

California

3 Tier Drug List

The 3 Tier Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnet.com. Refer to Evidence of Coverage for specific cost share information.

California Large Group members

Go to

[Drug List](#) - Use the “3 Tier” Formulary

NOTE: To search the drug list online, open the (pdf) document. Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug, and press the “Enter” key. If you have questions or need more information, call us toll free.

If you have questions about your pharmacy coverage, call Customer Service at **(800) 522-0088**

Hours of Operation

8:00am – 6:00pm Monday through Friday



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card or on the cover of this book. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- information about drugs covered under the medical benefit.
- the processes for submitting an exception request, requesting prior authorization and step therapy exceptions.
- actual dollar amounts of cost sharing for drugs including drugs subject to coinsurance.

What is the Drug List?

The drug list is a complete list of covered drugs used to treat common diseases or health problems. A committee of doctors and pharmacists who meet regularly to decide which drugs should be included on the drug list. The committee reviews new drugs, new information about existing drugs and chooses drugs based on:

- Safety
- Effectiveness
- Side effects
- Value (if two drugs are equally effective, the less costly drug will be preferred)

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by categorical list. There are three ways to find out if your drug is covered.

Search Tool: Open the List of Drugs (PDF). Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug. Press the “Enter” key.

Alphabetical Index: The index at the end of the PDF lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

Categorical list: The drugs are grouped into categorical or therapeutic categories. If you know what therapeutic category and class your drug is in look through the list to find the category. Then look under the category and class for your drug.

If a generic equivalent for a brand name drug is not available in the market or not covered, the generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its therapeutic category and class.

Example:

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET (<i>glecaprevir-pibrentasvir</i>) TABS	3	PA
<i>phentermine hcl caps</i>	1	PA

The generic drug name for a brand drug is included after the brand name in parentheses and in all ***Bold italicized lowercase*** letters.

Brand Drug Example: MAVYRET (*glecaprevir-pibrentasvir*) TABS

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

Generic Drug Example: *terbutaline sulfate tabs*

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

Generic Drug Marketed Under a Proprietary Brand Name Example: *levothyroxine sodium* (LEVOXYL) TABS.

How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents.

Drug Class	Benefit Phase	Maximum Cost Share	Days' Supply
Oral Cancer Drugs	Before Deductible is Met	\$250	30 Days
All other (non-oral cancer) Drugs	After Deductible is Met	\$250	30 Days
Bronze Plan Members	After Deductible is Met	\$500	30 Days

Below is a description for each tier. Refer to Evidence of Coverage for specific cost share information.

<i>Tier</i>	<i>Description</i>
1	Tier one shall consist of most generic drugs and low-cost preferred brand drugs.
2	Tier two shall consist of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three shall consist of nonpreferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four shall consist of drugs that the FDA of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply. This tier is only for benefits that cover self-injectables at a specified copay. Refer to your plan documents.
5	Tier 5 includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available and listed on the Drug List. To get a brand drug that has a generic equivalent available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at a higher copayment. Refer to your plan documents.
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Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age is not within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. <p>If the drug is approved, we will let you know how to get limited access drugs.</p>
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.

RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
PV	Preventive Drug	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
ST	Step Therapy	Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

The formulary will be updated with changes monthly. The types of changes may include the following:

- Removal of a drug or dosage form of a drug from the formulary.
- Any change in tier placement of a drug that results in an increase in cost sharing.
- Adding or changing utilization management procedures applicable to a drug.

If these changes occur, you will be notified at least 60 days in advance of the change, unless the drug is removed for safety reasons.

How can I get prior authorization or an exception to the rules for drug coverage?

Requests for prior authorization may be submitted electronically through *CoverMyMeds*, by phone at 1-800-548-5524, or by fax at 1-800-314-6223. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health insurer may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring

pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

If we approve your drug's exception, the approval continues until the end of the plan year. To keep the exception in place for the plan year, you must remain enrolled in our plan, your doctor must continue to prescribe your drug, and your drug must be safe for treating your condition.

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax.

If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies. Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception: In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless a step therapy exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage.

You or your doctor can request a step therapy exception if:

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.
- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
 - Worsen a comorbid condition.

- Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
- Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

What blood glucose supplies are covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy. Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

Continuous blood glucose monitors and supplies are considered durable medical equipment and may be covered under your DME benefit.

Are preventive drugs covered?

Yes, preventive drugs on the Drug List, with "A" and "B" grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, male condoms, and preexposure prophylaxis (PrEP). Office administered injectable medications are provided under the medical benefit. There is no member cost share for preventive drugs on the Drug List, excluding grandfathered plans.

What drugs are covered under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies.

These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy. After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the contracted Mail Order Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. These are called maintenance drugs. Specialty drugs are not available through mail order.

For certain kinds of prescription drugs, you can use the contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 drugs are not available through mail order.

To use the mail order pharmacy your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at [Forms and Brochures - Pharmacy](#) or you may call us at the telephone number on your Health Net ID card or on the front cover of this book to request a form.

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.
- Log into HealthNet.com to check drug coverage, your cost at a pharmacy or alternatives to your medication.

Definitions

Brand drug: Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

Coinsurance: Is a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment: Is a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible if a deductible applies to the health care benefit.

Deductible: Is the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If the plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. The plan pays the rest.

Drug Tier: Is a group of prescription drugs that correspond to a specified cost sharing tier. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee: Is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

Exception request: Is a request for coverage of a non-formulary drug. If you, your designee, or your doctor submits a request for coverage of a non-formulary drug, the plan must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances: Is when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or prescription drug list: Is the list of drugs that is covered by the plan under the prescription drug benefit of the policy.

Generic drug: Is a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in the drug list in bold and italicized lowercase letters.

Medically Necessary: Is a health care benefit needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

Non-formulary drug: Is a prescription drug that is not listed on the drug list.

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the plan. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are paid by the Member and not covered by the plan.

Prescribing provider: This health care provider can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription: Is an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prior Authorization: Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy: Is a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in the drug list, you may have to try one or more other drugs before the plan will cover that drug for your medical condition. If your doctor submits a request for an exception to the step therapy requirement, the plan must grant the request.

Step therapy exception is a decision to override an applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

Subscriber: Means the person responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	3	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 ea daily; 90 Day(s) limit)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS</i>	1	
DESOXYN (<i>methamphetamine hcl</i>)	7	PA
DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	3	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily)
<i>methamphetamine hcl</i>	3	PA
VYVANSE CAPS	2	QL(1 ea daily)
Analeptics		
<i>caffeine citrate SOLN OR</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA
LOMAIRA TABS	3	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	3	Check plan documents for coverage; PA
QSYMIA	3	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	3	Check plan documents for coverage; PA
<i>orlistat</i>	3	Check plan documents for coverage; PA
XENICAL (<i>orlistat</i>)	7	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand Drugs 4=Self-injectable Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	7	QL(1 ea daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	7	QL(2 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24 (methylphenidate hcl)	7	QL(1 ea daily)
armodafinil	1	ST; PA
DAYTRANA PTCH (methylphenidate)	7	
dexmethylphenidate hcl CP24	3	QL(1 ea daily)
dexmethylphenidate hcl TABS	1	QL(2 ea daily)
FOCALIN XR CP24 (dexmethylphenidate hcl)	7	QL(1 ea daily)
FOCALIN TABS (dexmethylphenidate hcl)	7	QL(2 ea daily)
METADATE CD CPCR (methylphenidate hcl)	7	QL(1 ea daily)
METHYLIN SOLN (methylphenidate hcl)	7	
methylphenidate hcl CHEW	3	
methylphenidate hcl CP24 60 MG	3	QL(1 ea daily; 90 ea per fill retail)
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	3	
methylphenidate hcl CP24	1	QL(1 ea daily)
methylphenidate hcl CPCR	1	QL(1 ea daily)
methylphenidate hcl SOLN 10 MG/5ML	3	
methylphenidate hcl SOLN 5 MG/5ML	1	
methylphenidate hcl TABS 20 MG	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl TABS 5 MG, 10 MG	1	
methylphenidate hcl TB24 18 MG, 27 MG	1	QL(1 ea daily; 90 Day(s) limit)
methylphenidate hcl TB24 54 MG	1	QL(1 ea daily; 90 ea per fill retail)
methylphenidate hcl TB24 36 MG	1	QL(2 ea daily; 90 Day(s) limit)
methylphenidate hcl TBCR 54 MG	1	QL(2 ea daily)
methylphenidate hcl TBCR 10 MG	1	QL(1 ea daily; 90 ea per fill retail)
methylphenidate hcl TBCR 20 MG	1	QL(1 ea daily; 90 Day(s) limit)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	1	QL(1 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	3	QL(1 ea daily)
methylphenidate PTCH	3	
modafinil	3	QL(1 ea daily); ST
NUVIGIL (armodafinil)	7	ST; PA
PROVIGIL (modafinil)	7	QL(1 ea daily); ST
QUILLICHEW ER CHER	3	PA
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
RITALIN LA CP24 (methylphenidate hcl)	7	
RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	7	
RITALIN TABS 20 MG (methylphenidate hcl)	7	QL(3 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	3	PA
BETHKIS NEBU (tobramycin)	7	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMATIN	2		Anti-TNF-alpha - Monoclonal Antibodies		
KITABIS PAK NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); PA
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	HADLIMA PUSHTOUCH SOAJ	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4664; QL(0.143 ml daily); PA
TOBI NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	HADLIMA SOSY	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
<i>tobramycin NEBU</i>	3	PA			
<i>tobramycin NEBU</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA			
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions					
Antirheumatic - Enzyme Inhibitors					
RINVOQ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA
XELJANZ XR TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA
XELJANZ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 days retail); SP; PA
XELJANZ TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; QL(4 ea per 365 days retail); SP; PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA			
HUMIRA PEN PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); SP; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	3	
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Indomethacin) INDOCIN SUPP	3	
HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
Gold Compounds			(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
RIDAURA	2		ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
Interleukin-6 Receptor Inhibitors			ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	7	
			ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>)	7	
			CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 ea daily)
			CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 ea daily); PA
			<i>celecoxib</i> 50 MG, 100 MG, 200 MG	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA
DAYPRO TABS (<i>oxaprozin</i>)	7	
<i>diclofenac potassium TABS 50 MG</i>	3	
<i>diclofenac sodium TB24</i>	3	
<i>diclofenac sodium TBEC</i>	1	
<i>diclofenac w/ misoprostol TBEC</i>	3	
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>etodolac TB24</i>	1	QL(2 ea daily)
FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 ea daily)
FELDENE CAPS 10 MG (<i>piroxicam</i>)	7	
<i>fenoprofen calcium TABS</i>	1	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
INDOCIN SUSP (<i>indomethacin</i>)	7	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPCR</i>	1	
<i>indomethacin SUPP</i>	3	
<i>indomethacin SUSP</i>	1	
<i>ketoprofen CP24</i>	3	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail; 20 ea per 30 days retail)
LODINE TABS (<i>etodolac</i>)	7	
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	3	
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NALFON TABS (<i>fenoprofen calcium</i>)	7	
NAPROSYN SUSP (<i>naproxen</i>)	7	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>piroxicam CAPS 10 MG</i>	1	
<i>sulindac TABS 200 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA
OTEZLA TBPK	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA
Pyrimidine Synthesis Inhibitors		
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 ea daily)
ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	3	
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA	<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	3	
			<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	3	
			<i>butalbital-aspirin-caffeine CAPS</i>	1	
			ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			Salicylates		
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	3				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	Grand Fathered Plans at Tier 2; PV	(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	Grand Fathered Plans at Tier 2; PV
			<i>aspirin CHEW</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>aspirin TBEC 81 MG</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>diflunisal TABS</i>	3	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
			(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTIQ LPOP 1600 MCG <i>(fentanyl citrate)</i>	7	ST; QL(4 ea daily); PA	METHADOSE SUGAR-FREE CONC <i>(methadone hcl)</i>	7	
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG <i>(fentanyl citrate)</i>	7	ST; PA	METHADOSE CONC <i>(methadone hcl)</i>	7	
<i>codeine sulfate TABS</i>	1		METHADOSE TBSO <i>(methadone hcl)</i>	2	
DILAUDID LIQD <i>(hydromorphone hcl)</i>	7		<i>morphine sulfate beads</i>	1	QL(1 ea daily)
DILAUDID TABS <i>(hydromorphone hcl)</i>	7		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	1	ST; PA	<i>morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>fentanyl citrate LPOP 1600 MCG</i>	1	ST; QL(4 ea daily); PA	<i>morphine sulfate SUPP</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)	<i>morphine sulfate TABS</i>	1	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 ea daily)	<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
<i>hydrocodone bitartrate CP12</i>	3	PA	MS CONTIN TBCR <i>(morphine sulfate)</i>	7	QL(3 ea daily)
<i>hydrocodone bitartrate T24A</i>	3	PA	OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl LIQD</i>	1		<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)	<i>oxycodone hcl SOLN</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
<i>levorphanol tartrate TABS</i>	3	ST; PA	<i>oxymorphone hcl TABS 5 MG</i>	3	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1		<i>oxymorphone hcl TABS 10 MG</i>	3	QL(8 ea daily)
<i>methadone hcl CONC</i>	1		<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)
<i>methadone hcl SOLN OR</i>	1		ROXICODONE TABS 5 MG, 15 MG <i>(oxycodone hcl)</i>	7	
<i>methadone hcl TABS</i>	1	QL(12 ea daily)	ROXICODONE TABS 30 MG <i>(oxycodone hcl)</i>	7	QL(4 ea daily)
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 100 MG</i>	1		FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7	
<i>tramadol hcl TB24 100 MG</i>	3	QL(3 ea daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>tramadol hcl TB24</i>	3		<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>tramadol hcl TB24 200 MG</i>	3	QL(1 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
Opioid Combinations			<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	3	
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	3		<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-7.5 MG	3	QL(4 ea daily)	LORTAB ELIX	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	3		<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG	1	QL(4 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-7.5 MG</i>	3	QL(4 ea daily)
<i>acetaminophen w/ codeine SOLN</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG</i>	1	QL(4 ea daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)			
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3				
<i>butalbital-aspirin-caffeine w/cod</i>	3				

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Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 ea daily)
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	
<i>tramadol-acetaminophen</i>	3	QL(8 ea daily)
ULTRACET (<i>tramadol-acetaminophen</i>)	7	QL(8 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)
<i>buprenorphine PTWK</i>	3	QL(4 ea per 28 days retail)
<i>butorphanol tartrate NA 10 MG/ML</i>	3	Limit 7.5mls per month; QL(0.25 ml daily)
BUTRANS PTWK (<i>buprenorphine</i>)	7	QL(4 ea per 28 days retail)
<i>pentazocine w/ naloxone hcl</i>	3	
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 ea daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone 10 MG</i>	1	QL(2 ea daily)
<i>oxandrolone 2.5 MG</i>	1	
Androgens		
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
<i>danazol CAPS</i>	1	
METHITEST TABS	3	
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	3	ST; PA
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
UCERIS (<i>budesonide (intrarectal)</i>)	7	ST; PA
Rectal Combinations		

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Drug Name	Drug Tier	Requirements/Limits
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	3	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	7	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	3	
ALBENZA (<i>albendazole</i>)	7	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
STROMEKTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 500 MG (<i>ranolazine</i>)	7	QL(4 ea daily)
RANEXA TB12 1000 MG (<i>ranolazine</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine TB12 500 MG</i>	3	QL(4 ea daily)
<i>ranolazine TB12 1000 MG</i>	3	
Nitrates		
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7	
<i>isosorbide dinitrate TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 ea daily)
NITRO-DUR PT24	2	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7	
Benzodiazepines		
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	

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Drug Name	Drug Tier	Requirements/Limits
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TBDP</i>	3	
ATIVAN TABS (lorazepam)	7	
<i>clordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	7	
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 ea daily)
XANAX TABS (<i>alprazolam</i>)	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN (<i>dofetilide</i>)	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	7	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
Leukotriene Modulators			PULMICORT FLEXHALER AEPB 90 MCG/ACT		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)	Limit 2 inhalers per month; QL(0.27 ea daily)		
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)	PULMICORT FLEXHALER AEPB 180 MCG/ACT		
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)	Limit 2 inhalers per month; QL(0.07 ea daily)		
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)	PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)		
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)	PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)		
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)	PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)		
<i>zileuton TB12</i>	3	ST	QVAR REDHALER 80 MCG/ACT		
Selective Phosphodiesterase 4 (PDE4) Inhibitors			Sympathomimetics		
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA		
<i>roflumilast</i>	1	QL(1 ea daily)	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT		
Steroid Inhalants			ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)		
ARNUITY ELLIPTA	2	QL(1 ea daily)	7		
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)	QL(2 ea daily)		
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)	1		
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)	1		
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)	1		
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)	1		
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)	1		
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)	1		
			ALBUTEROL SULFATE NEBU		
			2		

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1	QL(4 ml daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)
<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	7	QL(4 ml daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
XOPENEX (<i>levalbuterol hcl</i>)	7	
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	7	
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	
<i>theophylline ELIX</i>	3	
<i>theophylline SOLN</i>	3	
<i>theophylline TB24</i>	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)
XARELTO TABS 10 MG	2	QL(2 ea daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP	3	QL(24 ml daily)	(Lamotrigine) SUBVENITE TABS	1	
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)	(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)
FYCOMPA TABS 2 MG	3	QL(6 ea daily)	APTIOM	3	QL(1 ea daily); ST
FYCOMPA TABS 4 MG	3	QL(3 ea daily)	BANZEL SUSP (<i>rufinamide</i>)	7	
FYCOMPA TABS 6 MG	3	QL(2 ea daily)	BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 ea daily)
Anticonvulsants - Benzodiazepines			BANZEL TABS 200 MG (<i>rufinamide</i>)	7	
<i>clobazam SUSP</i>	3		BRIVIACT SOLN OR 10 MG/ML	3	ST; PA
<i>clobazam TABS 20 MG</i>	3	QL(2 ea daily)	BRIVIACT TABS 100 MG	3	ST; QL(2 ea daily); PA
<i>clobazam TABS 10 MG</i>	3	QL(1 ea daily)	BRIVIACT TABS 10 MG	3	ST; PA
<i>clonazepam TABS</i>	1		BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
<i>clonazepam TBDP</i>	1		<i>carbamazepine CHEW</i>	1	
DIASTAT ACUDIAL GEL 20 MG (<i>diazepam (anticonvulsant)</i>)	3	QL(4 ea per fill retail; 4 ea per 30 days retail)	<i>carbamazepine CP12</i>	1	
<i>diazepam (anticonvulsant) GEL 20 MG</i>	3	QL(4 ea per fill retail; 4 ea per 30 days retail)	<i>carbamazepine SUSP</i>	1	
KLONOPIN TABS (<i>clonazepam</i>)	7		<i>carbamazepine TABS</i>	1	
ONFI SUSP (<i>clobazam</i>)	7		<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
ONFI TABS 10 MG (<i>clobazam</i>)	7	QL(1 ea daily)	<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
ONFI TABS 20 MG (<i>clobazam</i>)	7	QL(2 ea daily)	<i>carbamazepine TB12 100 MG</i>	1	
Anticonvulsants - Misc.			CARBATROL CP12 (<i>carbamazepine</i>)	7	
(Carbamazepine) EPITOL TABS	1		DIACOMIT CAPS 500 MG	3	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	DIACOMIT CAPS 250 MG	3	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	DIACOMIT PACK 500 MG	3	QL(6 ea daily); PA
			DIACOMIT PACK 250 MG	3	QL(12 ea daily); PA
			EPIDIOLEX	3	ST; PA
			<i>gabapentin CAPS</i>	1	
			<i>gabapentin SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin TABS 600 MG, 800 MG</i>	1		LAMICTAL TABS (<i>lamotrigine</i>)	7	
KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)	<i>lamotrigine CHEW</i>	1	
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	7		<i>lamotrigine KIT</i>	3	ST; PA
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)	<i>lamotrigine KIT 25 MG</i>	1	ST
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)	<i>lamotrigine TABS</i>	1	
<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)	<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	3	QL(1 ea daily); PA
<i>lacosamide TABS</i>	1	QL(2 ea daily)	<i>lamotrigine TB24 250 MG</i>	3	PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7		<i>lamotrigine TB24 300 MG</i>	3	QL(2 ea daily); PA
LAMICTAL ODT KIT (<i>lamotrigine</i>)	7	ST; PA	<i>lamotrigine TBDP</i>	3	PA
LAMICTAL ODT KIT	3	ST; PA	<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	7	PA	<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	7	ST	<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	<i>levetiracetam TB24</i>	1	QL(4 ea daily)
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	ST; QL(2 ea daily); PA
LAMICTAL XR KIT	3	ST; PA	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	7	ST; QL(3 ea daily); PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	7	QL(1 ea daily); PA	LYRICA SOLN (<i>pregabalin</i>)	7	QL(30 ml daily); PA
LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	7	QL(2 ea daily); PA	MYSOLINE (<i>primidone</i>)	7	
LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	7	PA	NEURONTIN CAPS (<i>gabapentin</i>)	7	
			NEURONTIN SOLN (<i>gabapentin</i>)	7	
			NEURONTIN TABS (<i>gabapentin</i>)	7	
			<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)
			<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)
			<i>oxcarbazepine TABS 150 MG</i>	1	
			<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OXTELLAR XR TB24 150 MG, 300 MG	3	PA	<i>topiramate CP24 200 MG</i>	3	QL(2 ea daily); PA
OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); PA	<i>topiramate CP24 50 MG, 100 MG</i>	3	PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	ST; QL(2 ea daily); PA	<i>topiramate CP24 25 MG</i>	3	ST; PA
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	ST; QL(3 ea daily); PA	<i>topiramate CPSP</i>	1	
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA	<i>topiramate CS24 25 MG, 50 MG</i>	3	QL(2 ea daily); PA
<i>primidone 50 MG, 250 MG</i>	1		<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	3	QL(1 ea daily); PA
QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA	<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	7	QL(1 ea daily); PA	<i>topiramate TABS 25 MG</i>	1	
<i>rufinamide SUSP</i>	1		<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)
<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)	<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
<i>rufinamide TABS 200 MG</i>	1		TRILEPTAL SUSP (<i>oxcarbazepine</i>)	7	QL(40 ml daily)
SPRITAM TB3D	3	PA	TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 ea daily)
TEGRETOL SUSP (<i>carbamazepine</i>)	7		TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 ea daily)
TEGRETOL TABS (<i>carbamazepine</i>)	7		TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7	
TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)	TROKENDI XR CP24 25 MG (<i>topiramate</i>)	7	ST; PA
TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)	TROKENDI XR CP24 200 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7		TROKENDI XR CP24 50 MG, 100 MG (<i>topiramate</i>)	7	PA
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7		VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	7	QL(40 ml daily)
TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)	VIMPAT TABS (<i>lacosamide</i>)	7	QL(2 ea daily)
TOPAMAX TABS 25 MG (<i>topiramate</i>)	7		ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)	ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 ea daily)
TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)	<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)
			<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
			Carbamates		

