 5	
NORTREL 7/7/7 (28)	Tier 5	
<i>nortriptyline oral capsule</i>	Tier 1	
NORVASC	Tier 3	
NORVIR ORAL CAPSULE	Tier 2	
NORVIR ORAL SOLUTION	Tier 2	
NORVIR ORAL TABLET	Tier 2	
NOVOLIN 70/30 U-100 INSULIN	Tier 3	
NOVOLIN N NPH U-100 INSULIN	Tier 3	
NOVOLIN R REGULAR U-100 INSULIN	Tier 3	
NOVOLOG FLEXPEN U-100 INSULIN	Tier 3	
NOVOLOG MIX 70-30 U-100 INSULIN	Tier 3	
NOVOLOG MIX 70-30FLEXPEN U-100	Tier 3	
NOVOLOG PENFILL U-100 INSULIN	Tier 3	
NOVOLOG U-100 INSULIN ASPART	Tier 3	
NOVOSEVEN RT	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOXAFIL	Tier 3	
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	Tier 4	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE	Tier 4	PA
NUCYNTA	Tier 3	
NUCYNTA ER	Tier 3	
NUDEXTA	Tier 3	
NULOJIX	Tier 4	
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 4	PA
NUVARING	Tier 5	
NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG	Tier 3	
<i>nystatin oral</i>	Tier 1	
<i>nystatin topical cream</i>	Tier 1	
<i>nystatin topical ointment</i>	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	
OB COMPLETE ONE	Tier 3	
OB COMPLETE PETITE	Tier 3	
OB COMPLETE PREMIER	Tier 3	
OB COMPLETE WITH DHA	Tier 3	
O-CAL PRENATAL	Tier 3	
OCELLA	Tier 5	
<i>octreotide acetate</i>	Tier 4	PA
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	
<i>ofloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin otic (ear)</i>	Tier 1	
<i>olanzapine oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olopatadine ophthalmic (eye)</i>	Tier 1	
OLUMIANT	Tier 4	ST
<i>omega-3 acid ethyl esters</i>	Tier 1	
<i>omeprazole magnesium oral capsule, delayed release(dr/ec)</i>	Tier 1	ST
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Tier 1	ST
OMNARIS	Tier 3	PA
OMNITROPE	Tier 4	PA
ONCASPAN	Tier 4	PA
<i>ondansetron</i>	Tier 1	QL (15 QY per 30 DYs)
<i>ondansetron hcl (pf) injection solution</i>	Tier 4	PA
<i>ondansetron hcl intravenous</i>	Tier 4	PA
<i>ondansetron hcl oral solution</i>	Tier 1	QL (50 QY per 30 DYs)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL (15 QY per 30 DYs)
ONFI ORAL TABLET	Tier 3	
ONGLYZA	Tier 3	
OPSUMIT	Tier 3	
ORACEA	Tier 3	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 3	
ORALONE	Tier 1	
ORAVIG	Tier 3	
ORENCIA (WITH MALTOSE)	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 4	PA
ORILISSA	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine citrate oral</i>	Tier 1	
ORTHOVISC	Tier 4	PA
<i>oseltamivir oral capsule</i>	Tier 1	
<i>oseltamivir oral suspension for reconstitution</i>	Tier 1	QL (1 FL per 180 days)
OSMOPREP	Tier 3	
OTEZLA	Tier 3	
OTOVEL	Tier 2	
<i>oxacillin in dextrose(iso-osm)</i>	Tier 1	
<i>oxacillin injection</i>	Tier 4	PA
<i>oxaliplatin intravenous recon soln</i>	Tier 4	PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 4	PA
<i>oxandrolone</i>	Tier 1	PA
<i>oxaprozin</i>	Tier 1	
<i>oxazepam</i>	Tier 1	
<i>oxcarbazepine oral tablet</i>	Tier 1	
OXISTAT TOPICAL LOTION	Tier 3	
OXSORALEN ULTRA	Tier 4	PA
<i>oxybutynin chloride</i>	Tier 1	
<i>oxycodone oral capsule</i>	Tier 1	
<i>oxycodone oral concentrate</i>	Tier 1	
<i>oxycodone oral tablet</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 1	
<i>oxycodone-aspirin</i>	Tier 1	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	Tier 3	PA
<i>oxymorphone oral tablet 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxymorphone oral tablet extended release 12 hr 15 mg</i>	Tier 1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	Tier 2	
OZURDEX	Tier 4	PA
<i>paclitaxel</i>	Tier 4	PA
<i>pamidronate</i>	Tier 4	PA
PANRETIN	Tier 4	
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>papaverine injection solution</i>	Tier 4	
<i>paricalcitol oral</i>	Tier 1	
<i>paromomycin</i>	Tier 1	PA; QL (10 DS per 30 DYs)
<i>paroxetine hcl oral tablet</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 1	
PASER	Tier 3	PA
PATADAY	Tier 3	ST; QL (1 QY per 30 DYs)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 %	Tier 3	ST; QL (1 QY per 30 DYs)
PATANASE	Tier 3	
PAXIL ORAL SUSPENSION	Tier 3	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 1	
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	Tier 4	PA
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	Tier 1	
<i>penicillin g potassium</i>	Tier 4	PA
<i>penicillin g procaine</i>	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillin g sodium</i>	Tier 4	
<i>penicillin v potassium</i>	Tier 1	
PENTASA	Tier 2	
<i>pentazocine-naloxone</i>	Tier 1	
<i>pentoxifylline</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
PERJETA	Tier 4	PA
<i>permethrin</i>	Tier 1	QL (60 QY per 1 PD)
<i>perphenazine</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
PFIZERPEN-G	Tier 4	PA
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>phenelzine</i>	Tier 1	
<i>phenobarbital</i>	Tier 1	
<i>phenylephrine hcl injection</i>	Tier 4	
<i>phenylephrine hcl ophthalmic (eye)</i>	Tier 1	
<i>phenytoin oral suspension</i>	Tier 1	
<i>phenytoin oral tablet, chewable</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Tier 1	
PHOSPHOLINE IODIDE	Tier 1	
PHOTOFRIN	Tier 4	PA
PICATO	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl oral</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>pioglitazone</i>	Tier 1	
<i>pioglitazone-metformin</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	Tier 4	PA
<i>piroxicam</i>	Tier 1	
PLAN B ONE-STEP	Tier 5	PA
PLASMA-LYTE 148	Tier 4	
PLEGRIDY SUBCUTANEOUS	Tier 4	PA
PNEUMOVAX-23 INJECTION SOLUTION	Tier 5	
PNV 29-1	Tier 1	
PNV-SELECT	Tier 1	
<i>podofilox</i>	Tier 1	
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	
<i>polymyxin b sulfate</i>	Tier 4	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
PORTIA 28	Tier 5	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 1	
<i>potassium chloride-0.45 % nacl</i>	Tier 4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i>	Tier 1	
PR NATAL 400	Tier 3	
PR NATAL 400 EC	Tier 3	
PR NATAL 430	Tier 3	
PR NATAL 430 EC	Tier 3	
PRADAXA	Tier 2	
<i>pramipexole oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRANDIN ORAL TABLET 1 MG, 2 MG	Tier 3	
<i>prasugrel</i>	Tier 1	
<i>pravastatin</i>	Tier 1	ST
<i>prazosin</i>	Tier 1	
PRECOSE	Tier 3	
PRED MILD	Tier 3	
PRED-G	Tier 3	
PRED-G S.O.P.	Tier 3	
<i>prednicarbate</i>	Tier 1	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISON INTENSOL	Tier 1	
PREFEST	Tier 3	
<i>pregabalin oral capsule</i>	Tier 1	
PREGENNA	Tier 1	
PREMARIN ORAL	Tier 2	
PREMARIN VAGINAL	Tier 2	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
PRENA1 CHEW	Tier 1	
PRENA1 PEARL	Tier 1	
PRENA1 TRUE	Tier 1	
PRENATA	Tier 3	