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
FELBATOL SUSP (<i>felbamate</i>)	7	
FELBATOL TABS (<i>felbamate</i>)	7	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 ea daily)
(Vigabatrin) VIGADRONE TABS	1	
GABITRIL (<i>tiagabine hcl</i>)	7	
SABRIL PACK (<i>vigabatrin</i>)	7	QL(6 ea daily)
SABRIL TABS (<i>vigabatrin</i>)	7	
<i>tiagabine hcl</i>	3	
<i>vigabatrin PACK</i>	1	QL(6 ea daily)
<i>vigabatrin TABS</i>	1	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN 30 MG	2	
DILANTIN (<i>phenytoin sodium extended</i>)	7	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7	
DILANTIN-125 SUSP (<i>phenytoin</i>)	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN (<i>methsuximide</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	7	
ZARONTIN SOLN (<i>ethosuximide</i>)	7	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7	
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	3	QL(1 ea daily); ST
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	QL(1 ea daily); ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7		<i>fluoxetine hcl TABS 60 MG</i>	3	QL(1 ea daily); ST
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)	<i>fluoxetine hcl TABS 20 MG</i>	1	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)			FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	3	QL(1 ea daily); ST
EMSAM	3	QL(1 ea daily)	<i>fluvoxamine maleate CP24 150 MG</i>	1	
MARPLAN	3		<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 ea daily)
NARDIL (<i>phenelzine sulfate</i>)	7		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
PARNATE (<i>tranylcypromine sulfate</i>)	7		<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
<i>phenelzine sulfate</i>	1		LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)
<i>tranylcypromine sulfate</i>	1		LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>paroxetine hcl SUSP</i>	1	
SPRAVATO 56MG DOSE	3	PA	<i>paroxetine hcl TABS</i>	1	
SPRAVATO 84MG DOSE	3	PA	<i>paroxetine hcl TB24</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			PAXIL CR TB24 (<i>paroxetine hcl</i>)	7	
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)	PAXIL SUSP (<i>paroxetine hcl</i>)	7	
<i>citalopram hydrobromide SOLN</i>	3	QL(20 ml daily)	PAXIL TABS (<i>paroxetine hcl</i>)	7	
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)	PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7	
<i>escitalopram oxalate SOLN</i>	1		PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)	<i>sertraline hcl CONC</i>	1	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)	<i>sertraline hcl TABS</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		ZOLOFT CONC (<i>sertraline hcl</i>)	7	
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)	ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 ea daily)
<i>fluoxetine hcl CPDR</i>	3		Serotonin Modulators		
<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)	<i>nefazodone hcl</i>	3	
<i>fluoxetine hcl TABS 10 MG</i>	1				

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<i>trazodone hcl TABS</i>	1		Tricyclic Agents		
TRINTELLIX	3	ST	<i>amitriptyline hcl TABS</i>	1	
VIIBRYD STARTER PACK KIT	3	PA	<i>amoxapine</i>	1	
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7		ANAFRANIL (<i>clomipramine hcl</i>)	7	
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 ea daily)	<i>clomipramine hcl</i>	1	
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		<i>desipramine hcl TABS</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)	<i>doxepin hcl CAPS</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>doxepin hcl CONC</i>	1	
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)	<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)	<i>imipramine pamoate</i>	3	
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7	
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)	<i>nortriptyline hcl CAPS</i>	1	
FETZIMA TITRATION PACK C4PK	3	ST	<i>nortriptyline hcl SOLN</i>	2	
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST	PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST	<i>protriptyline hcl</i>	3	
PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)	<i>trimipramine maleate CAPS</i>	3	
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)	Alpha-Glucosidase Inhibitors		
<i>venlafaxine hcl TABS</i>	1		<i>acarbose</i>	1	
<i>venlafaxine hcl TB24 225 MG</i>	1		<i>miglitol</i>	3	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)	PRECOSE (<i>acarbose</i>)	7	
			Antidiabetic Combinations		
			ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	7	
			DUETACT (<i>pioglitazone hcl-glimepiride</i>)	7	
			<i>glipizide-metformin hcl</i>	1	
			<i>glyburide-metformin</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
RIOMET SOLN (<i>metformin hcl</i>)	7	
Diabetic Other		
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	
PROGLYCEM (<i>diazoxide</i>)	7	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1	
<i>alogliptin benzoate 25 MG</i>	1	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	4	Check plan documents for coverage; PA
RYBELSUS TABS 7 MG, 14 MG	2	PA
RYBELSUS TABS 3 MG	2	Not available through mail order; PA
TRULICITY	4	See plan documents for specific Coverage; Not available thru Mail; PA
VICTOZA	4	PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOLN IJ	2	QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(40 ml per fill retail; 40 ml per 30 days retail)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		

Drug Name	Drug Tier	Requirements/Limits
ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 ea daily)
<i>pioglitazone hcl</i> 30 MG, 45 MG	1	QL(1 ea daily)
<i>pioglitazone hcl</i> 15 MG	1	
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	7	
<i>glimepiride</i>	1	
<i>glipizide</i> TABS	1	
<i>glipizide</i> TB24	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide micronized</i> 1.5 MG, 3 MG, 6 MG	1	
<i>glyburide</i> TABS	1	
GLYNASE (<i>glyburide micronized</i>)	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine</i> LIQD	1	

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<i>diphenoxylate w/ atropine TABS</i>	1	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	3	PA
<i>deferasirox TABS</i>	1	PA
<i>deferiprone TABS 500 MG</i>	3	
FERRIPROX SOLN	3	Not available through mail order
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	7	
JADENU SPRINKLE PACK (<i>deferasirox</i>)	7	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
Antidotes and Specific Antagonists		
VISTOGARD	3	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	3	QL(4 ea per 30 days retail); RX/OTC
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	7	QL(4 ea per 30 days retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; QL(2 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl TABS</i>	3	ST; Limit 2 tablets per day; QL(2 ea daily); PA
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per prescription; QL(1.67 ml daily; 50 ml per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 ea per fill retail)
<i>ondansetron TBDP</i>	1	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		
<i>scopolamine</i>	3	
TRANSDERM-SCOP (<i>scopolamine</i>)	7	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 days retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	7	QL(4 ea daily)
<i>doxylamine-pyridoxine TBEC</i>	3	QL(4 ea daily)
<i>dronabinol CAPS 2.5 MG</i>	3	ST; PA
<i>dronabinol CAPS 5 MG</i>	3	PA
<i>dronabinol CAPS 10 MG</i>	3	PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	7	ST; PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 40 MG</i>	3	QL(2 ea per 30 days retail)
<i>aprepitant CAPS</i>	3	QL(3 ea per fill retail; 3 ea per 30 days retail)
<i>aprepitant CAPS 80 MG, 125 MG</i>	3	QL(1 ea per fill retail; 1 ea per 30 days retail)

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<i>aprepitant MISC</i>	3	QL(3 ea per fill retail; 3 ea per 30 days retail)	NOXAFIL TBEC (<i>posaconazole</i>)	7	
EMEND TRIPACK CAPS (<i>aprepitant</i>)	7	QL(3 ea per fill retail; 3 ea per 30 days retail)	<i>posaconazole SUSP</i>	3	
EMEND CAPS 80 MG (<i>aprepitant</i>)	7	QL(1 ea per fill retail; 1 ea per 30 days retail)	<i>posaconazole TBEC</i>	3	
EMEND SUSR	3	QL(1 ea per 30 days retail)	SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	7	ST; PA
VARUBI TBPK	3	QL(4 ea per fill retail)	SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
ANTIFUNGALS - Drugs to Treat Fungal Infections			SPORANOX SOLN (<i>itraconazole</i>)	7	PA
Antifungals			TOLSURA CAPS	3	PA
ANCOBON (<i>flucytosine</i>)	7		VFEND SUSR (<i>voriconazole</i>)	7	
<i>flucytosine</i>	3		VFEND TABS (<i>voriconazole</i>)	7	QL(2 ea daily)
<i>griseofulvin microsize SUSP</i>	1		<i>voriconazole SUSR</i>	1	
<i>griseofulvin microsize TABS</i>	1		<i>voriconazole TABS</i>	1	QL(2 ea daily)
<i>griseofulvin ultramicrosize</i>	1		ANTI-HISTAMINES - Drugs to Treat Allergies		
<i>nystatin TABS</i>	1		Antihistamines - Ethanolamines		
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)	<i>carbinoxamine maleate SOLN</i>	1	
Imidazole-Related Antifungals			<i>carbinoxamine maleate TABS</i>	3	
CRESEMBA CAPS 186 MG	3	Not available through mail order	CARBINOXAMINE MALEATE TABS	3	
DIFLUCAN SUSR (<i>fluconazole</i>)	7		<i>clemastine fumarate SYRP</i>	1	
DIFLUCAN TABS (<i>fluconazole</i>)	7		<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>fluconazole SUSR</i>	1		RYVENT TABS	3	
<i>fluconazole TABS</i>	1		Antihistamines - Phenothiazines		
<i>itraconazole CAPS</i>	1	ST; PA	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)
<i>itraconazole SOLN</i>	1	PA	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>ketoconazole</i>	1		<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
NOXAFIL SUSP (<i>posaconazole</i>)	7				

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<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
Antihistamines - Piperidines			QUESTRAN POWD (<i>cholestyramine</i>)	7	
<i>cyproheptadine hcl SYRP</i>	1		WELCHOL PACK (<i>colesevelam hcl</i>)	7	QL(1 ea daily)
<i>cyproheptadine hcl TABS</i>	1		WELCHOL TABS (<i>colesevelam hcl</i>)	7	QL(7 ea daily)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			Fibric Acid Derivatives		
Antihyperlipidemics - Combinations			ANTARA 30 MG	3	
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)	<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	<i>choline fenofibrate 45 MG</i>	1	
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)	<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 30 MG, 90 MG</i>	3	
<i>icosapent ethyl</i>	2	PA	<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 ea daily)	<i>fenofibrate CAPS</i>	3	
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	<i>fenofibrate TABS 48 MG</i>	1	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
Bile Acid Sequestrants			<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
(Cholestyramine Light) PREVALITE POWD	1		FENOFIBRATE TABS	2	QL(1 ea daily)
<i>cholestyramine light POWD</i>	1		FIBRICOR (<i>fenofibric acid</i>)	3	
<i>cholestyramine POWD</i>	1		<i>gemfibrozil TABS</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 ea daily)	LIPOFEN CAPS (<i>fenofibrate</i>)	3	
<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)	LOPID TABS (<i>gemfibrozil</i>)	7	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7		TRICOR TABS 48 MG (<i>fenofibrate</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7		TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 ea daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 ea daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 ea daily)
<i>lovastatin TABS 40 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>lovastatin TABS 10 MG, 20 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	7	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	7	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG	3	ST; PA
JUXTAPID 30 MG	3	PA
JUXTAPID 10 MG, 20 MG	3	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	3	
<i>niacin (antihyperlipidemic) TABS</i>	3	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 ea daily)
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		COZAAR (<i>losartan potassium</i>)	7	
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7		DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
<i>moexipril hcl</i>	1		DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>perindopril erbumine</i>	1		EDARBI 40 MG	3	
QBRELIS SOLN	3	QL(5 ml daily)	EDARBI 80 MG	3	QL(1 ea daily)
<i>quinapril hcl</i>	1		<i>irbesartan</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)	<i>losartan potassium</i>	1	
<i>trandolapril</i>	1		MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)	MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7		<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)	<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
Agents for Pheochromocytoma			<i>telmisartan 20 MG, 40 MG</i>	1	
DEMSER (<i>metyrosine</i>)	7		<i>telmisartan 80 MG</i>	1	QL(1 ea daily)
DIBENZYLIN (<i>phenoxybenzamine hcl</i>)	7	Not available through mail	<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>metyrosine</i>	3		<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)
<i>phenoxybenzamine hcl</i>	1	Not available through mail	Antiadrenergic Antihypertensives		
Angiotensin II Receptor Antagonists			CARDURA (<i>doxazosin mesylate</i>)	7	
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7		<i>clonidine hcl TABS</i>	1	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)	<i>clonidine hcl TB24</i>	3	ST
AVAPRO (<i>irbesartan</i>)	7		<i>doxazosin mesylate</i>	1	
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7		<i>guanfacine hcl</i>	1	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)	<i>methyldopa TABS</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)	MINIPRESS CAPS (<i>prazosin hcl</i>)	7	
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1		NEXICLON XR TB24 (<i>clonidine hcl</i>)	7	ST
			<i>prazosin hcl CAPS</i>	1	
			<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)
			<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7	
<i>atenolol & chlorthalidone</i>	1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7	
<i>benazepril & hydrochlorothiazide</i>	1	
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7	
DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)
EDARBYCLOR	3	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide</i>	1	
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7	
EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	1	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG <i>(amlodipine besylate-benazepril hcl)</i>	7	QL(1 ea daily)	<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide TABS</i>	1		VASERETIC 25 MG-10 MG <i>(enalapril maleate & hydrochlorothiazide)</i>	7	
MICARDIS HCT <i>(telmisartan-hydrochlorothiazide)</i>	7		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG <i>(lisinopril & hydrochlorothiazide)</i>	7	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	ZESTORETIC 25 MG-20 MG <i>(lisinopril & hydrochlorothiazide)</i>	7	QL(2 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		ZIAC <i>(bisoprolol & hydrochlorothiazide)</i>	7	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)	Antihypertensives - Misc.		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		VECAMEYL	3	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)	Direct Renin Inhibitors		
TEKTURNA HCT	3	ST	<i>aliskiren fumarate</i>	3	
<i>telmisartan-amlodipine</i>	1		TEKTURNA <i>(aliskiren fumarate)</i>	7	
<i>telmisartan-hydrochlorothiazide</i>	1		Selective Aldosterone Receptor Antagonists (SARAs)		
TENORETIC 100 <i>(atenolol & chlorthalidone)</i>	7		<i>eplerenone</i>	1	
TENORETIC 50 <i>(atenolol & chlorthalidone)</i>	7		INSPRA <i>(eplerenone)</i>	7	
<i>trandolapril-verapamil hcl</i>	3		Vasodilators		
TRIBENZOR <i>(olmesartan medoxomil-amlodipine-hydrochlorothiazide)</i>	7	ST	<i>hydralazine hcl TABS</i>	1	
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1		<i>minoxidil 2.5 MG, 10 MG</i>	1	
			ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
			Anti-infective Agents - Misc.		
			FLAGYL CAPS <i>(metronidazole)</i>	7	
			<i>metronidazole CAPS</i>	1	
			<i>metronidazole TABS</i>	1	
			NEBUPENT IN <i>(pentamidine isethionate)</i>	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole</i>	3	ST; PA
<i>trimethoprim TABS</i>	1	
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
XIFAXAN 550 MG	3	QL(2 ea daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS (<i>nitazoxanide</i>)	7	
<i>atovaquone</i>	1	
LAMPIT	3	AC; PA
MEPRON (<i>atovaquone</i>)	7	
<i>nitazoxanide TABS</i>	3	
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML (<i>vancomycin hcl</i>)	7	
VANCOGIN CAPS 125 MG (<i>vancomycin hcl</i>)	7	PA
<i>vancomycin hcl CAPS 125 MG</i>	1	PA
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	3	

Drug Name	Drug Tier	Requirements/Limits
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	7	
CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	7	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	3	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)
<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ml per 90 days retail)
ZYVOX TABS (<i>linezolid</i>)	7	QL(20 ea per 90 days retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	3	
HIPREX (<i>methenamine hippurate</i>)	7	
MACROBID (<i>nitrofurantoin monohyd macro</i>)	7	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
MONUROL (<i>fosfomycin tromethamine</i>)	7	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	2	QL(0.8 ea daily)
MALARONE (<i>atovaquone-proguanil hcl</i>)	7	
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	7	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	3	QL(2 ea daily); PA
SOVUNA 200 MG	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	ST; PA
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	7	
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	7	PA

Drug Name	Drug Tier	Requirements/Limits
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide SOLN OR</i>	3	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	3	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
MYCOBUTIN (<i>rifabutin</i>)	7	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melfalan</i>)	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	New commercial members to be referred to AcariaHealth; AC
LEUKERAN	2	AC
<i>melfalan</i>	1	AC

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Drug Name	Drug Tier	Requirements/Limits
MYLERAN TABS	2	AC
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	7	AC
<i>temozolomide</i> CAPS	1	AC
Antimetabolites		
<i>capecitabine</i> 150 MG	1	AC
<i>capecitabine</i> 500 MG	1	AC
<i>mercaptopurine</i> TABS	1	AC
<i>methotrexate sodium</i> TABS 2.5 MG	1	AC
ONUREG TABS	3	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	2	AC; PA
XELODA 500 MG (<i>capecitabine</i>)	7	AC
XELODA 150 MG (<i>capecitabine</i>)	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LENVIMA 10 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 12MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 14 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 18 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
LENVIMA 20 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 24 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 4 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 8 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	3	PA; AC; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	PA; AC; AC; PA
VENCLEXTA TABS 50 MG	2	PA; AC; AC; PA