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATABS RX	Tier 3	
PRENATAL 19	Tier 1	
PRENATAL LOW IRON	Tier 3	
PRENATAL PLUS	Tier 1	
PRENATAL PLUS (CALCIUM CARB)	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON	Tier 3	
PRENATE DHA (FERR ASP GLYCIN)	Tier 3	
PRENATE ELITE	Tier 3	
PRENATE ELITE (IRON ASP GLYC)	Tier 3	
PRENATE ENHANCE	Tier 3	
PRENATE MINI (FERR ASP GLYCIN)	Tier 3	
PRENATE PIXIE	Tier 3	
PRENATE RESTORE	Tier 3	
PRENATE STAR	Tier 3	
PREPLUS	Tier 1	
PRETAB	Tier 1	
PREVACID	Tier 3	PA
PREVACID SOLUTAB	Tier 3	AL (Max 7 Years)
PREVALITE	Tier 1	
PREZCOBIX	Tier 2	
PREZISTA ORAL SUSPENSION	Tier 2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 2	
PRIALT	Tier 4	PA
PRIFTIN	Tier 3	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	Tier 3	PA
PRILOSEC OTC	Tier 2	AL (Min 12 Years)
PRIMACARE	Tier 3	

lowercase bold italics =

Generic drugs

UPPERCASE = Brand name drugs

Drug Tier

Tier 1 = Generics

Tier 2 = Preferred Brand Non-Specialty

Tier 3 = Non-Preferred Brand

Tier 4 = Specialty Preferred Medication

Coverage Requirements and Limits

AL = Age Limit

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>primaquine</i>	Tier 1	
<i>primidone</i>	Tier 1	
PRINIVIL ORAL TABLET 20 MG	Tier 3	
PRISTIQ	Tier 2	
PRIVIGEN	Tier 4	PA
PROAIR RESPICLICK	Tier 3	
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	
<i>procainamide injection</i>	Tier 1	
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
PROCRIT	Tier 4	PA
PROCTOFOAM HC	Tier 3	
PROCTOZONE-HC	Tier 1	
PROFILNINE	Tier 4	PA
PROGLYCEM	Tier 3	
PROGRAF INTRAVENOUS	Tier 4	PA
PROGRAF ORAL CAPSULE	Tier 3	
PROLASTIN-C INTRAVENOUS RECON SOLN	Tier 4	PA
PROLEUKIN	Tier 4	PA
PROLIA	Tier 4	PA
PROMACTA ORAL TABLET	Tier 4	PA
<i>promethazine injection solution</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-dm</i>	Tier 1	
PROMETRIUM	Tier 3	
<i>propafenone oral tablet</i>	Tier 1	
<i>proparacaine</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
PROSOL 20 %	Tier 4	PA
PROTOPIC	Tier 3	PA
<i>protriptyline</i>	Tier 1	
PROVENGE	Tier 4	PA
PROVENTIL HFA	Tier 3	
PROVIDA OB	Tier 3	
PULMICORT FLEXHALER	Tier 2	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier 3	QL (60 ML per 30 DYs); AL (Max 8 Years)
PULMOZYME	Tier 4	PA
PYLERA	Tier 2	
<i>pyrazinamide</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyrimethamine</i>	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	
QSYMIA	Tier 3	
QTERN	Tier 2	
QUALAQUIN	Tier 3	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 50 MG	Tier 3	
<i>quetiapine oral tablet</i>	Tier 1	
QUILLICHEW ER	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLIVANT XR	Tier 2	
<i>quinapril</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	
<i>quinine sulfate</i>	Tier 1	
QVAR REDHALER	Tier 2	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	Tier 1	PA
<i>raloxifene</i>	Tier 1	
<i>ramipril</i>	Tier 1	
RANEXA	Tier 3	
<i>ranitidine hcl oral syrup</i>	Tier 1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	
RAPAFLO	Tier 3	
RAPAMUNE	Tier 3	
REBIF (WITH ALBUMIN)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML	Tier 3	
REBIF TITRATION PACK	Tier 4	PA
RECLAST	Tier 4	PA
RECLIPSEN (28)	Tier 5	
RECOMBINATE	Tier 4	PA
RECTIV	Tier 2	
REGONOL	Tier 4	
REGRANEX	Tier 3	
RELENZA DISKHALER	Tier 3	QL (1 FL per 180 DYs)
RELISTOR SUBCUTANEOUS SOLUTION	Tier 4	
RELPAX	Tier 3	QL (12 QY per 30 DYs)
REMICADE	Tier 4	PA
REMODULIN	Tier 4	PA
RENFLEXIS	Tier 4	PA
RENOVA TOPICAL CREAM 0.02 %	Tier 3	PA

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	Tier 1 = Generics Tier 2 = Preferred Brand Non-Specialty Tier 3 = Non-Preferred Brand Tier 4 = Specialty Preferred Medication	
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REVELA ORAL POWDER IN PACKET 0.8 GRAM	Tier 3	
REVELA ORAL TABLET	Tier 3	
<i>repaglinide oral tablet 2 mg</i>	Tier 1	
REPATHA PUSHTRONEX	Tier 4	PA
REPATHA SURECLICK	Tier 4	PA
REPATHA SYRINGE	Tier 4	PA
RESTASIS	Tier 2	
RESTASIS MULTIDOSE	Tier 2	
RETIN-A MICRO TOPICAL GEL 0.04 %	Tier 3	PA
RETISERT	Tier 4	PA
RETROVIR INTRAVENOUS	Tier 3	
RETROVIR ORAL CAPSULE	Tier 3	
RETROVIR ORAL SYRUP	Tier 3	
REVATIO INTRAVENOUS	Tier 4	PA
REVATIO ORAL TABLET	Tier 4	PA
REVLIMID	Tier 4	PA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	Tier 3	
REYATAZ ORAL POWDER IN PACKET	Tier 2	
RHOGAM ULTRA-FILTERED PLUS	Tier 4	PA
RHOPHYLAC	Tier 4	PA
<i>ribavirin oral capsule</i>	Tier 4	PA
<i>ribavirin oral tablet 200 mg</i>	Tier 4	PA
RIDAURA	Tier 3	
<i>rifabutin</i>	Tier 1	
RIFADIN INTRAVENOUS	Tier 4	PA
<i>rifampin intravenous</i>	Tier 4	PA
<i>rifampin oral</i>	Tier 1	
RILUTEK	Tier 4	PA
<i>riluzole</i>	Tier 4	PA