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VENCLEXTA TABS 10 MG	2	PA; AC; QL(2 ea daily); AC; PA	ARIMIDEX (<i>anastrozole</i>)	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC
VENCLEXTA TABS 100 MG	2	PA; AC; QL(4 ea daily); AC; PA	AROMASIN (<i>exemestane</i>)	5	Grand Fathered Plans at Tier 2; PV; AC
Antineoplastic - EGFR Inhibitors			<i>bicalutamide</i>	1	QL(1 ea daily); AC
<i>erlotinib hcl</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	CASODEX (<i>bicalutamide</i>)	7	QL(1 ea daily); AC
<i>gefitinib</i>	1	PA; AC; AC	EMCYT	2	AC
GILOTRIF	2	PA; AC; AC; PA	ERLEADA 240 MG	3	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
IRESSA (<i>gefitinib</i>)	7	PA; AC; AC	ERLEADA 60 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAGRISO	2	SP; AC; PA	EULEXIN	2	AC
TARCEVA (<i>erlotinib hcl</i>)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	<i>exemestane</i>	5	Grand Fathered Plans at Tier 2; PV; AC
VIZIMPRO	2	PA; AC ; AC; PA	FARESTON (<i>toremifene citrate</i>)	7	AC
Antineoplastic - Hedgehog Pathway Inhibitors			FEMARA (<i>letrozole</i>)	7	AC
DAURISMO	2	PA	<i>flutamide</i>	1	AC
ERIVEDGE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>letrozole</i>	1	AC
ODOMZO	2	AC	LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
Antineoplastic - Hormonal and Related Agents			LYSODREN	2	AC
<i>abiraterone acetate</i>	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	<i>megestrol acetate SUSP</i>	1	AC
<i>anastrozole</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC	<i>megestrol acetate TABS</i>	1	AC
			NILANDRON (<i>nilutamide</i>)	7	AC
			<i>nilutamide</i>	1	AC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUBEQA	3	SP; AC; PA	INQOVI	3	PA; AC; PA
SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV	KISQALI FEMARA 200 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
<i>tamoxifen citrate TABS</i>	5	Grand Fathered Plans at Tier 2; PV; AC	KISQALI FEMARA 400 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
<i>toremifene citrate</i>	1	AC	KISQALI FEMARA 600 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
XTANDI CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	LONSURF	2	PA; AC; AC; PA
XTANDI TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic Enzyme Inhibitors		
YONSA	3	AC; PA	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	AFINITOR TABS (<i>everolimus</i>)	7	QL(1 ea daily); SP; AC; PA
Antineoplastic - Immunomodulators			ALECENSA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
POMALYST	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ALUNBRIG TABS	2	PA; AC; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors			ALUNBRIG TBPk	2	PA; AC; AC; PA
AYVAKIT 25 MG, 50 MG	3	QL(1 ea daily); SP; AC; PA	BALVERSA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
AYVAKIT 100 MG, 200 MG, 300 MG	3	PA; AC; QL(1 ea daily); SP; PA	Antineoplastic Combinations		
Antineoplastic - XPO1 Inhibitors					
XPOVIO	3	AC; PA			
XPOVIO 80 MG TWICE WEEKLY	3	PA; AC; PA			

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BOSULIF CAPS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	FARYDAK	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
BOSULIF TABS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BRAFTOVI 75 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRUKINSA	3	PA; AC; AC; PA	ICLUSIG 15 MG, 45 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 40 MG	2	QL(2 ea daily); AC; PA	ICLUSIG 10 MG, 30 MG	3	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 20 MG, 60 MG	2	QL(1 ea daily); AC; PA	IDHIFA	3	PA; AC; AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA	<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA	<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
CAPRELSA	2	PA; AC; AC; PA	IMBRUVICA CAPS	2	PA; AC; AC; PA
COMETRIQ KIT	3	PA; AC; AC; PA	IMBRUVICA TABS	2	PA; AC; QL(1 ea daily); AC; PA
COPIKTRA	3	PA; AC; AC; PA	INREBIC	3	PA; AC; AC; PA
COTELLIC	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	JAKAFI	2	PA; AC; QL(2 ea daily); AC; PA
<i>everolimus TABS</i>	3	QL(1 ea daily); SP; AC; PA			
<i>everolimus TBSO</i>	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA			

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KISQALI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	<i>pazopanib hcl</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KOSELUGO	2	PA; AC; PA	PIQRAY 200MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
<i>lapatinib ditosylate</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA	PIQRAY 250MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	PIQRAY 300MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
LYNPARZA TABS	2	QL(4 ea daily); SP; AC; PA	QINLOCK	3	PA; AC Refer to PantheRx; AC; PA
MEKINIST TABS	2	PA; AC; AC; PA	RETEVMO	3	PA; AC; AC; PA
MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RUBRACA	2	PA; AC; AC; PA
NERLYNX	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	2	PA; AC; Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA	SPRYCEL	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
sunitinib malate 25 MG	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
SUTENT 25 MG (sunitinib malate)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TABRECTA	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TALZENNA 0.25 MG, 1 MG	2	PA; AC; AC; PA
TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	3	PA
TIBSOVO	3	PA; AC; PA

Drug Name	Drug Tier	Requirements/Limits
TURALIO 200 MG	2	PA; AC; AC; PA
TYKERB (lapatinib ditosylate)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
VERZENIO	3	QL(2 ea daily); AC; PA
VITRAKVI CAPS	2	PA; AC; PA
VITRAKVI SOLN	2	PA; AC; PA
VOTRIENT (pazopanib hcl)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XALKORI CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
XOSPATA	2	PA; AC; PA
ZEJULA CAPS	2	PA; AC; AC; PA
ZEJULA TABS	2	PA
ZELBORAF	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ZOLINZA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ZYDELIG	2	PA; AC; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
Antineoplastics Misc.		
<i>bexarotene</i>	1	SP; AC; PA
HYDREA (<i>hydroxyurea</i>)	7	AC; AC
<i>hydroxyurea</i>	1	AC; AC
MATULANE	2	AC; AC
TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	1	AC; AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
MESNEX TABS	3	AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	AC; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	3	
LODOSYN (<i>carbidopa</i>)	7	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	7	
<i>entacapone</i>	1	
TASMAR (<i>tolcapone</i>)	7	
<i>tolcapone</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	3	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBDP</i>	3	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
KYNMOBI TITRATION KIT KIT	3	PA
KYNMOBI FILM	3	PA
MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	7	QL(1 ea daily)
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	7	
NEUPRO	3	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	
<i>pramipexole dihydrochloride</i> TABS 1.5 MG	1	QL(3 ea daily)
<i>pramipexole dihydrochloride</i> TABS 1 MG	1	QL(4 ea daily)
<i>pramipexole dihydrochloride</i> TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
<i>pramipexole dihydrochloride</i> TB24 3 MG	3	QL(1 ea daily)
<i>pramipexole dihydrochloride</i> TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	3	
<i>ropinirole hydrochloride</i> TABS	1	
<i>ropinirole hydrochloride</i> TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
<i>ropinirole hydrochloride</i> TB24 12 MG	1	QL(2 ea daily)
RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	7	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i> CAPS	1	QL(2 ea daily)
ZELAPAR TBDP	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate</i> CAPS 300 MG	1	QL(6 ea daily)
<i>lithium carbonate</i> CAPS 150 MG, 600 MG	1	
<i>lithium carbonate</i> TABS	1	
<i>lithium carbonate</i> TBCR	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	7	
Antipsychotics - Misc.		
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7	
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 ea daily)
LATUDA (<i>lurasidone hcl</i>)	7	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	3	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	3	QL(1 ea daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
<i>ziprasidone hcl</i> 20 MG, 40 MG	1	
<i>ziprasidone hcl</i> 60 MG, 80 MG	1	QL(2 ea daily)
Benzisoxazoles		
INVEGA (<i>paliperidone</i>)	7	
<i>paliperidone</i>	3	
RISPERDAL SOLN (<i>risperidone</i>)	7	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risperidone SOLN</i>	1		SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	PA
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		SEROQUEL XR TB24 50 MG (<i>quetiapine fumarate</i>)	7	ST; PA
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)	SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
<i>risperidone TBDP</i>	1		SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
Butyrophenones			SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
<i>haloperidol lactate CONC</i>	1		VERSACLOZ SUSP	3	QL(18 ml daily)
<i>haloperidol TABS</i>	1		ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	7	
Dibenzapines			ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
<i>asenapine maleate</i>	3		ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
<i>clozapine TABS</i>	1		Phenothiazines		
<i>clozapine TBDP 12.5 MG, 25 MG, 100 MG</i>	3		(Prochlorperazine) COMPRO	1	QL(2 ea daily)
CLOZARIL TABS (<i>clozapine</i>)	7		<i>chlorpromazine hcl TABS</i>	1	
<i>loxapine succinate</i>	1		<i>fluphenazine hcl CONC</i>	3	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)	<i>fluphenazine hcl ELIX</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		<i>fluphenazine hcl TABS</i>	1	
<i>olanzapine TBDP</i>	3		<i>perphenazine TABS</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)	<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		<i>prochlorperazine maleate TABS</i>	1	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)	<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG</i>	3	PA	<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>quetiapine fumarate TB24 50 MG</i>	3	ST; PA	<i>trifluoperazine hcl TABS</i>	1	
SAPHRIS (<i>asenapine maleate</i>)	7		Quinolinone Derivatives		
SAPHRIS 5 MG	3		ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	7	
ABILIFY TABS 15 MG (<i>aripiprazole</i>)	7	QL(2 ea daily)
<i>aripiprazole SOLN OR</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMBIVIR (<i>lamivudine-zidovudine</i>)	7	
COMPLERA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
EMTRIVA CAPS (<i>emtricitabine</i>)	7	
EMTRIVA SOLN	2	
EPIVIR SOLN (<i>lamivudine</i>)	7	
EPIVIR TABS (<i>lamivudine</i>)	7	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	7	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium TABS</i>	1	
GENVOYA	2	
INTELENCE 25 MG	2	
INTELENCE (<i>etravirine</i>)	7	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS PACK	2		RUKOBIA	3	
ISENTRESS TABS	2		SELZENTRY SOLN	2	
JULUCA	2		SELZENTRY TABS 25 MG, 75 MG	2	
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	7		SELZENTRY TABS (<i>maraviroc</i>)	7	
KALETRA TABS (<i>lopinavir-ritonavir</i>)	7		<i>stavudine CAPS</i>	1	
<i>lamivudine SOLN</i>	1		STRIBILD	2	
<i>lamivudine TABS</i>	1		SUSTIVA CAPS (<i>efavirenz</i>)	7	
<i>lamivudine-zidovudine</i>	1		SUSTIVA TABS (<i>efavirenz</i>)	7	
LEXIVA SUSP	2		SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	7		SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7	
<i>lopinavir-ritonavir SOLN</i>	1		SYMTUZA	2	
<i>lopinavir-ritonavir TABS</i>	1		<i>tenofovir disoproxil fumarate TABS</i>	1	
<i>maraviroc TABS</i>	1		TIVICAY TABS	2	
<i>nevirapine SUSP</i>	1		TRIUMEQ PD TBSO	2	
<i>nevirapine TABS</i>	1		TRIUMEQ TABS	2	
<i>nevirapine TB24</i>	1		TRIZIVIR	2	
NORVIR PACK	2		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
NORVIR SOLN	2		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily)
NORVIR TABS (<i>ritonavir</i>)	7		TYBOST	2	
ODEFSEY	2		VIRACEPT TABS	2	
PIFELTRO	2		VIREAD POWD	2	
PREZCOBIX	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
PREZISTA SUSP	2		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
PREZISTA TABS 75 MG, 150 MG	2				
PREZISTA TABS (<i>darunavir</i>)	7				
RETROVIR CAPS (<i>zidovudine</i>)	7				
RETROVIR SYRP (<i>zidovudine</i>)	7				
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7				
REYATAZ PACK	2				
<i>ritonavir TABS</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
<i>zidovudine CAPS</i>	1	
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV
CMV Agents		
VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)
VALCYTE TABS (<i>valganciclovir hcl</i>)	7	
<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABS (<i>entecavir</i>)	7	
<i>entecavir TABS</i>	1	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	7	
HEPSERA (<i>adefovir dipivoxil</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine (hbv) TABS</i>	3	
MAVYRET TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
VEMLIDY	3	ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>acyclovir TABS OR 400 MG</i>	1	
<i>famciclovir</i>	1	
SITAVIG TABS BU	3	PA
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 ea daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 ea daily)
ZOVIRAX SUSP (<i>acyclovir</i>)	7	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	QL(20 ea per fill retail)
<i>rimantadine hydrochloride TABS</i>	3	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i> 6.25 MG, 12.5 MG, 25 MG	1	
<i>carvedilol</i> 3.125 MG	1	QL(2 ea daily)
<i>carvedilol phosphate</i>	1	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	7	
COREG 3.125 MG (<i>carvedilol</i>)	7	QL(2 ea daily)
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl</i> TABS	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate</i> TB24	1	
<i>metoprolol tartrate</i> TABS	1	
<i>nebivolol hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7	
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	7	
HEMANGEOL SOLN OR	3	PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	7	
<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	1	
<i>pindolol</i> TABS	1	
<i>propranolol hcl</i> CP24	1	
<i>propranolol hcl</i> SOLN OR 20 MG/5ML, 40 MG/5ML	1	
<i>propranolol hcl</i> TABS	1	
<i>sotalol hcl (afib/afll)</i>	1	
<i>sotalol hcl</i> TABS	1	
<i>timolol maleate</i> TABS 10 MG	1	QL(6 ea daily)
<i>timolol maleate</i> TABS 20 MG	1	QL(60 ea per fill retail)
<i>timolol maleate</i> TABS 5 MG	1	QL(2 ea daily; 60 ea per fill retail)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>nifedipine CAPS</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>nifedipine TB24</i>	1	QL(1 ea daily)
(Diltiazem Hcl) DILT-XR CP24	1		<i>nifedipine TB24 30 MG, 60 MG</i>	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>nimodipine CAPS</i>	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	<i>nisoldipine</i>	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7		NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)	PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 ea daily)
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7		TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7		<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)	<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>diltiazem hcl extended release beads</i>	1		<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
<i>diltiazem hcl CP12</i>	1		<i>verapamil hcl TABS</i>	1	
<i>diltiazem hcl CP24</i>	1		<i>verapamil hcl TBCR 120 MG</i>	1	
<i>diltiazem hcl TABS</i>	1		<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl TB24</i>	1		VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	7	
<i>felodipine 10 MG</i>	1	QL(1 ea daily)	VERELAN PM CP24 (<i>verapamil hcl</i>)	7	
<i>felodipine 2.5 MG, 5 MG</i>	1		VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
<i>isradipine CAPS</i>	3		VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
<i>nicardipine hcl CAPS</i>	3		VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					

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Drug Name	Drug Tier	Requirements/Limits
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	3	PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	7	PA
ENTRESTO	3	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 2.5 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA

Drug Name	Drug Tier	Requirements/Limits
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	3	Not available through Mail Order; QL(0.2 ea daily); PA
<i>sildenafil citrate</i>	3	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	3	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	3	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
VIAGRA (<i>sildenafil citrate</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
ORENITRAM TBCR 5 MG	3	PA
TYVASO DPI INSTITUTIONALKIT POWD	3	QL(4 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 ea daily); PA	TRACLEER TBSO	2	ST; PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(8 ea daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI TITRATION KIT POWD	3	QL(7 ea daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 ea daily); PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 ea daily); PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	QL(2 ea daily); PA
TYVASO REFILL SOLN IN	3	PA	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA
TYVASO STARTER SOLN IN	3	PA	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	QL(3 ea daily); PA
TYVASO SOLN IN	3	PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	3	PA
VENTAVIS	3	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	3	QL(3 ea daily); PA
Pulmonary Hypertension - Endothelin Receptor Antagonists			<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 ea daily); PA
<i>ambrisentan</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
<i>bosentan TABS 62.5 MG</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	UPTRAVI TITRATION PACK TBPK	3	ST; PA
<i>bosentan TABS 125 MG</i>	1	ST	UPTRAVI TABS 200 MCG	3	ST; PA
LETAIRIS (<i>ambrisentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 ea daily); PA
OPSUMIT	3	ST; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST	ADEMPAS	3	PA
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Sinus Node Inhibitors		
			CORLANOR SOLN	3	QL(15 ml daily); ST
			CORLANOR TABS	3	QL(2 ea daily); ST

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Drug Name	Drug Tier	Requirements/Limits
Transthyretin Stabilizers		
VYNDAMAX	3	QL(1 ea daily); PA
VYNDAQEL	3	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 750 MG</i>	3	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
SUPRAX CAPS (<i>cefixime</i>)	7	
SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	7	
CHEMICALS		

Drug Name	Drug Tier	Requirements/Limits
Bulk Chemicals - C's		
CALCITRIOL	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV

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(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOIVIA 1/35 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	Grand Fathered Plans at Tier 2; PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOIVIA 1/35 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
			(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
			(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV
			(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	Grand Fathered Plans at Tier 2; PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) WYMZYA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG-20 MCG	5	Grand Fathered Plans at Tier 2; PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONOLINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	Grand Fathered Plans at Tier 2; PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	Grand Fathered Plans at Tier 2; PV	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	Grand Fathered Plans at Tier 2; PV	<i>desogestrel & ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>ethynodiol diacet & eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV
			GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	<i>norethindrone acet & eth estra</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	Grand Fathered Plans at Tier 2; PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
NATAZIA	5	Grand Fathered Plans at Tier 2; PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
<i>norethin acet & estrad-fe CAPS</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV
<i>norethin acet & estrad-fe CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV	YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV	Combination Contraceptives - Transdermal		
<i>norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; PV
			<i>norelgestromin-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TWIRLA	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	Progestin Contraceptives - Oral		
Combination Contraceptives - Vaginal			(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	Grand Fathered Plans at Tier 2; PV
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV
ANNOVERA	5	Grand Fathered Plans at Tier 2; PV	OPILL	5	Grandfather Plans at Tier 2; PV
<i>etonogestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	SLYND	5	Grand Fathered Plans at Tier 2; PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Emergency Contraceptives			Glucocorticosteroids		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	Grand Fathered Plans at Tier 2; PV	<i>budesonide CPEP</i>	1	QL(3 ea daily)
ELLA	5	Grand Fathered Plans at Tier 2; PV	<i>budesonide TB24</i>	3	PA
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	Grand Fathered Plans at Tier 2; PV	CORTEF TABS (<i>hydrocortisone</i>)	7	
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	Grand Fathered Plans at Tier 2; PV	<i>deflazacort TABS</i>	3	PA
Progestin Contraceptives - Injectable			DEXAMETHASONE INTENSOL CONC	2	
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit	<i>dexamethasone ELIX</i>	1	
			<i>dexamethasone SOLN</i>	1	
			<i>dexamethasone TABS</i>	1	
			EMFLAZA SUSP	3	PA
			EMFLAZA TABS (<i>deflazacort</i>)	7	PA
			<i>hydrocortisone TABS</i>	1	
			MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	7	
			MEDROL TABS	2	
			MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk</i>	1	
ORAPRED ODT TBPd (<i>prednisolone sodium phosphate</i>)	7	
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 20 MG/5ML</i>	1	
<i>prednisolone sodium phosphate TBPd</i>	3	
PREDNISONe INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk 5 MG</i>	3	
<i>prednisone TBPk 10 MG</i>	1	
UCERIS TB24 (<i>budesonide</i>)	7	PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate 150 MG</i>	3	
<i>benzonatate 100 MG, 200 MG</i>	1	
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Phenylephrine-Brompheniramine-DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML	3	
BIO-DTUSS DMX LIQD	3	
CAPCOF SYRP	3	
CODITUSSIN AC LIQD	3	
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	Limit 10mls per day; QL(10 ml daily); AL(At least 6 yrs old)
MAR-COF CG EXPECTORANT LIQD	3	
M-CLEAR WC SOLN	3	
NINJACOF-XG LIQD	3	
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine</i>	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
Misc. Respiratory Inhalants		

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(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
HYPERSAL NEBU <i>(sodium chloride (inhalant))</i>	7		(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
HYPERSAL NEBU	3		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3	
NEBUSAL NEBU	3		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1		(Tretinoin) AVITA CREA 0.025 %	1	
<i>sodium chloride (inhalant) NEBU 7 %</i>	3		(Tretinoin) AVITA GEL 0.025 %	1	
Mucolytics			ABSORICA 10 MG, 25 MG <i>(isotretinoin)</i>	7	QL(4 ea daily; 150 Day(s) limit)
<i>acetylcysteine SOLN</i>	1		ABSORICA 35 MG, 40 MG <i>(isotretinoin)</i>	7	QL(2 ea daily; 150 Day(s) limit)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			ABSORICA 20 MG <i>(isotretinoin)</i>	7	QL(5 ea daily; 150 Day(s) limit)
Acne Products			ABSORICA 30 MG <i>(isotretinoin)</i>	7	QL(3 ea daily; 150 Day(s) limit)
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC	ACZONE 5 % <i>(dapsone (topical))</i>	7	ST; PA
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	3		ACZONE 7.5 % <i>(dapsone (topical))</i>	7	ST; QL(2 gm daily); PA
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	3		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	3	ST; Limit 45gms per month; QL(1.5 gm daily); PA
(Erythromycin (Acne Aid)) ERY PADS	3				
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)			

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<i>adapalene CREA</i>	1	QL(45 gm per fill retail)	DIFFERIN CREA (<i>adapalene</i>)	7	QL(45 gm per fill retail)
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 gm per fill retail; 135 per fill mail)
<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC	DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 gm per fill retail); RX/OTC
ATRALIN GEL (<i>tretinoin</i>)	7	Limit 45gms per month; QL(1.5 gm daily)	DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ml daily)
AZELEX	3		EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	7	ST; Limit 45gms per month; QL(1.5 gm daily); PA
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 gm daily)	EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month; QL(1.5 gm daily)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)	ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7	
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	7		<i>erythromycin (acne aid) GEL</i>	1	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	7		<i>erythromycin (acne aid) SOLN</i>	1	
<i>clindamycin phosphate (topical) FOAM</i>	3		EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	7	
<i>clindamycin phosphate (topical) GEL</i>	1		FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate (topical) SWAB</i>	3		<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	3		KLARON (<i>sulfacetamide sodium (acne)</i>)	7	
<i>clindamycin phosphate-tretinoin</i>	3	QL(1 gm daily)			
<i>dapsone (topical) 5 %</i>	3	ST; PA			
<i>dapsone (topical) 7.5 %</i>	3	ST; QL(2 gm daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin microsphere 0.08 %</i>	3	ST; Limit 50gms per month; QL(1.7 gm daily); PA
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)	<i>tretinoin GEL 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily)
RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)	VELTIN (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
RETIN-A MICRO PUMP 0.08 % (<i>tretinoin microsphere</i>)	7	ST; Limit 50gms per month; QL(1.7 gm daily); PA	ZIANA (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
RETIN-A CREA (<i>tretinoin</i>)	7		Agents for External Genital and Perianal Warts		
RETIN-A GEL (<i>tretinoin</i>)	7		VEREGEN	3	QL(30 gm per fill retail)
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3		Antibiotics - Topical		
<i>sulfacetamide sodium (acne)</i>	1		ALTABAX	3	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	3		CENTANY OINT	2	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	3		<i>gentamicin sulfate (topical) CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)	<i>gentamicin sulfate (topical) OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	3		<i>mupirocin OINT</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	Antifungals - Topical		
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 50gms per month; QL(1.7 gm daily)	(Ciclopirox) CICLODAN SOLN	3	
			(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH SOLN	1	RX/OTC
			(Ketoconazole (Topical)) KETODAN FOAM	3	
			(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
			<i>ciclopirox olamine CREA</i>	1	
			<i>ciclopirox olamine SUSP</i>	1	
			<i>ciclopirox GEL</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox SHAM</i>	3		<i>nystatin (topical) POWD EX</i>	1	
<i>ciclopirox SOLN</i>	3		<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC	<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail; 45 gm per 30 days retail)	<i>oxiconazole nitrate CREA</i>	3	
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(60 ml per fill retail; 60 ml per 30 days retail)	OXISTAT CREA (<i>oxiconazole nitrate</i>)	7	
<i>econazole nitrate CREA</i>	1		OXISTAT LOTN	3	
ECOZA FOAM	3	Limit 70gms per month; QL(2.5 gm daily)	Anti-inflammatory Agents - Topical		
ERTACZO	3	PA	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
EXODERM	3		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
EXTINA FOAM (<i>ketoconazole (topical)</i>)	7		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)	<i>diclofenac sodium (topical) SOLN EX 2 %</i>	3	QL(4 gm daily); PA
<i>ketoconazole (topical) FOAM</i>	3				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7				
LOPROX CREA (<i>ciclopirox olamine</i>)	7				
LOPROX SUSP (<i>ciclopirox olamine</i>)	7				
<i>luliconazole</i>	3				
LUZU (<i>luliconazole</i>)	3				
<i>naftifine hcl CREA</i>	3				
<i>naftifine hcl GEL 2 %</i>	3				
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	7				
NAFTIN GEL 1 %	3				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				

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PENNSAID SOLN EX 2 % <i>(diclofenac sodium topical)</i>	7	QL(4 gm daily); PA	<i>calcipotriene SOLN</i>	1	
PENNSAID SOLN EX	3	QL(4 gm daily); PA	COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA
VOLTAREN ARTHRITIS PAIN GEL EX <i>(diclofenac sodium topical)</i>	7	RX/OTC	COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA
<i>bexarotene topical</i>	1		COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ml daily); PA
CARAC CREA <i>(fluorouracil topical)</i>	2	QL(1 gm daily)	COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ml daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	3	PA	DOVONEX CREA <i>(calcipotriene)</i>	7	QL(5 gm daily)
EFUDEX CREA <i>(fluorouracil topical)</i>	7		<i>methoxsalen rapid</i>	1	
<i>fluorouracil topical</i> CREA 5 %	1		SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
<i>fluorouracil topical</i> SOLN	1		SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA
PANRETIN	3	PA	SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
TARGRETIN <i>(bexarotene topical)</i>	7				
VALCHLOR	3	ST; PA			
Antipruritics - Topical					
<i>doxepin hcl antipruritic</i>	3	QL(3 gm daily)			
PRUDOXIN <i>(doxepin hcl antipruritic)</i>	3	QL(3 gm daily)			
Antipsoriatics					
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)			
<i>acitretin 10 MG</i>	3	QL(1 ea daily)			
<i>acitretin 17.5 MG</i>	3				
<i>acitretin 25 MG</i>	3	QL(2 ea daily)			
<i>calcipotriene CREA</i>	1	QL(5 gm daily)			
<i>calcipotriene FOAM</i>	3	QL(4 gm daily)			
CALCIPOTRIENE FOAM	3	QL(4 gm daily)			
<i>calcipotriene OINT</i>	1	QL(5 gm daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SORILUX FOAM	3	QL(4 gm daily)	ZOVIRAX CREA (<i>acyclovir topical</i>)	7	Limit 5gms per month; QL(0.17 gm daily); PA
STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage; SP; PA	ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 gm daily)
STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage; QL(0.018 ml daily); SP; PA	Burn Products		
STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.012 ml daily); SP; PA	(Silver Sulfadiazine) SSD	1	
<i>tazarotene CREA</i>	1	QL(1 gm daily)	SILVADENE (<i>silver sulfadiazine</i>)	7	
<i>tazarotene GEL</i>	1	QL(1 gm daily)	<i>silver sulfadiazine</i>	1	
TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 gm daily)	SULFAMYLON CREA	3	
TAZORAC CREA	2	QL(1 gm daily)	Corticosteroids - Topical		
TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 gm daily)	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
TREMFYA SOPN	4	See plan documents for specific Coverage; QL(0.018 ml daily); PA	(Clobetasol Propionate Emulsion) TOVET	3	
TREMFYA SOSY	4	See plan documents for specific Coverage; QL(0.018 ml daily); PA	(Clobetasol Propionate) CLODAN SHAM	1	
Antiseborrheic Products			(Desonide) DESRX GEL	3	
<i>selenium sulfide LOTN 2.5 %</i>	1		(Flurandrenolide) NOLIX CREA	3	
Antivirals - Topical			(Flurandrenolide) NOLIX LOTN	3	PA
<i>acyclovir topical CREA</i>	3	Limit 5gms per month; QL(0.17 gm daily); PA	(Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.5 %	1	
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)	<i>alclometasone dipropionate CREA</i>	1	
			<i>alclometasone dipropionate OINT</i>	1	
			<i>amcinonide CREA</i>	1	
			<i>amcinonide LOTN</i>	3	
			<i>amcinonide OINT</i>	3	
			APEXICON E CREA	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LIQD</i>	3	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate LOTN</i>	3	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1		CLOBEX LIQD (<i>clobetasol propionate</i>)	7	
<i>betamethasone valerate CREA</i>	1		CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	7	
<i>betamethasone valerate FOAM</i>	3		CLOBEX SHAM (<i>clobetasol propionate</i>)	7	
<i>betamethasone valerate LOTN</i>	1		<i>clocortolone pivalate</i>	3	
<i>betamethasone valerate OINT</i>	1		CLODERM (<i>clocortolone pivalate</i>)	3	
<i>calcipotriene-betamethasone dipropionate OINT</i>	3	QL(2 gm daily); ST	CORDRAN CREA 0.025 %	3	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	3	QL(2 gm daily); ST	CORDRAN CREA (<i>flurandrenolide</i>)	7	
CAPEX SHAM	2		CORDRAN LOTN (<i>flurandrenolide</i>)	7	PA
<i>clobetasol propionate emollient base 0.05 %</i>	1		CORDRAN OINT	3	PA
<i>clobetasol propionate emulsion</i>	3		CORDRAN TAPE	3	
<i>clobetasol propionate CREA 0.05 %</i>	1		CUTIVATE LOTN (<i>fluticasone propionate</i>)	7	
<i>clobetasol propionate FOAM</i>	3		DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	7	
			DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7	
			<i>desonide CREA</i>	1	
			<i>desonide GEL</i>	3	
			<i>desonide LOTN</i>	1	
			<i>desonide OINT</i>	1	

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DESOWEN CREA (desonide)	7		<i>halobetasol propionate</i> OINT	1	
<i>desoximetasone</i> CREA	1		HALOG SOLN	3	
<i>desoximetasone</i> GEL	1		<i>hydrocortisone (topical)</i> CREA 2.5 %	1	
<i>desoximetasone</i> LIQD	3	PA	<i>hydrocortisone (topical)</i> LOTN 2.5 %	1	
<i>desoximetasone</i> OINT 0.05 %	3		<i>hydrocortisone (topical)</i> OINT 2.5 %	1	
<i>diflorasone diacetate</i> CREA	1		<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i>	3	
<i>diflorasone diacetate</i> OINT	1		<i>hydrocortisone butyrate</i> CREA	1	
DIPROLENE OINT (betamethasone dipropionate augmented)	7		<i>hydrocortisone butyrate</i> LOTN	3	PA
EPIFOAM FOAM	3		<i>hydrocortisone butyrate</i> OINT	1	
<i>fluocinolone acetonide</i> CREA	1		<i>hydrocortisone butyrate</i> SOLN	3	
<i>fluocinolone acetonide</i> OIL	1		<i>hydrocortisone valerate</i> CREA	3	
<i>fluocinolone acetonide</i> OINT	1		<i>hydrocortisone valerate</i> OINT	3	
<i>fluocinolone acetonide</i> SOLN	1		KENALOG AERS (triamcinolone acetonide (topical))	7	
<i>fluocinonide emulsified</i> base	1		LOCOID LIPOCREAM	3	
<i>fluocinonide</i> CREA	1		LOCOID LOTN (hydrocortisone butyrate)	7	PA
<i>fluocinonide</i> GEL	1		LUXIQ FOAM (betamethasone valerate)	7	
<i>fluocinonide</i> OINT	1		<i>mometasone furoate</i> CREA	1	
<i>fluocinonide</i> SOLN	1		<i>mometasone furoate</i> OINT	1	
<i>flurandrenolide</i> CREA	3		<i>mometasone furoate</i> SOLN	1	
<i>flurandrenolide</i> LOTN	3	PA	NUCORT LOTN	3	
<i>fluticasone propionate</i> CREA 0.05 %	1		OLUX-E (<i>clobetasol</i> <i>propionate emulsion</i>)	7	
<i>fluticasone propionate</i> LOTN	3		OLUX FOAM (<i>clobetasol</i> <i>propionate</i>)	7	
<i>fluticasone propionate</i> OINT	1				
<i>halobetasol propionate</i> CREA	1				

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PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
<i>prednicarbate OINT</i>	3	
SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	3	QL(2 gm daily); ST
TEMOVATE CREA (<i>clobetasol propionate</i>)	7	
TEMOVATE OINT (<i>clobetasol propionate</i>)	7	
TEXACORT SOLN 2.5 %	3	
TOPICORT CREA (<i>desoximetasone</i>)	7	
TOPICORT GEL (<i>desoximetasone</i>)	7	
TOPICORT LIQD (<i>desoximetasone</i>)	7	PA
TOPICORT OINT (<i>desoximetasone</i>)	7	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
ULTRAVATE LOTN	3	ST; PA

Drug Name	Drug Tier	Requirements/Limits
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	7	QL(60 gm per fill retail)
<i>pimecrolimus</i>	3	QL(60 gm per fill retail)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
CONDYLOX GEL (<i>podofilox</i>)	7	
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	
<i>salicylic acid SHAM 6 %</i>	1	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 %	1	QL(3 ea daily)
<i>lidocaine-prilocaine CREA</i>	3	
<i>lidocaine PTCH 5 %</i>	1	QL(3 ea daily)
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
Rosacea Agents		

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(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	3	ST; PA
<i>doxycycline (rosacea)</i>	3	ST; QL(1 ea daily); PA
FINACEA FOAM	3	
FINACEA GEL (<i>azelaic acid</i>)	7	
<i>ivermectin (rosacea)</i>	3	QL(1.5 gm daily); PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ml per fill retail)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)
MIRVASO (<i>brimonidine tartrate (topical)</i>)	7	ST; PA
ORACEA (<i>doxycycline (rosacea)</i>)	3	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
SOOLANTRA (<i>ivermectin (rosacea)</i>)	7	QL(1.5 gm daily); PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	3	RX/OTC
<i>ivermectin (pediculicide)</i>	3	RX/OTC
<i>malathion</i>	3	

Drug Name	Drug Tier	Requirements/Limits
NATROBA (<i>spinosad</i>)	3	AL(At least 4 yrs old)
OVIDE (<i>malathion</i>)	7	
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
SKLICE (<i>ivermectin (pediculicide)</i>)	7	RX/OTC
<i>spinosad</i>	3	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	QL(15 gm per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	

DIURETICS - Drugs to Treat Heart, Circulation

Drug Name	Drug Tier	Requirements/Limits
Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE	2	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7	
<i>amiloride & hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
EDECIN (<i>ethacrynic acid</i>)	7	ST
<i>ethacrynic acid</i>	3	ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>furosemide SOLN OR 40 MG/5ML</i>	3		ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	7	QL(0.15 ea daily)
<i>furosemide SOLN OR 10 MG/ML</i>	1		<i>alendronate sodium SOLN</i>	3	
<i>furosemide TABS</i>	1		<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
LASIX TABS (<i>furosemide</i>)	7		<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily)
SOAANZ TABS 20 MG (<i>torseamide</i>)	7		BONIVA TABS (<i>ibandronate sodium</i>)	7	QL(0.04 ea daily)
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1		<i>calcitonin (salmon) NA</i>	1	
<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily)	FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	QL(0.15 ea daily)
Potassium Sparing Diuretics			<i>ibandronate sodium TABS</i>	1	QL(0.04 ea daily)
ALDACTONE TABS (<i>spironolactone</i>)	7		<i>risedronate sodium TABS 150 MG</i>	3	QL(0.04 ea daily)
<i>amiloride hcl TABS</i>	1		<i>risedronate sodium TABS 35 MG</i>	3	QL(0.15 ea daily)
DYRENIUM CAPS (<i>triamterene</i>)	7		<i>risedronate sodium TABS 5 MG, 30 MG</i>	3	QL(1 ea daily)
<i>spironolactone TABS</i>	1		Fertility Regulators		
<i>triamterene CAPS</i>	3		(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
Thiazides and Thiazide-Like Diuretics			<i>clomiphene citrate TABS</i>	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
<i>chlorthalidone 25 MG, 50 MG</i>	1		Growth Hormones		
<i>hydrochlorothiazide CAPS</i>	1		HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1				
<i>hydrochlorothiazide TABS 12.5 MG</i>	3				
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1				
<i>metolazone</i>	1				
THALITONE	2				
ENDOCRINE AND METABOLIC AGENTS - MISC.					
- Drugs to Treat Bone Disease and Regulate Hormones					
Bone Density Regulators					
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	7	QL(0.04 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA	CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7	
Hormone Receptor Modulators			CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	7	
EVISTA (<i>raloxifene hcl</i>)	5	Grand Fathered Plans at Tier 2; PV	<i>cinacalcet hcl</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
OSPHENA	3	QL(1 ea daily)	CYSTADANE (<i>betaine</i>)	7	
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV	<i>doxercalciferol CAPS</i>	3	
LHRH/GnRH Agonist Analog Pituitary Suppressants			GALAFOLD	3	QL(0.5 ea daily)
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
SYNAREL	2		KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
Metabolic Modifiers			<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	3	
(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	Specialty Drug refer to Caremark SP RX	<i>levocarnitine (metabolic modifiers) TABS</i>	3	
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	Specialty Drug refer to Caremark SP RX	<i>nitisinone CAPS</i>	3	PA
<i>betaine</i>	3		ORFADIN CAPS (<i>nitisinone</i>)	7	PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7		ORFADIN SUSP	3	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7		<i>paricalcitol CAPS</i>	1	
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)	RAVICTI	3	PA
<i>calcitriol CAPS 0.25 MCG</i>	1		ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
<i>calcitriol SOLN OR</i>	1		ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	7		ROCALTROL SOLN OR (<i>calcitriol</i>)	7	
			<i>sapropterin dihydrochloride PACK</i>	1	Specialty Drug refer to Caremark SP RX

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<i>sapropterin dihydrochloride TABS</i>	1	Specialty Drug refer to Caremark SP RX	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
SENSIPAR (<i>cinacalcet hcl</i>)	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
<i>sodium phenylbutyrate POWD</i>	3		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
<i>sodium phenylbutyrate TABS</i>	3		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7		ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
Posterior Pituitary Hormones			ANGELIQ	3	
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)	CLIMARA PRO	2	Limit 4 patches per month; QL(0.143 ea daily)
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7		COMBIPATCH PTTW	3	
<i>desmopressin acetate spray</i>	1		DUAVEE	3	
<i>desmopressin acetate spray refrigerated</i>	1		<i>estradiol & norethindrone acetate TABS</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3		FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	7	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)	<i>norethindrone acetate-ethinyl estradiol</i>	1	
<i>desmopressin acetate TABS 0.1 MG</i>	1		ORIAHNN	3	PA
STIMATE SOLN NA	3		PREFEST	3	
Progesterone Receptor Antagonists			PREMPHASE	2	
MIFEPREX (<i>mifepristone</i>)	5	Grand Fathered Plans at Tier 2; PV	PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV	PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
Prolactin Inhibitors			Estrogens		
<i>cabergoline</i>	1		(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs			ALORA PTTW	2	QL(0.29 ea daily)
Estrogen Combinations					

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Drug Name	Drug Tier	Requirements/Limits
CLIMARA PTWK (<i>estradiol</i>)	7	QL(4 ea per fill retail; 4 ea per 30 days retail)
DELESTROGEN (<i>estradiol valerate</i>)	7	QL(5 ml per fill retail)
DIVIGEL GEL (<i>estradiol</i>)	7	
ELESTRIN GEL	3	
ESTRACE TABS (<i>estradiol</i>)	7	
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
<i>estradiol GEL</i>	3	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	QL(4 ea per fill retail; 4 ea per 30 days retail)
<i>estradiol TABS</i>	1	
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	QL(4 ea per 30 days retail)
MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
PREMARIN TABS 0.9 MG	2	
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	