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	Tier 2 = Preferred Brand Non-Specialty	
	Tier 3 = Non-Preferred Brand Medication	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rimantadine</i>	Tier 1	
RINVOQ	Tier 4	PA
<i>risedronate oral tablet</i>	Tier 1	
RISPERDAL CONSTA	Tier 4	PA
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	
RITUXAN	Tier 4	PA
<i>rivastigmine tartrate</i>	Tier 1	AL (Min 18 Years)
<i>rizatriptan oral tablet</i>	Tier 1	PA; QL (12 QY per 30 DYs)
<i>rizatriptan oral tablet, disintegrating 10 mg</i>	Tier 1	PA; QL (12 QY per 30 DYs)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (12 QY per 30 DYs)
R-NATAL OB	Tier 3	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>rosuvastatin</i>	Tier 1	
ROZEREM	Tier 3	ST
<i>rufinamide</i>	Tier 1	PA
RYBELSUS	Tier 2	
RYTHMOL SR	Tier 3	
SABRIL	Tier 4	PA
SAIZEN	Tier 4	PA
<i>salsalate</i>	Tier 1	
SAMSCA	Tier 4	PA
SANCUSO	Tier 3	
SANDIMMUNE INTRAVENOUS	Tier 4	PA
SANDIMMUNE ORAL	Tier 3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 4	PA
SANTYL	Tier 3	
SAVELLA	Tier 3	
SEGLUROMET	Tier 2	

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	Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECT-OB	Tier 3		
SELECT-OB (FOLIC ACID)	Tier 3		
SELECT-OB + DHA	Tier 3		
<i>selegiline hcl</i>	Tier 1		
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 1		
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 2		
SE-NATAL 19 CHEWABLE	Tier 3		
SE-NATAL-19	Tier 1		
SENSIPAR	Tier 3	PA	
SEREVENT DISKUS	Tier 2		
SEROQUEL XR	Tier 3		
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	PA	
<i>sertraline</i>	Tier 1		
<i>sevelamer carbonate oral tablet</i>	Tier 1		
SF	Tier 5	AL (Max 20 Years)	
SF 5000 PLUS	Tier 5	AL (Max 20 Years)	
SHINGRIX (PF)	Tier 5		
<i>sildenafil (pulm.hypertension) oral</i>	Tier 4	PA	
SILENOR	Tier 3		
<i>silver sulfadiazine</i>	Tier 1		
SIMBRINZA	Tier 2		
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 4	PA	
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier 4	PA	
SIMULECT	Tier 4	PA	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1		
SINGULAIR	Tier 3		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKLICE	Tier 2	
SKYLA	Tier 4	PA
SKYRIZI	Tier 4	PA
<i>sodium chlor 0.9% bacteriostat</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 1	
<i>sodium chloride 5 %</i>	Tier 4	PA
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	Tier 4	
<i>sodium chloride irrigation</i>	Tier 1	
SODIUM EDECRIN	Tier 3	
SOFT TOUCH LANCETS	Tier 2	
SOLARAZE	Tier 3	
SOLESTA	Tier 4	
SOLQUA 100/33	Tier 2	
SOLIRIS	Tier 4	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 55 MG, 80 MG	Tier 3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 4	PA
SOMATULINE DEPOT	Tier 4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG	Tier 4	PA
SORIATANE ORAL CAPSULE 10 MG, 25 MG	Tier 3	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
SOVALDI ORAL TABLET 400 MG	Tier 4	PA
SPECTRACEF ORAL TABLET 400 MG	Tier 3	
<i>spinosad</i>	Tier 1	ST
SPIRIVA RESPIMAT	Tier 2	
SPIRIVA WITH HANDIHALER	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolactone</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
SPORANOX	Tier 3	
SPRINTEC (28)	Tier 5	
SPRYCEL	Tier 4	PA
SPS (WITH SORBITOL) RECTAL	Tier 1	
SRONYX	Tier 5	
SSKI	Tier 1	
STARLIX ORAL TABLET 120 MG	Tier 3	
<i>stavudine oral capsule</i>	Tier 1	
STAXYN	Tier 3	
STEGLATRO	Tier 2	
STELARA SUBCUTANEOUS SYRINGE	Tier 4	PA
STENDRA ORAL TABLET 100 MG, 200 MG	Tier 3	
STIOLTO RESPIMAT	Tier 2	
STIVARGA	Tier 4	QL (84 EA per 28 days)
STRATTERA	Tier 3	
<i>streptomycin</i>	Tier 4	
STRIBILD	Tier 2	
STROMECTOL	Tier 3	
SUBOXONE	Tier 3	
SUCRAID	Tier 4	PA
<i>sucralfate oral tablet</i>	Tier 1	
<i>sufentanil citrate</i>	Tier 4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Tier 3	
<i>sulfacetamide sodium (acne)</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	Tier 1	

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UPPERCASE = Brand name drugs	Tier 2 = Preferred Brand Non-Specialty	
	Tier 3 = Non-Preferred Brand Medication	
Tier 4 = Specialty Preferred Medication		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier 4	PA
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	
SULFAMYLON TOPICAL PACKET	Tier 3	PA
<i>sulfasalazine</i>	Tier 1	
<i>sulindac oral tablet 200 mg</i>	Tier 1	
<i>sumatriptan</i>	Tier 1	QL (6 QY per 30 DYs)
<i>sumatriptan succinate oral</i>	Tier 1	QL (12 QY per 30 DYs)
<i>sumatriptan succinate subcutaneous cartridge</i>	Tier 1	QL (2 QY per 30 DYs)
<i>sumatriptan succinate subcutaneous pen injector</i>	Tier 1	QL (2 QY per 30 DYs)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 1	QL (4 QY per 30 DYs)
<i>sunitinib</i>	Tier 4	PA
SUPPRELIN LA	Tier 4	PA
SUPRAX ORAL CAPSULE	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
SUPRAX ORAL TABLET,CHEWABLE	Tier 3	
SUPREP BOWEL PREP KIT	Tier 3	
SUSTIVA ORAL CAPSULE	Tier 3	
SUSTIVA ORAL TABLET	Tier 2	
SYEDA	Tier 5	
SYMBICORT	Tier 3	
SYMLINPEN 120	Tier 3	
SYMLINPEN 60	Tier 3	
SYNAGIS	Tier 4	PA
SYNALAR TS	Tier 3	