Drug Name	Drug Tier	Requirements/Limits
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	3	ST; QL(1 ea daily); PA
OCALIVA 10 MG	3	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	3	PA
URSO 250 TABS (<i>ursodiol</i>)	7	
URSO FORTE TABS (<i>ursodiol</i>)	7	
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	7	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	3	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	3	
REGLAN TABS (<i>metoclopramide hcl</i>)	7	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	7	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ASACOL HD TBEC (<i>mesalamine</i>)	7	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 ea daily)
AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 ea daily)
<i>balsalazide disodium</i> CAPS	1	QL(9 ea daily; 280 ea per fill retail)
CANASA SUPP (<i>mesalamine</i>)	7	QL(1 ea daily)
COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 ea daily; 280 ea per fill retail)
DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 ea daily)
DIPENTUM	3	
LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 ea daily)
<i>mesalamine</i> CP24	1	QL(4 ea daily)
<i>mesalamine</i> CPCR	3	QL(8 ea daily); PA
<i>mesalamine</i> CPDR	1	QL(6 ea daily)
<i>mesalamine</i> ENEM	1	QL(60 ml daily)
<i>mesalamine</i> SUPP	1	QL(1 ea daily)
<i>mesalamine</i> TBEC 800 MG	1	
<i>mesalamine</i> TBEC 1.2 GM	1	QL(4 ea daily)
PENTASA CPCR (<i>mesalamine</i>)	7	QL(8 ea daily); PA
PENTASA CPCR 250 MG	3	PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Check benefits for coverage; 1 rtl pack lmt per fill; PA
<i>sulfasalazine</i> TABS	1	QL(8 ea daily)
<i>sulfasalazine</i> TBEC	1	QL(8 ea daily)
Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/Limits
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose</i> (<i>encephalopathy</i>)	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	3	
LINZESS	2	QL(1 ea daily)
LOTRONEX (<i>alosetron hcl</i>)	7	
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	3	
ENTEREG (<i>alvimopan</i>)	7	
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate</i> (<i>phosphate binder</i>) CAPS	1	
<i>calcium acetate</i> (<i>phosphate binder</i>) TABS	1	RX/OTC
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
FOSRENOL PACK	3	
<i>lanthanum carbonate</i> CHEW 750 MG	1	QL(4 ea daily)
<i>lanthanum carbonate</i> CHEW 500 MG	1	
<i>lanthanum carbonate</i> CHEW 1000 MG	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PHOSLYRA SOLN	3	
RENAGEL (<i>sevelamer hcl</i>)	7	QL(16 ea daily); PA
REVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 ea daily)
REVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
REVELA TABS (<i>sevelamer carbonate</i>)	7	
<i>sevelamer carbonate</i> PACK 0.8 GM	1	
<i>sevelamer carbonate</i> PACK 2.4 GM	1	QL(5 ea daily)
<i>sevelamer carbonate</i> TABS	1	
<i>sevelamer hcl</i> 400 MG	3	ST; PA
<i>sevelamer hcl</i> 800 MG	3	QL(16 ea daily); PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	ST; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
ORACIT	3	
ORAL CITRATE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pot & sod citrates w/citric ac</i> SOLN	3	
<i>potassium citrate (alkalinizer)</i> TBCR	1	
<i>potassium citrate-citric acid</i> SOLN	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
UROKIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROKIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROKIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
Cystinosis Agents		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG	3	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX (<i>tamsulosin hcl</i>)	7	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7	
PROSCAR (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
RAPAFLO 8 MG (<i>silodosin</i>)	7	QL(1 ea daily)
RAPAFLO 4 MG (<i>silodosin</i>)	3	
<i>silodosin 4 MG</i>	3	
<i>silodosin 8 MG</i>	3	QL(1 ea daily)
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC (<i>tiopronin</i>)	7	
THIOLA TABS (<i>tiopronin</i>)	7	
<i>tiopronin TABS</i>	3	
<i>tiopronin TBEC</i>	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine CAPS</i>	3	
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	7	
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	3	
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 ea daily)
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 ea daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Complement Inhibitors		
FABHALTA	3	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 100 MG	3	ST; PA
TAVALISSE 150 MG	3	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	3	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	
EFFIENT (<i>prasugrel hcl</i>)	7	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	3	ST; PA
CERDELGA	3	PA
<i>miglustat</i>	3	ST; PA
ZAVESCA (<i>miglustat</i>)	7	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	3	ST; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
SIKLOS TABS 1000 MG	3	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	Grand Fathered Plans at Tier 2; PV
Hematopoietic Growth Factors		
MULPLETA	3	PA
PROMACTA PACK 12.5 MG	3	QL(1 ea daily); PA
PROMACTA PACK 25 MG	3	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS	3	QL(1 ea daily); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>aminocaproic acid</i>)	7	
AMICAR TABS 1000 MG (<i>aminocaproic acid</i>)	7	
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	3	
<i>aminocaproic acid TABS 1000 MG</i>	3	
LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily; 5 Day(s) limit)
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
<i>estazolam</i>	1	
<i>eszopiclone</i>	3	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)
LUNESTA (<i>eszopiclone</i>)	7	QL(1 ea daily)
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)
RESTORIL 7.5 MG (<i>temazepam</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
RESTORIL 30 MG (<i>temazepam</i>)	7	QL(1 ea daily)
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 30 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	3	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	3	QL(1 ea daily); ST
ROZEREM (<i>ramelteon</i>)	7	QL(1 ea daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	Grand Fathered Plans at Tier 2; PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	Grand Fathered Plans at Tier 2; PV
PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	Grand Fathered Plans at Tier F
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	Grand Fathered Plans at Tier F
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
<i>lactulose SOLN</i>	1	
Saline Laxatives		
OSMOPREP	5	Grand Fathered Plans at Tier 2; PV
Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX SUPP (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	MACROLIDES - Drugs to Treat Bacterial Infections		
			Azithromycin		
			<i>azithromycin PACK</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
ZITHROMAX PACK (<i>azithromycin</i>)	7	
ZITHROMAX SUSR (<i>azithromycin</i>)	7	
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 ea per 365 days retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICI DE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV
FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV
KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	2	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
			TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	Diabetic Supplies		
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	Grand Fathered Plans at Tier 2; PV	ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	Grand Fathered Plans at Tier 2; PV	Parenteral Therapy Supplies		
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	Grand Fathered Plans at Tier 2; PV	ASSURE ID INSULIN SAFETY SYRINGE/1ML/3 1G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD NEEDLE/30G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine

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Drug Name	Drug Tier	Requirements/Limits
Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	4	PA
AJOVY SOSY	4	PA
EMGALITY SOAJ	4	PA
EMGALITY SOSY 120 MG/ML	4	PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
Migraine Combinations		
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	3	QL(0.27 ml daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	7	QL(0.27 ml daily)
Serotonin Agonists		
<i>almotriptan malate</i>	1	QL(0.2 ea daily)
AMERGE (<i>naratriptan hcl</i>)	7	QL(9 ea per fill retail; 9 ea per 30 days retail)
<i>eletriptan hydrobromide</i>	3	QL(0.2 ea daily)
FROVA (<i>frovatriptan succinate</i>)	7	QL(9 ea per fill retail; 9 ea per 30 days retail; 27 ea per 60 days mail)
<i>frovatriptan succinate</i>	3	QL(9 ea per fill retail; 9 ea per 30 days retail; 27 ea per 60 days mail)

Drug Name	Drug Tier	Requirements/Limits
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 ea daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	QL(6 ea per fill retail; 6 ea per 30 days retail)
IMITREX TABS (<i>sumatriptan succinate</i>)	7	QL(2 ea daily)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 ea daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	QL(0.6 ea daily)
<i>naratriptan hcl</i>	1	QL(9 ea per fill retail; 9 ea per 30 days retail)
RELPAK (<i>eletriptan hydrobromide</i>)	7	QL(0.2 ea daily)
<i>rizatriptan benzoate TABS</i>	1	QL(0.6 ea daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 ea daily)
<i>sumatriptan 5 MG/ACT</i>	1	QL(6 ea per fill retail; 6 ea per 30 days retail)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan succinate TABS</i>	1	QL(2 ea daily)
<i>zolmitriptan SOLN</i>	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
<i>zolmitriptan TABS</i>	3	QL(0.2 ea daily)
<i>zolmitriptan TBDP</i>	3	Limit 6 per month; QL(0.2 ea daily)
ZOMIG SOLN (<i>zolmitriptan</i>)	7	QL(6 ea per 30 days retail; 18 ea per 90 days mail)

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ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	7	QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
CALCIUM-FOLIC ACID PLUS D	3	
MAGNEBIND 400	3	
Fluoride		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
FLORIVA	3	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride TABS 0.5 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
Iodine Products		
<i>iodine strong (lugol's)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	

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Drug Name	Drug Tier	Requirements/Limits
(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 10 MEQ	1	
(Potassium Chloride) Klor-Con Pack OR 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 8 MEQ <i>(potassium chloride)</i>	2	
K-TAB TBCR 10 MEQ, 20 MEQ <i>(potassium chloride)</i>	7	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
<i>potassium chloride TBCR</i>	1	
Zinc		
GALZIN	3	
WILZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS <i>(penicillamine)</i>	7	PA
DEPEN TITRATABS TABS <i>(penicillamine)</i>	7	
<i>penicillamine CAPS</i>	1	PA
<i>penicillamine TABS</i>	1	
SYPRINE <i>(trientine hcl)</i>	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>trientine hcl 250 MG</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>trientine hcl 500 MG</i>	3	PA
Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
THALOMID	3	AC; Must use Exactus Specialty Rx 1-866-458-9246; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	3	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
<i>azathioprine TABS 75 MG, 100 MG</i>	3	
<i>azathioprine TABS 50 MG</i>	1	
CELLCEPT CAPS <i>(mycophenolate mofetil)</i>	7	
CELLCEPT SUSR <i>(mycophenolate mofetil)</i>	7	
CELLCEPT TABS <i>(mycophenolate mofetil)</i>	7	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	1	
IMURAN TABS <i>(azathioprine)</i>	7	
<i>mycophenolate mofetil CAPS</i>	1	

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<i>mycophenolate mofetil</i> SUSR	1	
<i>mycophenolate mofetil</i> TABS	1	
<i>mycophenolate sodium</i>	3	
MYFORTIC (<i>mycophenolate sodium</i>)	7	
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7	
PROGRAF CAPS (<i>tacrolimus</i>)	7	
PROGRAF PACK	3	PA
RAPAMUNE SOLN (<i>sirolimus</i>)	7	
RAPAMUNE TABS (<i>sirolimus</i>)	7	
SANDIMMUNE CAPS (<i>cyclosporine</i>)	7	
SANDIMMUNE SOLN OR <i>sirolimus</i> SOLN	2	
<i>sirolimus</i> TABS	3	
<i>tacrolimus</i> CAPS	1	
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	7	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate</i> POWD	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat)</i> 2 %	1	

Drug Name	Drug Tier	Requirements/Limits
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Dental Products		
NAFRINSE DAILY/NEUTRAL SOLR	3	
NAFRINSE WEEKLY SOLR	3	
PREVIDENT RINSE SOLN	3	
<i>sodium fluoride (dental)</i> SOLN 0.2 %	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	3	QL(3 ea daily)
EVOXAC (<i>cevimeline hcl</i>)	7	QL(3 ea daily)
<i>pilocarpine hcl (oral)</i> 7.5 MG	1	QL(4 ea daily)
<i>pilocarpine hcl (oral)</i> 5 MG	1	QL(6 ea daily)
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 ea daily)
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 ea daily)
MULTIVITAMINS		
Ped Multi Vitamins w/FI & FE		

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(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC	(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
			<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)
			POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLOR SUSP	3	
			QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
			QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC

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QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ESSENCE	2	
TRI-VI-FLOR	3		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
TRI-VI-FLORO	3		CITRANATAL MEDLEY	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			C-NATE DHA CAPS	3	
FLORIVA	3		COMPLETENATE CHEW	2	
Prenatal Vitamins			CONCEPT DHA	2	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		CONCEPT OB	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		CVS WOMENS PRENATAL+DHA MISC	3	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	3		DUET DHA 400 MISC	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3		ENBRACE HR	3	
ATABEX EC TBEC	2		FOLIVANE-OB	2	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
CITRANATAL ASSURE	2		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS	3	
CITRANATAL BLOOM	3		NESTABS DHA	2	
CITRANATAL BLOOM DHA	2		NESTABS ONE	3	
CITRANATAL DHA	2		OB COMPLETE ONE	3	
			OB COMPLETE PETITE	3	
			OB COMPLETE PREMIER	3	
			OB COMPLETE/DHA	3	

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OBSTETRIX DHA MISC	2		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3		PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2		PRENATE PIXIE	3	
PNV-DHA+DOCUSATE	3		PRENATE RESTORE	3	
PNV-OMEGA	3		PROVIDA OB	2	
PREMESISRX	3		RELNATE DHA CAPS	3	
PRENA 1 TRUE	2		SELECT-OB+DHA MISC	3	
PRENA1 CHEW	3		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PRENA1 PEARL	3		SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
PRENAISSANCE	3		SE-NATAL 19 CHEW	2	
PRENAISSANCE PLUS CAPS	3		SE-NATAL 19 TABS	3	RX/OTC
PRENATAL 19 CHEW	2		THRIVITE RX TABS	2	RX/OTC
PRENATAL 19 TABS	3	RX/OTC	TRINATAL RX 1 TABS	2	
PRENATAL MULTIVITAMIN PLUS DHA MISC	3		TRISTART DHA	3	
PRENATAL+DHA MISC	3		TRISTART ONE	3	
PRENATAL-U CAPS	2		VINATE DHA RF	3	
PRENATE	3		VINATE ONE TABS	2	
PRENATE AM	3		VIRT-C DHA	2	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		VIRT-NATE DHA CAPS	3	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		VIRT-PN DHA	3	
PRENATE ENHANCE	3		VITAFOL GUMMIES	3	
			VITAFOL-NANO	3	

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VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATRUE	2	
VIVA DHA CAPS	3	
VP-PNV-DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
WESTGEL DHA	3	
ZATEAN-PN DHA	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	3	
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>carisoprodol TABS 250 MG</i>	3	Use 350mg or 500mg
<i>carisoprodol TABS 350 MG</i>	1	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	3	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 800 MG</i>	3	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
SOMA TABS 250 MG (<i>carisoprodol</i>)	7	Use 350mg or 500mg

Drug Name	Drug Tier	Requirements/Limits
SOMA TABS 350 MG (<i>carisoprodol</i>)	7	
<i>tizanidine hcl CAPS</i>	3	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	7	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7	
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	3	Limit 1 bottle per month; QL(0.77 gm daily)
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	7	Limit 1 bottle per month; QL(0.77 gm daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)
<i>olopatadine hcl (nasal)</i>	3	
PATANASE (<i>olopatadine hcl (nasal)</i>)	7	
Nasal Anticholinergics		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal)</i>	1		(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPDOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)
Nasal Steroids					
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC	FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
			FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
			<i>fluticasone propionate (nasal) SUSP</i>	1	QL(32 gm per fill retail; 32 gm per 30 days retail); RX/OTC
			<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC	NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
			NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
			NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
XHANCE EXHU	3	QL(1.07 ml daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>riluzole</i>)	7	
<i>riluzole</i> TABS	3	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	2	PA
NUTRIENTS		
Lipids		
DOJOLVI	3	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	3	
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	3	
<i>carteolol hcl (ophth)</i>	3	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	7	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	3	
<i>timolol maleate (ophth) SOLN</i>	3	
<i>timolol maleate (ophth) SOLN</i>	1	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	7	
Cycloplegic Mydriatics		
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MYDRIACYL SOLN (<i>tropicamide</i>)	7		<i>ciprofloxacin hcl (ophth)</i> SOLN	1	
<i>phenylephrine hcl (mydriatic)</i> SOLN 10 %	3		ERYTHROMYCIN	2	
<i>phenylephrine hcl (mydriatic)</i> SOLN 2.5 %	1		<i>erythromycin (ophth)</i>	1	
<i>tropicamide</i> SOLN	3		<i>gatifloxacin (ophth)</i>	1	
Miotics			<i>gentamicin sulfate (ophth)</i> SOLN	1	
ISOPTO CARPINE SOLN 1 % (<i>pilocarpine hcl</i>)	7	QL(0.5 ml daily)	KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(6 ml per 30 days retail)
<i>pilocarpine hcl</i> SOLN 1 %, 2 %, 4 %	1	QL(0.5 ml daily)	<i>levofloxacin (ophth)</i> 1.5 %	3	
Ophthalmic Adrenergic Agents			<i>moxifloxacin hcl (ophth)</i> SOLN OP	1	QL(3 ml per fill retail)
ALPHAGAN P (<i>brimonidine tartrate</i>)	7		NATACYN	2	
<i>apraclonidine hcl</i>	3		<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>brimonidine tartrate</i>	1		<i>neomycin-polymyxin-gramicidin</i>	1	
IOPIDINE	3		OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)
Ophthalmic Anti-infectives			<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1		<i>polymyxin b-trimethoprim</i>	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1		POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		POVIDONE IODINE	3	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(6 ml per 30 days retail)	<i>sulfacetamide sodium (ophth)</i> OINT	1	
<i>bacitracin (ophthalmic)</i>	1		<i>sulfacetamide sodium (ophth)</i> SOLN	1	
<i>bacitracin-polymyxin b (ophth)</i>	1		<i>tobramycin (ophth)</i> SOLN	1	
BESIVANCE	3		TOBEX OINT	2	
BETADINE OPHTHALMIC PREP	3		<i>trifluridine</i>	1	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	7		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)
CILOXAN OINT	2		ZIRGAN GEL	3	
			ZYMAXID (<i>gatifloxacin (ophth)</i>)	7	
			Ophthalmic Immunomodulators		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine (ophth)</i> EMUL	1	QL(2 ea daily)	<i>loteprednol etabonate</i> GEL	3	
Ophthalmic Local Anesthetics			<i>loteprednol etabonate</i> SUSP 0.5 %	3	Limit 1 bottle per month; QL(0.2 ml daily)
(Tetracaine Hcl (Ophth)) ALTACAINE	3		<i>loteprednol etabonate</i> SUSP 0.2 %	3	
AKTEN	3		MAXIDEX SUSP OP	2	
ALCAINE (proparacaine hcl)	7		MAXITROL OINT (neomycin-polymyxin-dexameth)	7	
<i>proparacaine hcl</i>	3		MAXITROL SUSP (neomycin-polymyxin-dexameth)	7	
<i>tetracaine hcl (ophth)</i>	3		<i>neomycin-polymyxin-dexameth OINT</i>	1	
Ophthalmic Steroids			<i>neomycin-polymyxin-dexameth SUSP</i>	1	
(Bacitracin-Poly-Neomycin-HC) NEO-POLY-CIN HC	1	QL(4 gm per fill retail)	<i>neomycin-polymyxin-hc (ophth)</i>	1	
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		PRED MILD	2	
ALREX SUSP (loteprednol etabonate)	7		PRED-G S.O.P. OINT	3	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)	PRED-G SUSP	3	
BLEPHAMIDE S.O.P. OINT	2		<i>prednisolone acetate (ophth)</i>	1	
BLEPHAMIDE SUSP	2		PREDNISOLONE SODIUM PHOSPHATE	2	
<i>difluprednate</i>	3		PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
DUREZOL (difluprednate)	7		TOBRADEX ST SUSP	3	
FLAREX	2		TOBRADEX OINT	3	
<i>fluorometholone (ophth)</i> SUSP	1		TOBRADEX SUSP (tobramycin-dexamethasone)	7	QL(5 ml per fill retail)
FML FORTE SUSP	2		<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
FML LIQUIFILM SUSP (fluorometholone (ophth))	7		ZYLET	3	QL(5 ml per fill retail)
FML OINT	2		Ophthalmics - Misc.		
LOTEMAX GEL (loteprednol etabonate)	7				
LOTEMAX OINT	3				
LOTEMAX SUSP (loteprednol etabonate)	7	Limit 1 bottle per month; QL(0.2 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC	<i>bromfenac sodium (ophth)</i> 0.09 %	1	
			<i>bromfenac sodium (ophth)</i> 0.07 %, 0.075 %	3	
			BROMSITE (<i>bromfenac sodium (ophth)</i>)	7	
			<i>cromolyn sodium (ophth)</i>	1	
			CYSTARAN	3	Limit 4 bottles per month; QL(2.15 ml daily)
			<i>diclofenac sodium (ophth)</i>	1	
			<i>dorzolamide hcl</i>	1	
			DORZOLAMIDE HCL	2	
			<i>epinastine hcl (ophth)</i>	1	
			<i>flurbiprofen sodium</i>	1	
			ILEVRO	3	
			<i>ketorolac tromethamine (ophth)</i>	1	
			LASTACFT	3	ST
			NEVANAC	3	
			<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
			<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
			PAREMYD	3	
			PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
			PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
			PATADAY EXTRA STRENGTH	3	Limit 2.5mls per month; QL(0.084 ml daily); ST
			PROLENSA (<i>bromfenac sodium (ophth)</i>)	7	
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC			
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	7				
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7				
ACUVAIL	3				
ALOCRIAL	3				
ALOMIDE	2				
<i>azelastine hcl (ophth)</i>	1				
AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.4 ml daily)			
<i>bepotastine besilate</i>	3	Limit 10ml per month; QL(0.34 ml daily); ST			
BEPREVE (<i>bepotastine besilate</i>)	7	Limit 10ml per month; QL(0.34 ml daily); ST			
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits
TRUSOPT (<i>dorzolamide hcl</i>)	7	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	3	QL(1 ea daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.09 ml daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ml daily)
ZIOPTAN (<i>tafluprost</i>)	7	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	3	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	7	
<i>fluocinolone acetonide (otic)</i>	3	
<i>hydrocortisone w/acetic acid</i>	3	QL(10 ml per fill retail; 30 per fill mail)
HYDROCORTISONE/ACETIC ACID (<i>hydrocortisone w/acetic acid</i>)	7	QL(10 ml per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	7	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)
<i>megestrol acetate (appetite)</i>	3	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 ea daily)
PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 ea daily)
PROVERA 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	7	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	3	ST; PA
XYREM SOLN	3	ST; PA
Antidementia Agents		
ARICEPT TABS (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
EXELON (<i>rivastigmine</i>)	7	
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24 7 MG</i>	3	ST; PA
<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	3	PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	7	PA
NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	7	ST; PA
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 ea daily)
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)
NAMZARIC C4PK	3	PA
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	3	PA
NAMZARIC CP24 7 MG-10 MG	3	ST; PA
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 ea daily)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>olanzapine-fluoxetine hcl</i>	3	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	7	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
SAVELLA TABS	3	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS 9 MG	3	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 12 MG	3	QL(4 ea daily); PA
AUSTEDO TABS 6 MG	3	ST; QL(2 ea daily); PA
INGREZZA CAPS 60 MG	3	QL(1 ea daily); PA
INGREZZA CAPS 40 MG, 80 MG	3	QL(1 ea daily); PA
INGREZZA CPPK	3	PA
<i>tetrabenazine</i>	3	
XENAZINE (<i>tetrabenazine</i>)	7	
Multiple Sclerosis Agents		
AMPYRA (<i>dalfampridine</i>)	7	PA
AUBAGIO (<i>teriflunomide</i>)	7	QL(1 ea daily)
<i>dalfampridine</i>	1	PA
<i>dimethyl fumarate CDPK</i>	3	QL(60 ea per 365 days retail)
<i>dimethyl fumarate CPDR</i>	3	QL(2 ea daily)
<i> fingolimod hcl</i>	1	QL(1 ea daily)
GILENYA 0.5 MG	2	QL(1 ea daily)
GILENYA (<i> fingolimod hcl</i>)	7	QL(1 ea daily)
KESIMPTA	3	Check plan documents for coverage; QL(0.0143 ml daily); PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA
MAYZENT TABS 1 MG	3	not available thru mail order; PA
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOSY IM	4	PA	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	Grand Fathered Plans at Tier 2; PV
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	7	QL(60 ea per 365 days retail)			
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	QL(2 ea daily)			
<i>teriflunomide</i>	1	QL(1 ea daily)			
Pseudobulbar Affect (PBA) Agents					
NUDEXTA	3	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	3				
Smoking Deterrents					
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	5	Grand Fathered Plans at Tier 2; PV			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	Grand Fathered Plans at Tier 2; PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	Grand Fathered Plans at Tier 2; PV
			(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	Grand Fathered Plans at Tier 2; PV	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR		
APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
<i>bupropion hcl (smoking deterrent)</i>	5	Grand Fathered Plans at Tier 2; PV
NICODERM CQ PT24 TD (<i>nicotine</i>)	5	Grand Fathered Plans at Tier 2; PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>nicotine polacrilex GUM</i>	5	Grand Fathered Plans at Tier 2; PV
<i>nicotine polacrilex LOZG</i>	5	Grand Fathered Plans at Tier 2; PV
NICOTINE TRANSDERMAL SYSTEM KIT	5	Grand Fathered Plans at Tier 2; PV
<i>nicotine MISC XX</i>	5	Grand Fathered Plans at Tier 2; PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	Grand Fathered Plans at Tier 2; PV
NICOTROL INHALER INHA	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV
<i>varenicline tartrate TABS</i>	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	3	PA
KALYDECO TABS	3	PA
ORKAMBI PACK 94 MG-75 MG	3	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	PA
ORKAMBI TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO 150 MG-100 MG	3	PA
SYMDEKO 75 MG-50 MG	3	PA
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 ea daily); PA
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	2	QL(3 ea daily); PA
ESBRIET TABS (<i>pirfenidone</i>)	2	QL(3 ea daily); PA
OFEV	3	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	1	QL(3 ea daily); PA
<i>pirfenidone TABS</i>	1	QL(3 ea daily); PA
SULFONAMIDES - Drugs to Treat Bacterial		

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Drug Name	Drug Tier	Requirements/Limits
Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 150 MG</i>	3	ST
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>doxycycline hyclate TABS 20 MG</i>	3	
<i>minocycline hcl CAPS</i>	1	
<i>tetracycline hcl CAPS</i>	1	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	
THYROID AGENTS - Drugs to Regulate Thyroid		

Drug Name	Drug Tier	Requirements/Limits
Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 ea daily)
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	1	
<i>levothyroxine sodium CAPS 125 MCG</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	7	
<i>liothyronine sodium</i> TABS 5 MCG	1		CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	7	
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 ea daily)	<i>dicyclomine hcl</i> CAPS	1	
NIVA THYROID TABS	2		<i>dicyclomine hcl</i> SOLN OR	1	
NP THYROID 120 TABS	2		<i>dicyclomine hcl</i> TABS	1	
NP THYROID 15 TABS	2		<i>glycopyrrolate</i> SOLN OR 1 MG/5ML	1	
NP THYROID 30 TABS	2		<i>glycopyrrolate</i> TABS 1 MG, 2 MG	1	
NP THYROID 60 TABS	2		<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
NP THYROID 90 TABS	2		<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2		<i>hyoscyamine sulfate</i> TB12 0.375 MG	1	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)	<i>hyoscyamine sulfate</i> TBDP 0.125 MG	1	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		LEVBIID TB12 (<i>hyoscyamine sulfate</i>)	7	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3		LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7	
Antispasmodics			<i>methscopolamine bromide</i>	1	
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1		ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	7	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1		ROBINUL TABS (<i>glycopyrrolate</i>)	7	
			H-2 Antagonists		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUM STRENGTH, HEARTBURN RELIEF MAXIMUM STRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	1	QL(4 ea daily); RX/OTC	<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)	
			<i>famotidine TABS 20 MG</i>	1	QL(4 ea daily); RX/OTC	
			<i>nizatidine CAPS</i>	1		
			<i>nizatidine SOLN</i>	1		
			PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC	
			PEPCID AC TABS 20 MG (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC	
			PEPCID TABS 20 MG (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC	
			PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 ea daily)	
	Misc. Anti-Ulcer					
			CARAFATE SUSP (<i>sucralfate</i>)	7		
		CARAFATE TABS (<i>sucralfate</i>)	7	QL(4 ea daily)		
		<i>sucralfate SUSP</i>	1			
		<i>sucralfate TABS</i>	1	QL(4 ea daily)		
Proton Pump Inhibitors						
		(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC		
		(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC		
<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	1					
<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)				
<i>cimetidine TABS 300 MG, 800 MG</i>	1					
<i>famotidine SUSR</i>	3					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)	<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
			<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
			<i>pantoprazole sodium PACK</i>	3	QL(1 ea daily)
			<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
			PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 ea daily); RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)	PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
			PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily); AL(Up to 12 yrs old)
			PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily)
			PRIOLOSEC PACK	3	
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)	PROTONIX PACK (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
			PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
			RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
			<i>rabeprazole sodium TBEC</i>	3	ST; QL(1 ea daily); PA
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	7	ST; QL(1 ea daily); PA	Ulcer Drugs - Prostaglandins		
FIRST-OMEPRAZOLE SUSP	3		CYTOTEC (<i>misoprostol</i>)	7	
<i>lansoprazole CPDR</i>	1	QL(1 ea daily)	<i>misoprostol</i>	1	
<i>lansoprazole TBDD 30 MG</i>	3	QL(1 ea daily); AL(Up to 12 yrs old)	Ulcer Therapy Combinations		
<i>lansoprazole TBDD 15 MG</i>	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3		HELIDAC THERAPY	3	
			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		

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Drug Name	Drug Tier	Requirements/Limits
<i>darifenacin hydrobromide</i>	3	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 ea daily)
DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	7	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 ea daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	QL(2 ea daily)
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	7	QL(1 ea daily)
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	7	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
MYRBETRIQ TB24 50 MG	3	QL(1 ea daily); PA
MYRBETRIQ TB24 (<i>mirabegron</i>)	7	QL(1 ea daily); PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flvoxate hcl</i>	1	
VACCINES		
Viral Vaccines		

Drug Name	Drug Tier	Requirements/Limits
COVID VACCINES	5	
FLUMIST QUADRIVALENT	5	Grand Fathered Plans at Tier 2; PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVEGEL GEL	5	Grand Fathered Plans at Tier 2; PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	3	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	3	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	
FEMRING	3	QL(1 ea per 90 days retail)
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis)</i> SOAJ 0.3 MG/0.3ML	4	See plan documents for specific Coverage ; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis)</i> SOAJ	4	QL(2 ea per fill retail; 4 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	3	PA
NORTHERA (<i>droxidopa</i>)	7	PA
Vasopressors		
<i>midodrine hcl</i>	3	
VITAMINS		
Oil Soluble Vitamins		

Drug Name	Drug Tier	Requirements/Limits
DRISDOL CAPS (<i>ergocalciferol</i>)	7	
<i>ergocalciferol CAPS</i>	1	
MEPHYTON TABS (<i>phytonadione</i>)	7	
<i>phytonadione TABS 5 MG</i>	1	

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	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG73	(Indomethacin) INDOCIN SUPP4

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(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..55	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .49	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG 49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..55	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...49	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 49
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG 55	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...49	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX 49
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 64	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG104
(Ketoconazole (Topical)) KETODAN FOAM 57	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG .49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG104
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 70	(Levonorgestrel (Emergency OC)) AFTERA, ATERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG 53	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 104
(Lactulose) CONSTULOSE SOLN 10 GM/15ML74	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-2849	(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 %63
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT15	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO,	(Lorazepam) LORAZEPAM INTENSOL CONC 11
(Lamotrigine) SUBVENITE TABS . 15		(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC7
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .106		(Methylergonovine Maleate) METHERGINE TABS93
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .106		(Metronidazole (Topical)) ROSADAN

CREA	64	NICOTINE MINI, GNP NICOTINE	POLACRILEX GUM, HM NICOTINE
(Metronidazole (Topical)) ROSADAN		MINI LOZENGE, GNP NICOTINE	POLACRILEX, KLS QUIT2, KLS
GEL 0.75 %	64	POLACRILEX, GNP NICOTINE	QUIT4, PX STOP SMOKING AID,
(Miconazole Nitrate Vaginal)		POLACRILEX MINI, GOODSENSE	RA NICOTINE, RA NICOTINE GUM,
MICONAZOLE 3 SUPP 200 MG .	108	NICOTINE, GOODSENSE	SM NICOTINE, SM NICOTINE
(Miglustat) YARGESA	72	NICOTINE POLACRILEX, HM	POLACRILEX, THRIVE GUM 2 MG
(Mometasone Furoate (Nasal))		NICOTINE POLACRILEX, KLS	97
ALLERGY NASAL SPRAY SUSP .	88	QUIT2, KLS QUIT4, NICOTINE MINI	(Nicotine Polacrilex) CVS NICOTINE,
(Nabumetone) RELAFEN 500 MG .	4	LOZENGE, NICOTINE POLACRILEX	CVS NICOTINE GUM, CVS
(Nabumetone) RELAFEN 750 MG .	4	MINI, PX STOP SMOKING AID, RA	NICOTINE POLACRILEX, CVS
(Neomycin-Bacitracin Zn-Polymyxin)		MINI NICOTINE, RA NICOTINE	NICOTINE POLACRILEX STARTER,
NEO-POLYCIN	90	POLACRILEX, SM NICOTINE, SM	EQ NICOTINE POLACRILEX, EQL
(Niacin (Antihyperlipidemic)) NIACOR		NICOTINE POLACRILEX LOZG 4	NICOTINE POLACRILEX REFILL,
TABS	26	MG	EQL NICOTINE POLACRILEX
(Nicotine Polacrilex) CVS NICOTINE		96	STARTER, GNP NICOTINE GUM,
LOZENGE, CVS NICOTINE		(Nicotine Polacrilex) CVS NICOTINE	GNP NICOTINE POLACRILEX,
POLACRILEX, EQ NICOTINE		LOZENGE, CVS NICOTINE	GOODSENSE NICOTINE GUM,
LOZENGES, EQ NICOTINE		POLACRILEX, EQ NICOTINE	GOODSENSE NICOTINE
POLACRILEX, EQL NICOTINE		LOZENGES, EQ NICOTINE	POLACRILEX GUM, HM NICOTINE
POLACRILEX, FT NICOTINE, FT		POLACRILEX, EQL NICOTINE	POLACRILEX, KLS QUIT2, KLS
NICOTINE MINI, GNP NICOTINE		POLACRILEX, FT NICOTINE, FT	QUIT4, PX STOP SMOKING AID,
MINI LOZENGE, GNP NICOTINE		NICOTINE MINI, GNP NICOTINE	RA NICOTINE, RA NICOTINE GUM,
POLACRILEX, GNP NICOTINE		MINI LOZENGE, GNP NICOTINE	SM NICOTINE, SM NICOTINE
POLACRILEX MINI, GOODSENSE		POLACRILEX, GNP NICOTINE	POLACRILEX, THRIVE GUM 4 MG
NICOTINE, GOODSENSE		POLACRILEX MINI, GOODSENSE	97
NICOTINE POLACRILEX, HM		NICOTINE, GOODSENSE	(Nicotine Polacrilex) CVS NICOTINE,
NICOTINE POLACRILEX, KLS		NICOTINE POLACRILEX, HM	CVS NICOTINE GUM, CVS
QUIT2, KLS QUIT4, NICOTINE MINI		NICOTINE POLACRILEX, KLS	NICOTINE POLACRILEX, CVS
LOZENGE, NICOTINE POLACRILEX		QUIT2, KLS QUIT4, NICOTINE MINI	NICOTINE POLACRILEX STARTER,
MINI, PX STOP SMOKING AID, RA		LOZENGE, NICOTINE POLACRILEX	EQ NICOTINE POLACRILEX, EQL
MINI NICOTINE, RA NICOTINE		MINI, PX STOP SMOKING AID, RA	NICOTINE POLACRILEX REFILL,
POLACRILEX, SM NICOTINE, SM		MINI NICOTINE, RA NICOTINE	EQL NICOTINE POLACRILEX
NICOTINE POLACRILEX LOZG 2		POLACRILEX, SM NICOTINE, SM	STARTER, GNP NICOTINE GUM,
MG	97	NICOTINE POLACRILEX LOZG .	GNP NICOTINE POLACRILEX,
(Nicotine Polacrilex) CVS NICOTINE		96	GOODSENSE NICOTINE GUM,
LOZENGE, CVS NICOTINE		(Nicotine Polacrilex) CVS NICOTINE,	GOODSENSE NICOTINE
POLACRILEX, EQ NICOTINE		CVS NICOTINE GUM, CVS	POLACRILEX GUM, HM NICOTINE
LOZENGES, EQ NICOTINE		NICOTINE POLACRILEX, CVS	POLACRILEX, KLS QUIT2, KLS
POLACRILEX, EQL NICOTINE		NICOTINE POLACRILEX STARTER,	QUIT4, PX STOP SMOKING AID,
POLACRILEX, FT NICOTINE, FT		EQ NICOTINE POLACRILEX, EQL	RA NICOTINE, RA NICOTINE GUM,
		NICOTINE POLACRILEX REFILL,	SM NICOTINE, SM NICOTINE
		EQL NICOTINE POLACRILEX	POLACRILEX, THRIVE GUM
		STARTER, GNP NICOTINE GUM,	98
		GNP NICOTINE POLACRILEX,	(Nicotine) CVS NICOTINE
		GOODSENSE NICOTINE GUM,	TRANSDERMALSYSTEM, CVS
		GOODSENSE NICOTINE	

NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1,
 HM NICOTINE TRANSDERMAL
 SYSTEM STEP 2, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 3,
 NICOTINE STEP 1, NICOTINE
 STEP 3, NICOTINE TRANSDERMAL
 SYSTEM STEP 1, NICOTINE
 TRANSDERMAL SYSTEM STEP
 1/CLEAR, NICOTINE
 TRANSDERMAL SYSTEM STEP 2,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 2/CLEAR,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 3, NICOTINE
 TRANSDERMAL SYSTEMSTEP STEP
 3/CLEAR, QC NICOTINE
 TRANSDERMAL SYSTEM/STEP 1,
 QC NICOTINE TRANSDERMAL
 SYSTEM/STEP 2, RA NICOTINE,
 RA NICOTINE TRANSDERMAL
 SYSTEM, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 1/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 2/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 3/CLEAR PT24 TD 14 MG/24HR, 21
 MG/24HR 98

 (Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS
 NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMAL SYSTEM STEP 1,
 HM NICOTINE TRANSDERMAL
 SYSTEM STEP 2, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 3,
 NICOTINE STEP 1, NICOTINE
 STEP 3, NICOTINE TRANSDERMAL
 SYSTEM STEP 1, NICOTINE
 TRANSDERMAL SYSTEM STEP
 1/CLEAR, NICOTINE
 TRANSDERMAL SYSTEM STEP 2,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 2/CLEAR,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 3, NICOTINE
 TRANSDERMAL SYSTEMSTEP STEP
 3/CLEAR, QC NICOTINE
 TRANSDERMAL SYSTEM/STEP 1,
 QC NICOTINE TRANSDERMAL
 SYSTEM/STEP 2, RA NICOTINE,
 RA NICOTINE TRANSDERMAL
 SYSTEM, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 1/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 2/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 3/CLEAR PT24 TD 14 MG/24HR, 21
 MG/24HR 99

 (Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS
 NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE

TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR 101
 (Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2,

SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..103	MIBELAS 24 FE CHEW 50 (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS50 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 50 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 50 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG 50 (Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG50 (Norethindrone & Ethinyl Estradiol- Fe) WYMZYA FE 35 MCG-0.4 MG 50 (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 53 (Norethindrone Acet & Eth Estra)	AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG 51 (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG 51 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 68 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 68 (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 51 (Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/751 (Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 51 (Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 51
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY52 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG50 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 50 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA,		

(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 51	OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR107	VITAMIN/FLUORIDE DROPS SOLN . 84 (Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 84
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 57	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG .. 9	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 84
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %92	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG ..9	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E74
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %92	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...9	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM 74
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG107	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-7.5 MG ..9	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %89
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG107	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML 84	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % 89
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG107	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ... 84	(Phenylephrine-Brompheniramine- DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML54
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG107	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML 84	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG18
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG107	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 84	(Phenytoin) PHENYTOIN INFATABS CHEW18
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG107	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 84	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP 71
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG107	(Pediatric Multivitamins W/Fl) MULTI-	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL81
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG107	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 81	

(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	200 MG-150 MCG-30 UNIT-29 MG 85 (Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 85 (Prochlorperazine) COMPRO40 (Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG24 (Promethazine Hcl) PROMETHEGAN SUPP 50 MG24 (Salicylic Acid) KERALYT SHAM 6 %63 (Sapropterin Dihydrochloride) JAVYGTOR PACK67 (Sapropterin Dihydrochloride) JAVYGTOR TABS67 (Silver Sulfadiazine) SSD 60 (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 55 (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 55 (Sodium Citrate & Citric Acid) CYTRA-271 (Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP81 (Sodium Fluoride) NAFRINSE CHEW 2.2 MG81 (Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML83 (Sotalol Hcl) SORINE TABS44 (Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %55 (Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING	WASH EMUL 10 %-10 %-4 %55 (Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP . . .30 (Tadalafil (Pulmonary Hypertension)) ALYQ TABS47 (Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM10 (Tetracaine Hcl (Ophth)) ALTACAINE91 (Theophylline) ELIXOPHYLLIN ELIX . 14 (Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %89 (Tretinoin) AVITA CREA 0.025 % . 55 (Tretinoin) AVITA GEL 0.025 % . . 55 (Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE83 (Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI- SYMPTOM, RA NASAL ALLERGY SPRAY AERO 88 (Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %60 (Vigabatrin) VIGADRONE TABS . . 18 (Vigabatrin) VIGADRONE, VIGPODER PACK 18 (Warfarin Sodium) JANTOVEN TABS
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14	acetazolamide TABS 250 MG 65	acyclovir TABS OR 800 MG 43
abacavir sulfate SOLN 41	acetic acid (otic) 93	acyclovir topical CREA 60
abacavir sulfate TABS 41	acetylcysteine SOLN 55	acyclovir topical OINT 60
abacavir sulfate-lamivudine 41	ACIPHEX TBEC (rabeprazole sodium) 107	ACZONE 5 % (dapson (topical)) . 55
ABILIFY TABS 15 MG (aripiprazole) . 41	acitretin 10 MG 59	ACZONE 7.5 % (dapson (topical)) 55
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) 41	acitretin 17.5 MG 59	ADALIMUMAB-ADAZ SOAJ 3
ABILIFY TABS 20 MG (aripiprazole) . 40	acitretin 25 MG 59	ADALIMUMAB-ADAZ SOSY 3
abiraterone acetate 33	ACTIQ LPOP 1600 MCG (fentanyl citrate) 8	adapalene CREA 56
ABSORICA 10 MG, 25 MG (isotretinoin) 55	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate) 8	adapalene GEL 0.1 % 56
ABSORICA 20 MG (isotretinoin) .. 55	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 68	adapalene GEL 0.3 % 56
ABSORICA 30 MG (isotretinoin) .. 55	ACTONEL TABS 150 MG (risedronate sodium) 66	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % 55
ABSORICA 35 MG, 40 MG (isotretinoin) 55	ACTONEL TABS 35 MG (risedronate sodium) 66	adapalene-benzoyl peroxide GEL 2.5 %-0.3 % 55
acamprosate calcium 94	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 20	ADCIRCA TABS (tadalafil (pulmonary hypertension)) 47
acarbose 20	ACTOS 15 MG (pioglitazone hcl) .. 22	ADDERALL TABS (amphetamine-dextroamphetamine) 1
ACCUPRIL (quinapril hcl) 26	ACTOS 30 MG, 45 MG (pioglitazone hcl) 22	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide) 28	ACULAR (ketorolac tromethamine (ophth)) 92	adefovir dipivoxil 43
ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide) 28	ACULAR LS (ketorolac tromethamine (ophth)) 92	ADEMPAS 47
acebutolol hcl CAPS 44	ACUVAIL 92	ADIPEX-P CAPS (phentermine hcl) 1
acetaminophen w/ codeine SOLN .. 9	acyclovir CAPS 43	ADTHYZA TABS 104
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG 9	acyclovir SUSP 43	ADVAIR DISKUS AEPB (fluticasone-salmeterol) 13
acetaminophen w/ codeine TABS 60 MG-300 MG 9	acyclovir TABS OR 400 MG 43	AFINITOR DISPERZ TBSO (everolimus) 34
acetazolamide CP12 65		AFINITOR TABS (everolimus) 34
acetazolamide TABS 125 MG 65		AGRYLIN 0.5 MG (anagrelide hcl) 72
		AIMSCO LUBRICATED MISC 76