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAREL	Tier 3	
SYNERA	Tier 4	
SYNERCID	Tier 4	PA
SYNJARDY	Tier 2	
SYNJARDY XR	Tier 2	
SYNRIBO	Tier 4	
SYNTHROID	Tier 3	
SYNVISC	Tier 4	PA
SYNVISC-ONE	Tier 4	PA
SYPRINE	Tier 4	PA
TABLOID	Tier 3	
<i>tacrolimus oral</i>	Tier 1	
<i>tacrolimus topical ointment 0.03 %</i>	Tier 1	PA
TALTZ AUTOINJECTOR	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK)	Tier 4	PA
TALTZ SYRINGE	Tier 4	PA
TAMIFLU ORAL CAPSULE 30 MG, 45 MG	Tier 2	QL (1 FL per 180 DYs)
TAMIFLU ORAL CAPSULE 75 MG	Tier 1	QL (1 FL per 180 DYs)
<i>tamoxifen</i>	Tier 1	
<i>tamsulosin</i>	Tier 1	
TARCEVA	Tier 4	PA
TARGRETIN	Tier 4	PA
TARKA	Tier 3	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA
TASMAR ORAL TABLET 100 MG	Tier 3	PA
TAZICEF INTRAVENOUS	Tier 4	PA
TAZORAC TOPICAL CREAM	Tier 3	
TAZORAC TOPICAL GEL 0.05 %	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAZTIA XT	Tier 1	
TECFIDERA	Tier 4	PA
TEFLARO INTRAVENOUS RECON SOLN 400 MG	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	Tier 3	
TEKTURNA	Tier 2	
TEKTURNA HCT	Tier 2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
TEMODAR INTRAVENOUS	Tier 4	PA
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	Tier 4	PA
<i>temozolomide</i>	Tier 4	PA
<i>teniposide</i>	Tier 4	PA
<i>tenofovir disoproxil fumarate</i>	Tier 1	
<i>terazosin</i>	Tier 1	
<i>terbinafine hcl oral</i>	Tier 1	QL (90 DS per 365 DYs)
<i>terbutaline oral</i>	Tier 1	
<i>terconazole</i>	Tier 1	
TESTIM	Tier 3	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	Tier 1	QL (4 QY per 28 DYs)
<i>testosterone enanthate</i>	Tier 1	QL (4 QY per 28 DYs)
<i>testosterone transdermal gel</i>	Tier 1	PA
<i>tetracycline</i>	Tier 1	
THALOMID	Tier 4	PA
THEO-24	Tier 3	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	Tier 1	
<i>thioridazine</i>	Tier 1	PA
<i>thiotepa injection recon soln 15 mg</i>	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>thiothixene</i>	Tier 1	
THRIVITE RX	Tier 1	
THYMOGLOBULIN	Tier 4	PA
THYROGEN	Tier 4	PA
THYROLAR-1	Tier 3	
THYROLAR-1/2	Tier 3	
THYROLAR-1/4	Tier 3	
THYROLAR-2	Tier 3	
THYROLAR-3	Tier 3	
<i>tiagabine oral tablet 2 mg, 4 mg</i>	Tier 1	
TIAZAC	Tier 3	
TICE BCG	Tier 5	PA
TIKOSYN	Tier 3	PA
TILIA FE	Tier 5	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
<i>tinidazole</i>	Tier 1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
TIVICAY ORAL TABLET 50 MG	Tier 2	
<i>tizanidine</i>	Tier 1	
TOBI	Tier 4	PA
TOBRADEX OPHTHALMIC (EYE) OINTMENT	Tier 2	
TOBRADEX ST	Tier 3	
<i>tobramycin in 0.225 % nacl</i>	Tier 4	PA
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin sulfate</i>	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin-dexamethasone</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT	Tier 3	
<i>tolmetin oral capsule</i>	Tier 1	
<i>tolterodine</i>	Tier 1	
<i>topiramate oral capsule, sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
TOPOSAR	Tier 4	PA
<i>topotecan intravenous recon soln</i>	Tier 4	PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 4	PA
TORISEL	Tier 4	PA
<i>toremide oral</i>	Tier 1	
TOUJEO MAX U-300 SOLOSTAR	Tier 2	
TOUJEO SOLOSTAR U-300 INSULIN	Tier 2	
TOVIAZ	Tier 2	
TPN ELECTROLYTES	Tier 4	
TPN ELECTROLYTES II	Tier 4	
TRACLEER ORAL TABLET	Tier 4	PA
TRADJENTA	Tier 2	
<i>tramadol oral tablet 50 mg</i>	Tier 1	
<i>tramadol oral tablet, er multiphase 24 hr</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<i>tranexamic acid intravenous</i>	Tier 1	
TRANSDERM-SCOP	Tier 3	PA
<i>tranylcypromine</i>	Tier 1	
TRAVASOL 10 %	Tier 4	PA
<i>travoprost</i>	Tier 1	
<i>trazodone</i>	Tier 1	
TREANDA	Tier 4	PA
TRECTOR	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits	
TRELEGY ELLIPTA	Tier 2		
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 4	PA	
TRESIBA FLEXTOUCH U-100	Tier 3		
TRESIBA FLEXTOUCH U-200	Tier 3		
TRESIBA U-100 INSULIN	Tier 3		
<i>tretinoin (antineoplastic)</i>	Tier 4	PA	
<i>tretinoin topical cream</i>	Tier 1	PA	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 1	PA	
TREXALL ORAL TABLET 7.5 MG	Tier 3		
TREXIMET ORAL TABLET 85-500 MG	Tier 2	ST	
<i>triamcinolone acetonide dental</i>	Tier 1		
<i>triamcinolone acetonide nasal</i>	Tier 1	PA	
<i>triamcinolone acetonide topical cream</i>	Tier 1		
<i>triamcinolone acetonide topical lotion</i>	Tier 1		
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1		
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1		
<i>triamterene-hydrochlorothiazid oral tablet</i>	Tier 1		
<i>triazolam</i>	Tier 1		
TRIBENZOR	Tier 3	PA	
TRICARE	Tier 3		
TRIESENCE (PF)	Tier 3		
<i>trifluoperazine</i>	Tier 1		
<i>trifluridine</i>	Tier 1		
<i>trihexyphenidyl</i>	Tier 1		
TRIJARDY XR	Tier 2		
<i>trimethobenzamide oral</i>	Tier 1		
<i>trimethoprim</i>	Tier 1		