AJOVY SOAJ	80	allopurinol 100 MG	72	amcinonide OINT	60
AJOVY SOSY	80	allopurinol 300 MG	72	AMERGE (natriptan hcl)	80
AKTEN	91	almotriptan malate	80	AMICAR SOLN OR (aminocaproic acid)	73
AKYNZEO	23	ALOCRIL	92	AMICAR TABS 1000 MG (aminocaproic acid)	73
albendazole	11	alogliptin benzoate 25 MG	21	amiloride & hydrochlorothiazide ...	65
ALBENZA (albendazole)	11	alogliptin benzoate 6.25 MG, 12.5 MG	21	amiloride hcl TABS	66
albuterol sulfate AERS	13	ALOMIDE	92	aminocaproic acid SOLN OR 0.25 GM/ML	73
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	13	ALORA PTTW	68	aminocaproic acid TABS 1000 MG	73
ALBUTEROL SULFATE NEBU	13	alosectron hcl	70	amiodarone hcl TABS	12
albuterol sulfate SYRP	14	ALPHAGAN P (brimonidine tartrate) 90		AMITIZA (lubiprostone)	69
albuterol sulfate TABS	14	ALPRAZOLAM INTENSOL CONC	12	amitriptyline hcl TABS	20
ALCAINE (proparacaine hcl)	91	alprazolam TABS	12	amlodipine besylate TABS 2.5 MG	45
alclometasone dipropionate CREA	60	alprazolam TBDP	12	amlodipine besylate TABS 5 MG, 10 MG	45
alclometasone dipropionate OINT	60	ALREX SUSP (loteprednol etabonate)	91	amlodipine besylate-atorvastatin calcium	46
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	65	ALTABAX	57	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	28
ALDACTAZIDE	65	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	26	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	28
ALDACTONE TABS (spironolactone)	66	ALUNBRIG TABS	34	amlodipine besylate-valsartan 10 MG-160 MG	28
ALECENSA	34	ALUNBRIG TBPK	34	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	28
alendronate sodium SOLN	66	alvimopan	70	amlodipine-valsartan-hydrochlorothiazide	28
alendronate sodium TABS 35 MG, 70 MG	66	amantadine hcl CAPS	38	amoxapine	20
alendronate sodium TABS 5 MG, 10 MG	66	amantadine hcl TABS	38	amoxicillin & pot clavulanate CHEW .	
alfuzosin hcl	71	AMARYL (glimepiride)	22		
ALINIA SUSR	30	AMBIEN CR TBCR (zolpidem tartrate)	73		
ALINIA TABS (nitazoxanide)	30	AMBIEN TABS (zolpidem tartrate)	73		
aliskiren fumarate	29	ambrisentan	47		
ALKERAN (melphalan)	31	amcinonide CREA	60		
		amcinonide LOTN	60		

94	ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone)	10	ARIMIDEX (anastrozole)	33
amoxicillin & pot clavulanate SUSR 94	ANDROGEL PUMP GEL TD 1.62 % (testosterone)	10	aripiprazole SOLN OR	41
amoxicillin & pot clavulanate TABS 94	ANGELIQ	68	aripiprazole TABS 15 MG	41
amoxicillin & pot clavulanate TB12 94	ANNOVERA	53	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	41
amoxicillin CAPS	ANORO ELLIPTA	14	aripiprazole TABS 20 MG	41
amoxicillin CHEW 125 MG, 250 MG . 93	ANTARA 30 MG	25	armodafinil	2
AMOXICILLIN SUSR (amoxicillin) .93	ANUSOL-HC EX (hydrocortisone (rectal))	11	ARMOUR THYROID TABS	104
amoxicillin SUSR	ANZEMET TABS 50 MG	23	ARNUITY ELLIPTA	13
amoxicillin TABS	APEXICON E CREA	60	AROMASIN (exemestane)	33
amoxicillin-clarithromycin w/ lansoprazole THPK	APO-VARENICLINE TABS	103	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	apraclonidine hcl	90	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	4
amphetamine-dextroamphetamine TABs	aprepitant CAPS 40 MG	23	ASACOL HD TBEC (mesalamine) .70	
ampicillin CAPS 500 MG	aprepitant CAPS 80 MG, 125 MG .23		asenapine maleate	40
AMPYRA (dalfampridine)	aprepitant CAPS	23	aspirin CHEW	7
ANAFRANIL (clomipramine hcl) ..	aprepitant MISC	24	aspirin TBEC 81 MG	7
anagrelide hcl	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	41	aspirin-dipyridamole	72
ANALPRAM-HC LOTN EX	APRISO CP24 (mesalamine)	69	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	78
ANAPROX DS TABS (naproxen sodium)	APTENSIO XR CP24 (methylphenidate hcl)	2	ASTAGRAF XL CP24	82
ANASPAZ TBDP (hyoscyamine sulfate)	APTiom	15	ATABEX EC TBEC	85
anastrozole	APTIVUS CAPS	41	ATACAND 32 MG (candesartan cilexetil)	27
ANCOBON (flucytosine)	ARAVA 10 MG (leflunomide)	5	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	27
	ARAVA 20 MG (leflunomide)	5	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	28
	arformoterol tartrate	14	atazanavir sulfate CAPS	41
	ARICEPT TABS (donepezil hydrochloride)	94	atenolol & chlorthalidone	28
	ARIKAYCE	2	atenolol TABS	44

ATIVAN TABS (lorazepam)	12	AYVAKIT 100 MG, 200 MG, 300 MG 34	baclofen TABS 5 MG	87
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AYVAKIT 25 MG, 50 MG	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	30
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AZASITE	BACTRIM TABS (sulfamethoxazole- trimethoprim)	30
atorvastatin calcium TABS	26	azathioprine TABS 50 MG	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	51
atovaquone	30	azathioprine TABS 75 MG, 100 MG 82	balsalazide disodium CAPS	70
atovaquone-proguanil hcl	31	azelaic acid GEL	BALVERSA	34
ATRALIN GEL (tretinoin)	56	azelastine hcl (ophth)	BANZEL SUSP (rufinamide)	15
atropine sulfate (ophthalmic) OINT	89	azelastine hcl 0.1 %, 137 MCG/SPRAY	BANZEL TABS 200 MG (rufinamide) 15	
atropine sulfate (ophthalmic) SOLN	89	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	BANZEL TABS 400 MG (rufinamide) 15	
ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	89	azelastine hcl-fluticasone propionate SUSP	BARACLUDE TABS (entecavir) ...	43
ATROPINE SULFATE SOLN 1 %	89	AZELEX	BD AUTOSHIELD DUO 30G X 5MM	79
ATROVENT HFA	12	AZILECT (rasagiline mesylate) ...	BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2"	79
AUBAGIO (teriflunomide)	95	azithromycin PACK	BD NEEDLE/30G X 1/2"	79
AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	94	azithromycin SUSR	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM	79
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	94	azithromycin TABS 250 MG	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM	79
AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	94	azithromycin TABS 500 MG	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	79
AURYXIA	70	azithromycin TABS 600 MG	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM	79
AUSTEDO TABS 12 MG	95	AZOPT (brinzolamide)	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	79
AUSTEDO TABS 6 MG	95	AZULFIDINE EN-TABS TBEC (sulfasalazine)	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM	79
AUSTEDO TABS 9 MG	95	AZULFIDINE TABS (sulfasalazine) 70	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	79
AVALIDE (irbesartan- hydrochlorothiazide)	28	bacitracin (ophthalmic)		
AVAPRO (irbesartan)	27	bacitracin-polymyxin b (ophth) ...		
AVODART (dutasteride)	71	bacitracin-poly-neomycin-hc		
AYGESTIN TABS (norethindrone acetate)	94	baclofen TABS 10 MG		
		baclofen TABS 20 MG		

BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	79	betamethasone dipropionate (topical) OINT	61	BILTRICIDE (praziquantel)	11
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	79	betamethasone dipropionate augmented CREA	61	bimatoprost SOLN	93
BELSOMRA	74	betamethasone dipropionate augmented GEL 0.05 %	61	BIO-DTUSS DMX LIQD	54
benazepril & hydrochlorothiazide	28	betamethasone dipropionate augmented LOTN	61	bisacodyl SUPP	75
benazepril hcl	26	betamethasone dipropionate augmented OINT	61	bisacodyl TBEC	75
BENICAR 40 MG (olmesartan medoxomil)	27	betamethasone valerate CREA	61	bisoprolol & hydrochlorothiazide	28
BENICAR 5 MG, 20 MG (olmesartan medoxomil)	27	betamethasone valerate FOAM	61	bisoprolol fumarate	44
BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)	28	betamethasone valerate LOTN	61	BLEPH-10 SOLN (sulfacetamide sodium (ophth))	90
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)	28	betamethasone valerate OINT	61	BLEPHAMIDE S.O.P. OINT	91
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	56	BETAPACE AF (sotalol hcl (afib/afi))	44	BLEPHAMIDE SUSP	91
BENZNIDAZOLE	11	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	44	BONIVA TABS (ibandronate sodium)	66
benzonatate 100 MG, 200 MG	54	betaxolol hcl (ophth) SOLN	89	bosentan TABS 125 MG	47
benzonatate 150 MG	54	betaxolol hcl	44	bosentan TABS 62.5 MG	47
benzoyl peroxide-erythromycin GEL	56	bethanechol chloride	108	BOSULIF CAPS	35
benztropine mesylate TABS	38	BETHKIS NEBU (tobramycin)	2	BOSULIF TABS	35
bepotastine besilate	92	BETIMOL	89	BRAFTOVI 75 MG	35
BEPREVE (bepotastine besilate)	92	BETOPTIC-S SUSP	89	BREZTRI AEROSPHERE	14
BESIVANCE	90	bexarotene (topical)	59	BRILINTA	72
BETADINE OPHTHALMIC PREP	90	bexarotene	38	brimonidine tartrate (topical)	64
betaine	67	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	51	brimonidine tartrate	90
betamethasone dipropionate (topical) CREA	61	bicalutamide	33	brimonidine tartrate-timolol maleate	89
betamethasone dipropionate (topical) LOTN	61	BIDIL (isosorbide dinitrate-hydralazine hcl)	46	brinzolamide	92
		BIKTARVY 200 MG-50 MG-25 MG	41	BRIVIACT SOLN OR 10 MG/ML	15
				BRIVIACT TABS 10 MG	15
				BRIVIACT TABS 100 MG	15
				BRIVIACT TABS 25 MG, 50 MG, 75 MG	15
				bromfenac sodium (ophth) 0.07 %, 0.075 %	92

bromfenac sodium (ophth) 0.09 %	92	buprenorphine hcl-naloxone hcl dihydrate SUBL	10	cabergoline	68
bromocriptine mesylate CAPS	38	buprenorphine PTWK	10	CABOMETYX TABS 20 MG, 60 MG	35
bromocriptine mesylate TABS 2.5 MG	38	bupropion hcl (smoking deterrent) 103		CABOMETYX TABS 40 MG	35
BROMSITE (bromfenac sodium (ophth))	92	bupropion hcl TABS	18	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)	46
BROVANA (arformoterol tartrate)	14	bupropion hcl TB12	18	CAFERGOT TABS (ergotamine w/ caffeine)	80
BRUKINSA	35	bupropion hcl TB24 150 MG, 300 MG	18	caffeine citrate SOLN OR	1
budesonide (inhalation) SUSP 0.25 MG/2ML	13	bupropion hcl TB24 450 MG	18	CALAN SR TBCR 120 MG (verapamil hcl)	45
budesonide (inhalation) SUSP 0.5 MG/2ML	13	buspirone hcl	11	CALAN SR TBCR 180 MG, 240 MG (verapamil hcl)	45
budesonide (inhalation) SUSP 1 MG/2ML	13	butalbital-acetaminophen CAPS 50 MG-300 MG	6	CALCIFOL	81
budesonide (intrarectal)	10	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	6	calcipotriene CREA	59
budesonide CPEP	53	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6	calcipotriene FOAM	59
budesonide TB24	53	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	CALCIPOTRIENE FOAM	59
budesonide-formoterol fumarate dihydrate	14	butalbital-acetaminophen-caffeine w/ codeine	9	calcipotriene OINT	59
bumetanide TABS 0.5 MG, 1 MG	65	butalbital-aspirin-caffeine CAPS	6	calcipotriene SOLN	59
bumetanide TABS 2 MG	65	butalbital-aspirin-caffeine w/cod	9	calcipotriene-betamethasone dipropionate OINT	61
BUMEX TABS 0.5 MG (bumetanide)	65	butorphanol tartrate NA 10 MG/ML	10	calcipotriene-betamethasone dipropionate SUSP	61
BUPHENYL POWD (sodium phenylbutyrate)	67	BUTRANS PTWK (buprenorphine)	10	calcitonin (salmon) NA	66
BUPHENYL TABS (sodium phenylbutyrate)	67	BYSTOLIC (nebivolol hcl)	44	CALCITRIOL	48
buprenorphine hcl SUBL 2 MG	10	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	41	calcitriol CAPS 0.25 MCG	67
buprenorphine hcl SUBL 8 MG	10	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	41	calcitriol CAPS 0.5 MCG	67
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	10			calcitriol SOLN OR	67
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	10			calcium acetate (phosphate binder) CAPS	70
				calcium acetate (phosphate binder)	

TABS	70	carbidopa-levodopa TBCR 200 MG-50 MG	38	CAYA DPRH	76
CALCIUM-FOLIC ACID PLUS D ..	81	carbidopa-levodopa TBDP	38	cefaclor CAPS	48
CALQUENCE	35	carbidopa-levodopa-entacapone ..	38	CEFACLOR ER TB12	48
CANASA SUPP (mesalamine)	70	carbinoxamine maleate SOLN	24	cefaclor SUSR 125 MG/5ML, 375 MG/5ML	48
candesartan cilexetil 32 MG	27	carbinoxamine maleate TABS	24	cefadroxil CAPS	48
candesartan cilexetil 4 MG, 8 MG, 16 MG	27	CARBINOXAMINE MALEATE TABS ..	24	cefadroxil SUSR	48
candesartan cilexetil-hydrochlorothiazide	28	CARDIZEM CD CP24 (diltiazem hcl coated beads)	45	cefadroxil TABS	48
CAPCOF SYRP	54	CARDIZEM LA TB24 (diltiazem hcl) 45		cefdinir CAPS	48
capecitabine 150 MG	32	CARDIZEM LA TB24 (diltiazem hcl) 45		cefdinir SUSR	48
capecitabine 500 MG	32	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	45	cefixime CAPS	48
CAPEX SHAM	61	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	45	cefixime SUSR	48
CAPRELSA	35	CARDURA (doxazosin mesylate) .	27	cefpodoxime proxetil SUSR	48
captopril	26	CARDURA XL	71	cefpodoxime proxetil TABS	48
CARAC CREA (fluorouracil (topical)) 59		CARDURA XL	71	cefprozil SUSR	48
CARAFATE SUSP (sucralfate) ...	106	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	79	cefprozil TABS	48
CARAFATE TABS (sucralfate) ...	106	carisoprodol TABS 250 MG	87	cefuroxime axetil TABS	48
carbamazepine CHEW	15	carisoprodol TABS 350 MG	87	CELEBREX 400 MG (celecoxib)	4
carbamazepine CP12	15	CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 67		CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	4
carbamazepine SUSP	15	CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 67		celecoxib 400 MG	5
carbamazepine TABS	15	CARNITOR TABS (levocarnitine (metabolic modifiers))	67	celecoxib 50 MG, 100 MG, 200 MG 4	
carbamazepine TB12 100 MG	15	CARNITOR TABS (levocarnitine (metabolic modifiers))	67	CELEXA TABS (citalopram hydrobromide)	19
carbamazepine TB12 200 MG	15	carteolol hcl (ophth)	89	CELLCEPT CAPS (mycophenolate mofetil)	82
carbamazepine TB12 400 MG	15	carvedilol 3.125 MG	44	CELLCEPT SUSR (mycophenolate mofetil)	82
CARBATROL CP12 (carbamazepine)	15	carvedilol 6.25 MG, 12.5 MG, 25 MG 44		CELLCEPT TABS (mycophenolate mofetil)	82
carbidopa	38	carvedilol phosphate	44	CELONTIN (methsuximide)	18
carbidopa-levodopa TABS	38	CASODEX (bicalutamide)	33	CENTANY OINT	57
carbidopa-levodopa TBCR 100 MG-25 MG	38				

cephalexin CAPS 250 MG, 500 MG 48	cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML 106	MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG85
cephalexin CAPS 750 MG48	cimetidine TABS 300 MG, 800 MG 106	CITRANATAL MEDLEY85
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CETRAXAL (ciprofloxacin hcl (otic)) . 93	CIPRO HC93	clarithromycin TB2476
cevimeline hcl 83	CIPRO SUSR69	clemastine fumarate SYRP24
CHEMET 23	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) 69	clemastine fumarate TABS 2.68 MG . 24
CHENODAL69	CIPRODEX (ciprofloxacin- dexamethasone) 93	CLEOCIN (clindamycin hcl)30
chlordiazepoxide hcl CAPS 12	ciprofloxacin hcl (ophth) SOLN 90	CLEOCIN CREA (clindamycin phosphate vaginal) 108
chloroquine phosphate TABS31	ciprofloxacin hcl (otic) 93	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)30
chlorpromazine hcl TABS40	ciprofloxacin hcl TABS69	CLEOCIN SUPP108
chlorthalidone 25 MG, 50 MG 66	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML 69	CLEOCIN-T LOTN (clindamycin phosphate (topical))56
chlorzoxazone TABS 375 MG, 500 MG, 750 MG 87	ciprofloxacin-dexamethasone 93	CLIMARA PRO68
cholestyramine light POWD 25	citalopram hydrobromide SOLN ... 19	CLIMARA PTWK (estradiol) 69
cholestyramine POWD25	citalopram hydrobromide TABS ... 19	CLINDAGEL GEL (clindamycin phosphate (topical))56
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choline fenofibrate 45 MG 25	CITRANATAL ASSURE85	clindamycin palmitate hydrochloride . 30
CIALIS 2.5 MG (tadalafil)46	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 85	clindamycin phosphate (topical) FOAM 56
CIALIS 5 MG, 10 MG, 20 MG (tadalafil)46	CITRANATAL BLOOM85	clindamycin phosphate (topical) GEL 56
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SWAB	56	CLODERM (clocortolone pivalate) 61	COLESTID FLAVORED GRAN (colestipol hcl)	25
clindamycin phosphate vaginal CREA	108	clomiphene citrate TABS	66	COLESTID GRAN (colestipol hcl) .
clindamycin phosphate-benzoyl peroxide (refrigerate)	56	clomipramine hcl	20	COLESTID TABS (colestipol hcl) .
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	56	clonazepam TABS	15	colestipol hcl GRAN
clindamycin phosphate-tretinoin ..	56	clonazepam TBDP	15	colestipol hcl TABS
CLINDESSE	108	clonidine hcl TABS	27	COMBIGAN (brimonidine tartrate- timolol maleate)
clobazam SUSP	15	clonidine hcl TB24	27	COMBIPATCH PTTW
clobazam TABS 10 MG	15	clopidogrel bisulfate	72	COMBIVENT RESPIMAT AERS ..
clobazam TABS 20 MG	15	clorazepate dipotassium TABS	12	COMBIVIR (lamivudine-zidovudine) .
clobetasol propionate CREA 0.05 % .	61	clotrimazole (topical) SOLN	58	41
clobetasol propionate emollient base 0.05 %	61	clotrimazole	83	COMETRIQ KIT
clobetasol propionate emulsion ...	61	clotrimazole w/ betamethasone CREA	58	COMPLERA
clobetasol propionate FOAM	61	clotrimazole w/ betamethasone LOTN	58	COMPLETENATE CHEW
clobetasol propionate GEL 0.05 %	61	clozapine TABS	40	COMTAN (entacapone)
clobetasol propionate LIQD	61	clozapine TBDP 12.5 MG, 25 MG, 100 MG	40	CONCEPT DHA
clobetasol propionate LOTN	61	CLOZARIL TABS (clozapine)	40	CONCEPT OB
clobetasol propionate OINT 0.05 %	61	C-NATE DHA CAPS	85	CONDOMS
61		COARTEM	31	CONDYLOX GEL (podofilox)
clobetasol propionate SHAM	61	codeine sulfate TABS	8	CONTRAVE
clobetasol propionate SOLN 0.05 % .	61	CODITUSSIN AC LIQD	54	COPIKTRA
61		COLAZAL CAPS (balsalazide disodium)	70	CORDRAN CREA (flurandrenolide) 61
CLOBEX LIQD (clobetasol propionate)	61	colchicine CAPS	72	CORDRAN CREA 0.025 %
61		colchicine TABS	72	CORDRAN LOTN (flurandrenolide) 61
CLOBEX LOTN 0.05 % (clobetasol propionate)	61	colchicine w/ probenecid	72	CORDRAN OINT
61		COLCRYS TABS (colchicine)	72	CORDRAN TAPE
CLOBEX SHAM (clobetasol propionate)	61	colesevelam hcl PACK	25	COREG 3.125 MG (carvedilol)
61		colesevelam hcl TABS	25	44
clocortolone pivalate	61			COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)
				44