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UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trimipramine</i>	Tier 1	
TRINATAL RX 1	Tier 1	
TRINATE	Tier 3	
TRINAZ	Tier 1	
TRINTELLIX	Tier 2	
TRI-SPRINTEC (28)	Tier 5	
TRISTART DHA	Tier 1	
TRIUMEQ	Tier 2	
TRIVEEN-DUO DHA	Tier 3	
TRI-VITAMIN WITH FLUORIDE	Tier 5	
TRIVORA (28)	Tier 5	
TROKENDI XR	Tier 3	
TROPHAMINE 10 %	Tier 4	PA
<i>tropicamide ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>trospium</i>	Tier 1	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 2	
TRUSOPT	Tier 3	PA
TUDORZA PRESSAIR	Tier 2	
TWYNSTA	Tier 3	
TYBOST	Tier 2	
TYGACIL	Tier 4	PA
TYKERB	Tier 4	PA
TYSABRI	Tier 4	PA
TYVASO	Tier 4	PA
TYVASO REFILL KIT	Tier 4	PA
TYVASO STARTER KIT	Tier 4	PA
TYZINE	Tier 3	
ULESFIA	Tier 3	PA
ULTICARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNASYN INJECTION	Tier 4	PA
<i>urea topical cream 40 %</i>	Tier 1	
UROCIT-K 15	Tier 3	
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet</i>	Tier 1	
UVADEX	Tier 4	PA
VAGIFEM	Tier 3	
<i>valacyclovir</i>	Tier 1	
VALCYTE ORAL TABLET	Tier 3	PA
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valsartan</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
VALSTAR	Tier 4	PA
VALTREX	Tier 3	
VANCOGIN	Tier 3	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 750 mg/150 ml</i>	Tier 4	PA
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	Tier 4	PA
<i>vancomycin oral capsule</i>	Tier 1	ST
VANTAS	Tier 4	PA
<i>varenicline</i>	Tier 1	
VASOTEC	Tier 3	
VECTIBIX	Tier 4	PA
VELCADE	Tier 4	PA
VELIVET TRIPHASIC REGIMEN (28)	Tier 5	
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	Tier 3	
VELTIN	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>venlafaxine oral capsule,extended release 24hr</i>	Tier 1	
<i>venlafaxine oral tablet</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	Tier 3	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 50 MG IRON/2.5 ML	Tier 4	PA
VENTAVIS	Tier 4	PA
VENTOLIN HFA	Tier 2	QL (1 QY per 30 DYs)
<i>verapamil oral</i>	Tier 1	
VEREGEN	Tier 3	
VERELAN PM	Tier 3	
VESICARE	Tier 3	
VFEND	Tier 3	PA
VFEND IV	Tier 4	PA
VIAGRA	Tier 2	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	Tier 4	PA
VIBERZI	Tier 3	
VIBRAMYCIN ORAL SYRUP	Tier 3	
VICTOZA 2-PAK	Tier 2	
VICTOZA 3-PAK	Tier 2	
VIDAZA	Tier 4	PA
VIEKIRA PAK	Tier 4	PA
VIGAMOX	Tier 3	
VIIBRYD ORAL TABLET	Tier 3	
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG	Tier 3	
VIMPAT ORAL TABLET	Tier 3	
VINATE GT	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE II	Tier 3	
VINATE M	Tier 3	
VINATE ONE	Tier 3	
VINATE ULTRA	Tier 3	
<i>vinblastine</i>	Tier 4	PA
<i>vincristine</i>	Tier 4	PA
<i>vinorelbine</i>	Tier 4	PA
VIOKACE	Tier 3	
VIRACEPT ORAL TABLET	Tier 2	
VIRAZOLE	Tier 4	PA
VIREAD ORAL POWDER	Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	
VIREAD ORAL TABLET 300 MG	Tier 3	
VIRT-NATE DHA	Tier 1	
VISUDYNE	Tier 4	PA
VITAFOL FE PLUS	Tier 3	
VITAFOL GUMMIES	Tier 3	
VITAFOL NANO	Tier 3	
VITAFOL ULTRA	Tier 3	
VITAFOL-OB	Tier 3	
VITAFOL-OB+DHA	Tier 3	
VITAFOL-ONE	Tier 3	
VITAMED MD ONE RX	Tier 3	
VITAMEDMD REDICHEW RX	Tier 3	
VITAPEARL	Tier 3	
VITATRUE	Tier 3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 3	
VIVITROL	Tier 4	PA

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	Tier 1 = Generics Tier 2 = Preferred Brand Non-Specialty Tier 3 = Non-Preferred Brand Tier 4 = Specialty Preferred Medication	
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOLTAREN TOPICAL	Tier 3	
VORAXAZE	Tier 4	PA
<i>voriconazole oral tablet</i>	Tier 1	PA
VOSEVI	Tier 2	PA
VOTRIENT	Tier 4	PA
VP-PNV-DHA	Tier 1	
VPRIV	Tier 4	PA
VRAYLAR	Tier 3	
VYTORIN 10-10	Tier 2	
VYTORIN 10-20	Tier 2	
VYTORIN 10-40	Tier 2	
VYTORIN 10-80	Tier 2	
VYVANSE ORAL CAPSULE	Tier 2	
<i>warfarin</i>	Tier 1	
WELCHOL	Tier 2	
WESTHROID ORAL TABLET 32.5 MG	Tier 3	
WINRHO SDF	Tier 4	PA
WIXELA INHUB	Tier 1	
XALKORI	Tier 4	PA
XARELTO	Tier 2	
XARELTO DVT-PE TREAT 30D START	Tier 2	
XELJANZ ORAL TABLET	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 4	PA
XELODA	Tier 4	PA
XEOMIN	Tier 4	PA
XGEVA	Tier 4	PA
XIAFLEX	Tier 4	PA
XIFAXAN	Tier 4	PA

lowercase bold italics = Generic drugs	Drug Tier	Coverage Requirements and Limits AL = Age Limit PA = Prior Authorization QL = Quantity Limits ST = Step Therapy
	Tier 1 = Generics Tier 2 = Preferred Brand Non-Specialty Tier 3 = Non-Preferred Brand Tier 4 = Specialty Preferred Medication	
UPPERCASE = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	
XIIDRA	Tier 2	
XOLAIR	Tier 4	PA
XTANDI ORAL CAPSULE	Tier 4	PA
XULANE	Tier 5	
XYNTHA	Tier 4	PA
XYNTHA SOLOFUSE	Tier 4	PA
XYREM	Tier 3	PA
XYZAL ORAL SOLUTION	Tier 3	PA
XYZAL ORAL TABLET	Tier 3	ST
YERVOY	Tier 4	PA
ZADITOR	Tier 3	QL (1 QY per 30 DYs)
<i>zafirlukast</i>	Tier 1	
<i>zaleplon</i>	Tier 1	
ZALTRAP	Tier 4	PA
ZALVIT	Tier 1	
ZANOSAR	Tier 4	PA
ZARAH	Tier 5	
ZARXIO	Tier 4	
ZAVESCA	Tier 4	PA
ZEGERID	Tier 3	PA
ZELBORAF	Tier 4	PA
ZEMAIRA	Tier 4	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier 3	

<p>lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs</p>	<p>Drug Tier Tier 1 = Generics Tier 2 = Preferred Brand Non-Specialty Tier 3 = Non-Preferred Brand Tier 4 = Specialty Preferred Medication</p>	<p>Coverage Requirements and Limits AL = Age Limit PA = Prior Authorization QL = Quantity Limits ST = Step Therapy</p>
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 3	
ZEPATIER	Tier 4	PA
ZERIT ORAL CAPSULE 30 MG	Tier 3	
ZESTRIL	Tier 3	
ZEVALIN (Y-90)	Tier 4	PA
ZIAGEN ORAL SOLUTION	Tier 2	
ZIANA	Tier 3	
<i>zidovudine</i>	Tier 1	
ZIEXTENZO	Tier 4	PA
<i>ziprasidone hcl</i>	Tier 1	
ZIRGAN	Tier 3	
ZOLADEX	Tier 4	PA
<i>zoledronic acid intravenous solution</i>	Tier 4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	Tier 4	PA
ZOLINZA	Tier 4	PA
<i>zolmitriptan nasal</i>	Tier 1	PA
<i>zolpidem oral tablet</i>	Tier 1	
<i>zolpidem oral tablet,ext release multiphase</i>	Tier 1	PA
ZONALON	Tier 3	
<i>zonisamide</i>	Tier 1	
ZORBTIVE	Tier 4	PA
ZORVOLEX	Tier 2	ST
ZOSTAVAX (PF)	Tier 5	
ZOSYN IN DEXTROSE (ISO-OSM)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOVIA 1/35E (28)	Tier 5	
ZOVIRAX TOPICAL	Tier 3	PA
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 2	
ZYLET	Tier 3	
ZYMAXID	Tier 3	
ZYPREXA RELPREVV	Tier 4	PA
ZYTIGA ORAL TABLET 250 MG	Tier 4	PA
ZYVOX INTRAVENOUS	Tier 4	PA
ZYVOX ORAL	Tier 3	PA

PerformRx 5 Tier Commercial Formulary

A		
abacavir	2	ACTIVASE.....3
abacavir-lamivudine- zidovudine.....	2	ACTIVELLA
ABELCET	2	ACTONEL.....3
ABILIFY.....	2	ACTOPLUS MET
ABRAXANE.....	2	ACTOS.....3
acamprosate.....	2	acyclovir.....3
acarbose	2	ACZONE.....3
ACCOLATE	2	adapalene.....3
ACCU-CHEK AVIVA CONTROL SOLN.....	2	ADCETRIS.....3
ACCU-CHEK AVIVA PLUS METER.....	2	ADCIRCA
ACCU-CHEK AVIVA PLUS TEST STRP.....	2	ADDERALL XR
ACCU-CHEK FASTCLIX LANCING DEV.....	2	adefovir.....3
ACCU-CHEK GUIDE GLUCOSE METER.....	2	ADRENALIN
ACCU-CHEK GUIDE L1-L2 CTRL SOL.....	2	ADRIAMYCIN
ACCU-CHEK GUIDE ME GLUCOSE MTR.....	2	ADRUCIL.....3
ACCU-CHEK GUIDE TEST STRIPS.....	2	ADVAIR HFA
ACCU-CHEK MULTICLIX LANCET	2	ADVATE
ACCU-CHEK SMARTVIEW CONTRL SOL.....	2	AFINITOR.....4
ACCU-CHEK SMARTVIEW TEST STRIP.....	2	AFLURIA QD 2020-21(3YR UP)(PF).....4
ACCU-CHEK SOFT DEV LANCETS.....	2	AFLURIA QD 2020-21(6- 35MO)(PF).....4
ACCU-CHEK SOFTCLIX LANCET DEV.....	2	AFLURIA QUAD 2020- 2021(6MO UP).....4
ACCU-CHEK SOFTCLIX LANCETS.....	2	AIMOVIG AUTOINJECTOR.4
ACCUPRIL	2	ALAVERT
acetaminophen-codeine.....	2	ALAVERT D-12 ALLERGY- SINUS.....4
acetazolamide	2	ALAWAY.....4
acetazolamide sodium	3	ALBENZA
acetic acid	3	albuterol sulfate.....4
acetylcysteine.....	3	ALDACTAZIDE
ACIPHEX	3	ALDURAZYME
acitretin	3	alendronate.....4
ACTEMRA.....	3	ALFERON N
ACTIMMUNE.....	3	alfuzosin
		ALIMTA
		ALINIA.....4
		ALKERAN.....4
		ALKERAN (AS HCL)
		ALLEGRA-D 24 HOUR.....4
		allopurinol
		allopurinol sodium
		ALOCRIAL.....5
		ALOMIDE
		ALORA
		ALOXI.....5
		ALPHAGAN P.....5
		ALPHANATE.....5
		ALPHANINE SD.....5
		alprazolam
		ALREX.....5
		ALTABAX.....5
		ALTACE.....5
		ALVESCO.....5
		amantadine hcl.....5
		AMBIEN.....5
		AMBIEN CR.....5
		AMBISOME.....5
		amcinonide.....5
		amikacin.....5
		amiloride
		amiloride-hydrochlorothiazide.....5
		aminocaproic acid.....5
		aminophylline
		amiodarone
		AMITIZA.....5
		amitriptyline.....6
		amitriptyline-chlordiazepoxide.....6
		amlodipine.....6
		amlodipine-benazepril.....6
		amlodipine-valsartan.....6
		amlodipine-valsartan- hcthiazid.....6
		ammonium chloride.....6
		ammonium lactate.....6
		AMNESTEEM
		amoxapine
		amoxicil-clarithromy- lansopraz.....6
		amoxicillin
		amoxicillin-pot clavulanate ..6
		amphotericin b.....6
		ampicillin
		ampicillin sodium.....6
		ampicillin-sulbactam
		AMPYRA.....6
		AMRIX
		anagrelide
		anastrozole
		ANCOBON.....6
		ANDRODERM.....6
		ANDROGEL.....7
		ANGELIQ.....7

ANORO ELLIPTA	7	AVIANE	9	BD ULTRA-FINE ORIG PEN	
ANUCORT-HC	7	AVODART	9	NEEDLE	10
APIDRA SOLOSTAR U-100		AVONEX.....	9	BD ULTRA-FINE SHORT	
INSULIN	7	AZACTAM	9	PEN NEEDLE	10
APIDRA U-100 INSULIN	7	AZASAN	9	BECONASE AQ	10
APOKYN	7	AZASITE.....	9	BELSOMRA	10
apraclonidine	7	azathioprine	9	benazepril	10
APRI	7	azelastine	9	benazepril-	
APRISO	7	azelastine-fluticasone	9	hydrochlorothiazide	10
APTENSIO XR	7	AZELEX.....	9	BENEFIX	10
APTIVUS.....	7	AZESCHEW	9	BENLYSTA	10
APTIVUS (WITH VITAMIN E)		AZESCO.....	9	BENZAMYCIN.....	10
.....	7	AZILECT.....	9	benzonatate	10
ARALAST NP	7	azithromycin.....	9	benzoyl peroxide	10
ARANELLE (28)	7	AZOR	9	benztropine	11
ARANESP (IN		aztreonam.....	9	bepotastine besilate.....	11
POLYSORBATE)	7	B		BERINERT.....	11
ARCALYST	7	bacitracin	9	BESIVANCE.....	11
ARCAPTA NEOHALER	7	bacitracin-polymyxin b	9	betamethasone dipropionate	
arformoterol	7	baclofen.....	9	.....	11
ARIMIDEX.....	7	BAL-CARE DHA.....	10	betamethasone valerate ...	11
aripiprazole.....	7	balsalazide.....	10	betamethasone, augmented	
ARMOUR THYROID.....	7	BALZIVA (28).....	10	.....	11
ARNUITY ELLIPTA.....	7, 8	BAQSIMI.....	10	BETASERON.....	11
AROMASIN	8	BARACLUDE	10	betaxolol	11
ARRANON	8	BASAGLAR KWIKPEN U-		bethanechol chloride.....	11
ARTIFICIAL TEARS		100 INSULIN	10	BETIMOL.....	11
(POLYVIN ALC)	8	BD AUTOSHIELD DUO PEN		BEVESPI AEROSPHERE.	11
ARZERRA	8	NEEDLE	10	bicalutamide	11
ASMANEX HFA.....	8	BD INSULIN SYRINGE	10	BICILLIN C-R	11
ASMANEX TWISTHALER... 8		BD INSULIN SYRINGE		BICILLIN L-A.....	11
aspirin-dipyridamole.....	8	(HALF UNIT)	10	BICNU	11
ATACAND HCT	8	BD INSULIN SYRINGE		BIDIL.....	11
atazanavir.....	8	MICRO-FINE	10	BIKTARVY	11
atenolol	8	BD INSULIN SYRINGE SLIP		BILTRICIDE	11
ATGAM	8	TIP	10	bimatoprost	11
atomoxetine.....	8	BD INSULIN SYRINGE U-		bisoprolol fumarate	11
atorvastatin.....	8	500.....	10	bisoprolol-	
atovaquone.....	8	BD INSULIN SYRINGE		hydrochlorothiazide	11
atovaquone-proguanil	8	ULTRA-FINE	10	BIVIGAM.....	11
ATRIPLA	8	BD LO-DOSE MICRO-FINE		bleomycin.....	11
atropine	8	IV	10	BONIVA	11, 12
ATROVENT HFA.....	8	BD LO-DOSE ULTRA-FINE		BOSULIF	12
AUBAGIO.....	8	.....	10	BOTOX.....	12
AUBRA.....	8	BD SAFETYGLIDE INSULIN		BOTOX COSMETIC	12
AUGMENTIN.....	8	SYRINGE	10	BRAVELLE	12
AUGMENTIN XR	9	BD ULTRA-FINE MINI PEN		BREO ELLIPTA.....	12
AVANDAMET	9	NEEDLE	10	BREZTRI AEROSPHERE.	12
AVANDIA	9	BD ULTRA-FINE NANO PEN		BRILINTA.....	12
AVASTIN.....	9	NEEDLE	10	brimonidine	12

brinzolamide	12	CARBAGLU	14	CESAMET	16
BROMFED DM	12	carbamazepine	14	cetirizine	16
bromfenac	12	carbidopa	14	cetirizine-pseudoephedrine	16
bromocriptine	12	carbidopa-levodopa	14	CETRAXAL	16
budesonide	12	carbinoxamine maleate	14	cevimeline	16
budesonide-formoterol	12	carboplatin	14	CHANTIX	16
bumetanide	12	CARDIZEM LA	14	CHANTIX STARTING	
BUPHENYL	12	carisoprodol	14	MONTH BOX	16
buprenorphine hcl	12	CARNITOR	14	CHATEAL (28)	16
buprenorphine-naloxone ...	12	CARNITOR (SUGAR-FREE)			
bupropion hcl	12, 13	.....	14	CHEMET	16
buspirone	13	carteolol	14	chloramphenicol sod	
BUSULFEX	13	CARTIA XT	14	succinate	16
BUTALBITAL COMPOUND		carvedilol	14	chlordiazepoxide hcl	16
W/CODEINE	13	CATAPRES-TTS-1	14	chlorhexidine gluconate ...	16
butalbital-acetaminop-caf-cod					
.....	13	CATAPRES-TTS-2	15	chloroquine phosphate	16
butalbital-acetaminophen ..	13	CATAPRES-TTS-3	15	chlorothiazide	16
butalbital-acetaminophen-caff					
.....	13	CATHFLO ACTIVASE	15	chlorpromazine	16
butorphanol	13	CAVERJECT IMPULSE ...	15	chlorthalidone	16
BUTRANS	13	CAYSTON	15	chlorzoxazone	17
BYDUREON BCISE	13	cefaclor	15	cholestyramine (with sugar)	
BYETTA	13	cefadroxil	15	.....	17
C		cefazolin	15	CHOLESTYRAMINE LIGHT	
cabergoline	13	cefdinir	15	.....	17
CADUET	13	cefditoren pivoxil	15	choline,magnesium salicylate	
caffeine citrate	13	cefepime	15	.....	17
calcipotriene	13	cefepime in dextrose 5 % ..	15	chromium chloride	17
calcipotriene-betamethasone					
.....	13	cefepime in dextrose,iso-osm			
calcitonin (salmon)	13	.....	15	CIALIS	17
calcitriol	13	cefotaxime	15	ciclopirox	17
calcium acetate(phosphat					
bind)	13	cefotetan	15	cidofovir	17
CAMILA	13	cefotetan in dextrose, iso-			
CAMRESE	13	osm	15	cilostazol	17
CANASA	13	cefoxitin	15	CILOXAN	17
CANCIDAS	13	cefpodoxime	15	cimetidine	17
candesartan	13	cefprozil	15	cimetidine hcl	17
candesartan-					
hydrochlorothiazid	14	ceftazidime	15	CIMZIA	17
CAPASTAT	14	ceftriaxone	15	CIMZIA POWDER FOR	
capecitabine	14	ceftriaxone in dextrose,iso-os			
CAPRELSA	14	.....	15	RECONST	17
capsaicin	14	cefuroxime axetil	15	CINRYZE	17
captopril	14	cefuroxime sodium	16	CIPRO	17
captopril-hydrochlorothiazide					
.....	14	celecoxib	16	CIPRO HC	17
CARAFATE	14	CELESTONE SOLUSPAN	16	CIPRO XR	17
		CELLCEPT	16	CIPRODEX	17
		CELLCEPT INTRAVENOUS			
		.....	16	ciprofloxacin	17
		CELONTIN	16	ciprofloxacin hcl	17
		cephalexin	16	ciprofloxacin in 5 % dextrose	
		CEREZYME	16	.....	17
				ciprofloxacin-dexamethasone	
				.....	17
				cisplatin	18
				citalopram	18

CITRANATAL B-CALM (FE GLUC)	18	COMPLETE NATAL DHA	20	DACOGEN	21
cladribine	18	COMPLETENATE	20	dalfampridine	21
CLAFORAN	18	COMTAN	20	DALIRESP	21
CLARAVIS	18	CONDYLOX	20	danazol	22
CLARINEX	18	CONSTULOSE	20	dantrolene	22
CLARINEX-D 12 HOUR ...	18	CONTRAVE	20	dapsone	22
clarithromycin	18	CONZIP	20	daunorubicin	22
CLARITIN REDITABS	18	COPAXONE	20	DAYTRANA	22
clemastine	18	CORDRAN	20	deferoxamine	22
CLEOCIN	18	COREG CR	20	DELZICOL	22
CLEVIPREX	18	CORIFACT	20	demeclocycline	22
CLIMARA	18	CORTISPORIN	20	DEMSEER	22
CLIMARA PRO	18	CORTROSYN	20	DENAVIR	22
clindamycin hcl	18	COSENTYX	20	DEPO-PROVERA	22
clindamycin phosphate	18	COSENTYX (2 SYRINGES)	20	DERMACEA NON-WOVEN	22
clindamycin-benzoyl peroxide	18	COSENTYX PEN	20	DERMOTIC OIL	22
CLINISOL SF 15 %	18	COSENTYX PEN (2 PENS)	20	DESFERAL	22
CLINPRO 5000	18	COSMEGEN	20	desipramine	22
clobetasol	18, 19	cosyntropin	20	desloratadine	22
clobetasol-emollient	19	COZAAR	20	desmopressin	22
CLODERM	19	CREON	20	desonide	22
CLOLAR	19	CRESTOR	20	desoximetasone	22
clomipramine	19	CRINONE	20	desvenlafaxine succinate ..	22
clonazepam	19	CRIXIVAN	20	DETROL LA	22
clonidine	19	cromolyn	20, 21	dexamethasone	22, 23
clonidine (pf)	19	CRYSELLE (28)	21	DEXAMETHASONE INTENSOL	22
clonidine hcl	19	CUBICIN	21	dexamethasone sodium phos (pf)	23
clopidogrel	19	CUPRIMINE	21	dexamethasone sodium phosphate	23
clorazepate dipotassium ...	19	cyclobenzaprine	21	DEXCOM G6 RECEIVER .	23
CLORPRES	19	cyclopentolate	21	DEXCOM G6 SENSOR ...	23
clotrimazole	19	cyclophosphamide	21	DEXCOM G6 TRANSMITTER	23
clotrimazole-betamethasone	19	cycloserine	21	DEXILANT	23
clozapine	19	CYCLOSET	21	dexmethylphenidate	23
C-NATE DHA	19	cyclosporine	21	dexrazoxane hcl	23
COARTEM	19	cyclosporine modified	21	dextroamphetamine	23
codeine sulfate	19	CYMBALTA	21	dextroamphetamine- amphetamine	23
colchicine	19	cyproheptadine	21	dextrose 70 % in water (d70w)	23
COLCRYS	19	CYSTADANE	21	diazepam	23
colestipol	19	CYSTAGON	21	DIBENZYLINE	23
colistin (colistimethate na) .	19	cytarabine	21	diclofenac epolamine	23
COLY-MYCIN M PARENTERAL	19	cytarabine (pf)	21	diclofenac potassium	23
COMBIGAN	19	CYTOGAM	21	diclofenac sodium	23
COMBIPATCH	19	CYTOMEL	21	dicloxacillin	23
COMBIVENT RESPIMAT ..	19	CYTOVENE	21		
COMETRIQ	20	D			
COMPLERA	20	d5 %-0.45 % sodium chloride	21		
		dacarbazine	21		

dicyclomine.....	23	DURACLON (PF).....	26	ENTOCORT EC.....	28
didanosine.....	23	DYRENIUM.....	26	ENTRESTO.....	28
DIFFERIN.....	24	DYSPORT.....	26	ENULOSE.....	28
DIFICID.....	24	E		EPCLUSA.....	28
diflorasone.....	24	EASY TOUCH.....	26	EPIDUO.....	28
DIFLUCAN.....	24	econazole.....	26	epinastine.....	28
diflunisal.....	24	EDARBI.....	26	epinephrine.....	28
difluprednate.....	24	EDARBYCLOR.....	26	EIPEN.....	28
DIGOX.....	24	EDECRIIN.....	26	EIPEN 2-PAK.....	28
digoxin.....	24	EDLUAR.....	26	EIPEN JR.....	28
dihydroergotamine.....	24	EDURANT.....	26	EIPEN JR 2-PAK.....	28
DILANTIN.....	24	EEMT HS.....	26	epirubicin.....	28
DILANTIN INFATABS.....	24	efavirenz.....	26	EPIVIR.....	28
diltiazem hcl.....	24	ELAPRASE.....	26	EPIVIR HBV.....	28
DILT-XR.....	24	ELELYSO.....	26	eplerenone.....	28
dimethyl fumarate.....	24	eletriptan.....	26	EPOGEN.....	28
DIOVAN HCT.....	24	ELIDEL.....	27	epoprostenol.....	28
diphenhydramine hcl... 24, 25		ELIGARD.....	27	epoprostenol (glycine).....	28
diphenoxylate-atropine.....	25	ELIGARD (3 MONTH).....	27	eprosartan.....	28
dipyridamole.....	25	ELIGARD (4 MONTH).....	27	EPZICOM.....	29
disopyramide phosphate... 25		ELIGARD (6 MONTH).....	27	EQUETRO.....	29
disulfiram.....	25	ELIQUIS.....	27	ERAXIS(WATER DILUENT)	
DIURIL.....	25	ELIQUIS DVT-PE TREAT		29
divalproex.....	25	30D START.....	27	ERBITUX.....	29
DIVIGEL.....	25	ELITEK.....	27	ergocalciferol (vitamin d2) .	29
DOCEFREZ.....	25	ELLA.....	27	ergoloid.....	29
docetaxel.....	25	ELLECE.....	27	ERGOMAR.....	29
donepezil.....	25	ELMIRON.....	27	ERIVEDGE.....	29
DORYX.....	25	EMCYT.....	27	ERRIN.....	29
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