COREG CR (carvedilol phosphate) 44	CUTIVATE LOTN (fluticasone propionate)61	dalfampridine95
CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)44	CUVPOSA SOLN OR (glycopyrrolate)105	DALIRESP (roflumilast)13
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CORTIFOAM EX 10 %10	CYCLOMYDRIL89	dapsone 100 MG30
CORTISPORIN-TC93	cyclopentolate hcl89	dapsone 25 MG30
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COSENTYX SOSY 75 MG/0.5ML .59	cycloserine31	DAURISMO33
COSENTYX UNOREADY SOAJ ..59	cyclosporine (ophth) EMUL91	DAYPRO TABS (oxaprozin)5
COSOPT (dorzolamide hcl-timolol maleate)89	cyclosporine CAPS82	DAYTRANA PTCH (methylphenidate)2
COSOPT PF (dorzolamide hcl- timolol maleate)89	cyclosporine modified (for microemulsion) CAPS82	DDAVP TABS 0.1 MG (desmopressin acetate)68
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COZAAR (losartan potassium) ...27	cyproheptadine hcl TABS25	deferiprone TABS 500 MG23
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CRESEMBA CAPS 186 MG24	CYSTAGON CAPS71	DELESTROGEN (estradiol valerate) 69
CRESTOR TABS (rosuvastatin calcium)26	CYSTARAN92	DELSTRIGO41
CRINONE GEL 8 %109	CYTOMEL TABS 25 MCG, 50 MCG (lithyronine sodium)104	DELZICOL CPDR (mesalamine) ..70
cromolyn sodium (ophth)92	CYTOMEL TABS 5 MCG (lithyronine sodium)104	demeclocycline hcl TABS104
cromolyn sodium NEBU12	CYTOTEC (misoprostol)107	DEMSEER (metyrosine)27
CUPRIMINE CAPS (penicillamine) 82		DEPAKOTE ER TB24 (divalproex sodium)18

DEPAKOTE SPRINKLES CSDR (divalproex sodium)	18	desoximetasone CREA	62	diazepam (anticonvulsant) GEL 20 MG	15
DEPAKOTE TBEC (divalproex sodium)	18	desoximetasone GEL	62	diazepam CONC	12
DEPEN TITRATABS TABS (penicillamine)	82	desoximetasone LIQD	62	diazepam SOLN OR 5 MG/5ML ...	12
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	53	desoximetasone OINT 0.05 %	62	diazepam TABS 10 MG	12
DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	61	desoximetasone OINT 0.25 %	62	diazepam TABS 2 MG, 5 MG	12
DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	61	DESOXYN (methamphetamine hcl) . 1		diazoxide	21
DERMOTIC (fluocinolone acetonide otic)	93	desvenlafaxine succinate	20	DIBENZYLIN (phenoxybenzamine hcl)	27
DESCOVY 200 MG-25 MG	41	DETROL LA CP24 (tolterodine tartrate)	108	DICLEGIS TBEC (doxylamine- pyridoxine)	23
desipramine hcl TABS	20	DETROL TABS (tolterodine tartrate) . 108		diclofenac potassium TABS 50 MG .	5
DESMOPRESSIN ACETATE SOLN NA	68	dexamethasone ELIX	53	diclofenac sodium (actinic keratoses) EX	59
desmopressin acetate spray	68	DEXAMETHASONE INTENSOL CONC	53	diclofenac sodium (ophth)	92
desmopressin acetate spray refrigerated	68	dexamethasone SOLN	53	diclofenac sodium (topical) GEL EX 58	
desmopressin acetate TABS 0.1 MG 68		dexamethasone TABS	53	diclofenac sodium (topical) SOLN EX 1.5 %	58
desmopressin acetate TABS 0.2 MG 68		DEXEDRINE CP24 (dextroamphetamine sulfate)	1	diclofenac sodium (topical) SOLN EX 2 %	58
desogestrel & ethinyl estradiol	51	dexmethylphenidate hcl CP24	2	diclofenac sodium TB24	5
desogestrel-ethinyl estradiol (biphasic)	51	dexmethylphenidate hcl TABS	2	diclofenac sodium TBEC	5
desonide CREA	61	dextroamphetamine sulfate CP24 ...	1	diclofenac w/ misoprostol TBEC	5
desonide GEL	61	dextroamphetamine sulfate SOLN ..	1	dicloxacillin sodium	94
desonide LOTN	61	dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl CAPS	105
desonide OINT	61	DIACOMIT CAPS 250 MG	15	dicyclomine hcl SOLN OR	105
DESOWEN CREA (desonide)	62	DIACOMIT CAPS 500 MG	15	dicyclomine hcl TABS	105
		DIACOMIT PACK 250 MG	15	DIFFERIN CREA (adapalene)	56
		DIACOMIT PACK 500 MG	15	DIFFERIN GEL 0.1 % (adapalene) 56	
		DIASTAT ACUDIAL GEL 20 MG (diazepam (anticonvulsant))	15	DIFFERIN GEL 0.3 % (adapalene) 56	

DIFFERIN LOTN	56	DIOVAN HCT 12.5 MG-160 MG, 12.5	DOVATO	41		
DIFICID TABS	76	MG-320 MG, 12.5 MG-80 MG, 25	DOVONEX CREA (calcipotriene) .	59		
diflorasone diacetate CREA	62	MG-320 MG (valsartan-	doxazosin mesylate	27		
diflorasone diacetate OINT	62	hydrochlorothiazide)	28	doxepin hcl (antipruritic)	59	
DIFLUCAN SUSR (fluconazole) ...	24	DIOVAN HCT 25 MG-160 MG	doxepin hcl CAPS	20		
DIFLUCAN TABS (fluconazole) ...	24	(valsartan-hydrochlorothiazide) ...	28	doxepin hcl CONC	20	
diflunisal TABS	7	DIOVAN TABS 160 MG (valsartan)	doxercalciferol CAPS	67		
difluprednate	91	27	doxycycline (monohydrate) CAPS 50	MG, 100 MG	104	
digoxin SOLN OR 0.05 MG/ML ...	46	DIOVAN TABS 40 MG, 80 MG, 320	doxycycline (monohydrate) SUSR	104		
digoxin TABS 0.0625 MG, 0.125 MG,		MG (valsartan)	27	doxycycline (monohydrate) TABS	150 MG	104
0.25 MG, 62.5 MCG, 125 MCG, 250		DIPENTUM	70	doxycycline (monohydrate) TABS 50	MG, 75 MG, 100 MG	104
MCG	46	diphenoxylate w/ atropine LIQD ...	22	doxycycline (rosacea)	64	
dihydroergotamine mesylate SOLN		diphenoxylate w/ atropine TABS ...	23	doxycycline hyclate CAPS	104	
NA 4 MG/ML	80	DIPROLENE OINT (betamethasone	doxycycline hyclate TABS 100 MG	104		
DILANTIN (phenytoin sodium		dipropionate augmented)	62	doxycycline hyclate TABS 20 MG	104	
extended)	18	dipyridamole	72	doxylamine-pyridoxine TBEC	23	
DILANTIN 30 MG	18	disopyramide phosphate CAPS ...	12	DRISDOL CAPS (ergocalciferol) .	109	
DILANTIN INFATABS CHEW		disulfiram	94	dronabinol CAPS 10 MG	23	
(phenytoin)	18	DITROPAN XL TB24 5 MG, 10 MG	doxycycline hyclate TABS 100 MG	23		
DILANTIN-125 SUSP (phenytoin) .	18	(oxybutynin chloride)	108	dronabinol CAPS 2.5 MG	23	
DILAUDID LIQD (hydromorphone		divalproex sodium CSDR	18	dronabinol CAPS 5 MG	23	
hcl)	8	divalproex sodium TB24	18	DROPLET INSULIN SYRINGE U-	100/1ML/31G X 15/64"	79
DILAUDID TABS (hydromorphone		divalproex sodium TBEC	18	DROPLET INSULIN SYRINGE/U-	100/1ML/31G X 15/64"	79
hcl)	8	DIVIGEL GEL (estradiol)	69	DROPSAFE INSULIN SAFETY		
diltiazem hcl coated beads CP24 ..	45	dofetilide	12	SYRINGE/FIXED NEEDLE		
diltiazem hcl CP12	45	DOJOLVI	89	31GX6MM 1ML	79	
diltiazem hcl CP24	45	donepezil hydrochloride TABS ...	94			
diltiazem hcl extended release beads		donepezil hydrochloride TBDP	94			
.....	45	dorzolamide hcl	92			
diltiazem hcl TABS	45	DORZOLAMIDE HCL	92			
diltiazem hcl TB24	45	DORZOLAMIDE HCL/TIMOLOL				
dimethyl fumarate CDPK	95	MALEATE	89			
dimethyl fumarate CPDR	95	dorzolamide hcl-timolol maleate ..	89			

drospirenone-ethinyl estradiol51	30GX1/2"79	EMEND CAPS 80 MG (aprepitant)	24
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DROXIA CAPS72	econazole nitrate CREA58	EMEND TRIPACK CAPS (aprepitant)24
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DUAVEE68	EDARBI 80 MG27	EMGALITY SOAJ80
DUET DHA 400 MISC85	EDARBYCLOR28	EMGALITY SOSY 120 MG/ML80
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG85	EDECIN (ethacrynic acid)65	EMSAM19
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DULCOLAX PINK LAXATIVE TBEC (bisacodyl)75	efavirenz CAPS41	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG41
DULCOLAX SUPP (bisacodyl)75	efavirenz TABS41	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG41
DULCOLAX TBEC (bisacodyl)75	efavirenz-emtricitabine-tenofovir disoproxil fumarate41	EMTRIVA CAPS (emtricitabine)	...41
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DUREZOL (difluprednate)91	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)20	ENBRACE HR85
dutasteride71	EFFIENT (prasugrel hcl)72	ENBREL MINI SOCT6
dutasteride-tamsulosin hcl71	EFUDEX CREA (fluorouracil (topical))59	ENBREL SOLN6
DYMISTA SUSP (azelastine hcl-fluticasone propionate)87	ELESTRIN GEL69	ENBREL SOLR6
DYRENIUM CAPS (triamterene)	..66	eletriptan hydrobromide80	ENBREL SOSY 25 MG/0.5ML6
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		ELMIRON CAPS71	entacapone38
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ENTRESTO	46	ERYPED 200 SUSR (erythromycin ethylsuccinate)	76	estradiol vaginal TABS	109
EPCLUSA PACK	43	ERYPED 400 SUSR (erythromycin ethylsuccinate)	76	estradiol valerate	69
EPCLUSA TABS 100 MG-400 MG	43	erythromycin (acne aid) GEL	56	ESTRING RING	109
EPCLUSA TABS 50 MG-200 MG	43	erythromycin (acne aid) SOLN	56	ESTROGEL GEL	69
EPIDIOLEX	15	erythromycin (ophth)	90	eszopiclone	73
EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	56	ERYTHROMYCIN	90	ethacrynic acid	65
EPIDUO GEL (adapalene-benzoyl peroxide)	56	erythromycin base CPEP	76	ethambutol hcl TABS	31
EPIFOAM FOAM	62	erythromycin base TABS	76	ethosuximide CAPS	18
epinastine hcl (ophth)	92	erythromycin base TBEC	76	ethosuximide SOLN	18
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	109	erythromycin ethylsuccinate SUSR 76		ethynodiol diacet & eth estrad	51
epinephrine (anaphylaxis) SOAJ	109	ESBRIET CAPS (pirfenidone)	103	etodolac CAPS	5
EPIVIR HBV TABS (lamivudine (hbv))	43	ESBRIET TABS (pirfenidone)	103	etodolac TABS	5
EPIVIR SOLN (lamivudine)	41	escitalopram oxalate SOLN	19	etodolac TB24	5
EPIVIR TABS (lamivudine)	41	escitalopram oxalate TABS 10 MG, 20 MG	19	etonogestrel-ethinyl estradiol	53
eplerenone	29	escitalopram oxalate TABS 5 MG	19	etoposide CAPS	38
EPZICOM (abacavir sulfate-lamivudine)	41	ESGIC TABS (butalbital-acetaminophen-caffeine)	6	etravirine	41
ergocalciferol CAPS	109	estazolam	73	EUCRISA	63
ergoloid mesylates TABS	96	ESTRACE CREA (estradiol vaginal) .	109	EULEXIN	33
ERGOMAR SUBL	80	ESTRACE TABS (estradiol)	69	EVAMIST SOLN	69
ergotamine w/ caffeine TABS	80	estradiol & norethindrone acetate TABS	68	everolimus (immunosuppressant)	82
ERIVEDGE	33	estradiol GEL	69	everolimus TABS	35
ERLEADA 240 MG	33	estradiol PTTW	69	everolimus TBSO	35
ERLEADA 60 MG	33	estradiol PTWK	69	EVISTA (raloxifene hcl)	67
erlotinib hcl	33	estradiol TABS	69	EVOCLIN FOAM (clindamycin phosphate (topical))	56
ERTACZO	58	estradiol vaginal CREA	109	EVOTAZ	41
ERYGEL GEL (erythromycin (acne aid))	56			EVOXAC (cevimeline hcl)	83
				EVRYSDI	89
				EXELON (rivastigmine)	94
				exemestane	33

EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	28	FELBATOL TABS (felbamate)	18	FERRIPROX SOLN	23
EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	28	FELDENE CAPS 10 MG (piroxicam) .	5	FERRIPROX TABS 500 MG (deferiprone)	23
EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	28	FELDENE CAPS 20 MG (piroxicam) .	5	fesoterodine fumarate	108
EXODERM	58	felodipine 10 MG	45	FETZIMA CP24 20 MG	20
EXTINA FOAM (ketoconazole (topical))	58	felodipine 2.5 MG, 5 MG	45	FETZIMA CP24 40 MG, 80 MG, 120 MG	20
ezetimibe	26	FEMARA (letrozole)	33	FETZIMA TITRATION PACK C4PK 20	
EZETIMIBE/ATORVASTATIN	25	FEMCAP DEVI	76	FIBRICOR (fenofibric acid)	25
ezetimibe-simvastatin	25	FEMHRT (norethindrone acetate- ethinyl estradiol)	68	FINACEA FOAM	64
FABHALTA	72	FEMRING	109	FINACEA GEL (azelaic acid)	64
FABIOR FOAM	56	fenofibrate CAPS	25	finasteride	71
famciclovir	43	fenofibrate micronized 130 MG, 200 MG	25	fingolimod hcl	95
famotidine SUSR	106	fenofibrate micronized 30 MG, 90 MG	25	FIORICET CAPS (butalbital- acetaminophen-caffeine)	6
famotidine TABS 20 MG	106	fenofibrate micronized 43 MG, 67 MG, 134 MG	25	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) .	9
famotidine TABS 40 MG	106	fenofibrate TABS 145 MG, 160 MG 25		FIRDAPSE	31
FANTASY LUBRICATED MISC ...	76	fenofibrate TABS 48 MG	25	FIRST-OMEPRAZOLE SUSP	107
FANTASY LUBRICATED/SPERMICIDE MISC	76	fenofibrate TABS 54 MG	25	FIRVANQ SOLR OR 25 MG/ML (vancomycin hcl)	30
FARESTON (toremifene citrate) ..	33	FENOFIBRATE TABS	25	FLAGYL CAPS (metronidazole) ...	29
FARXIGA	22	fenoprofen calcium TABS	5	FLAREX	91
FARYDAK	35	fentanyl citrate LPOP 1600 MCG ...	8	flavoxate hcl	108
FC2 FEMALE CONDOM	76	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8	flecainide acetate	12
febuxostat 40 MG	72	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8	FLOMAX (tamsulosin hcl)	71
febuxostat 80 MG	72	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	88
felbamate SUSP	18			FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ...	88
felbamate TABS	18				
FELBATOL SUSP (felbamate)	18				

FLORIVA	81	fluphenazine hcl CONC	40	fluvastatin sodium TB24	26
FLORIVA	85	fluphenazine hcl ELIX	40	fluvoxamine maleate CP24 100 MG 19	
FLORIVA PLUS SOLN	84	fluphenazine hcl TABS	40	fluvoxamine maleate CP24 150 MG 19	
fluconazole SUSR	24	flurandrenolide CREA	62	fluvoxamine maleate TABS 100 MG . 19	
fluconazole TABS	24	flurandrenolide LOTN	62	fluvoxamine maleate TABS 25 MG, 50 MG	19
flucytosine	24	flurazepam hcl 15 MG	73	FML FORTE SUSP	91
fludrocortisone acetate TABS	54	flurazepam hcl 30 MG	73	FML LIQUIFILM SUSP (fluorometholone (ophth))	91
FLUMIST QUADRIVALENT	108	flurbiprofen sodium	92	FML OINT	91
fluocinolone acetonide (otic)	93	flurbiprofen TABS	5	FOCALIN TABS (dexmethylphenidate hcl)	2
fluocinolone acetonide CREA	62	flutamide	33	FOCALIN XR CP24 (dexmethylphenidate hcl)	2
fluocinolone acetonide OIL	62	fluticasone furoate-vilanterol	14	folic acid TABS 1 MG	73
fluocinolone acetonide OINT	62	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	13	folic acid TABS 400 MCG, 800 MCG . 73	
fluocinolone acetonide SOLN	62	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	13	FOLIVANE-OB	85
fluocinonide CREA	62	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	13	FORFIVO XL TB24 (bupropion hcl) 18	
fluocinonide emulsified base	62	fluticasone propionate (nasal) SUSP . 88		formoterol fumarate NEBU	14
fluocinonide GEL	62	fluticasone propionate CREA 0.05 % 62		FOSAMAX TABS 70 MG (alendronate sodium)	66
fluocinonide OINT	62	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	13	fosamprenavir calcium TABS	41
fluocinonide SOLN	62	fluticasone propionate hfa 44 MCG/ACT	13	fosfomycin tromethamine	30
fluorometholone (ophth) SUSP	91	fluticasone propionate LOTN	62	fosinopril sodium & hydrochlorothiazide	28
fluorouracil (topical) CREA 5 %	59	fluticasone propionate OINT	62	fosinopril sodium	26
fluorouracil (topical) SOLN	59	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	14	FOSRENOL CHEW 1000 MG (lanthanum carbonate)	70
fluoxetine hcl CAPS 10 MG, 20 MG 19		fluticasone-salmeterol AERO	14	FOSRENOL CHEW 500 MG	
fluoxetine hcl CAPS 40 MG	19	fluvastatin sodium CAPS	26		
fluoxetine hcl CPDR	19				
fluoxetine hcl SOLN	19				
fluoxetine hcl TABS 10 MG	19				
fluoxetine hcl TABS 20 MG	19				
fluoxetine hcl TABS 60 MG	19				
FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl)	19				

(lanthanum carbonate)	70	16	LOW BLOOD SUGAR	21
FOSRENOL CHEW 750 MG (lanthanum carbonate)	70	GABITRIL (tiagabine hcl)	18	GLUCOTROL XL TB24 (glipizide) .
FOSRENOL PACK	70	GALAFOLD	67	glyburide micronized 1.5 MG, 3 MG, 6 MG
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	64	galantamine hydrobromide CP24 ..	94	glyburide TABS
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	78	galantamine hydrobromide SOLN ..	94	glyburide-metformin
FREESTYLE LITE TEST STRIPS STRP	64	galantamine hydrobromide TABS ..	94	glycopyrrolate SOLN OR 1 MG/5ML . 105
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	78	GALZIN	82	glycopyrrolate TABS 1 MG, 2 MG 105
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	64	gatifloxacin (ophth)	90	GLYNASE (glyburide micronized) 22
FREESTYLE TEST STRIPS STRP 64	64	gefitinib	33	GLYXAMBI
FROVA (frovatriptan succinate) ...	80	gemfibrozil TABS	25	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...
frovatriptan succinate	80	GENERESS FE (norethindrone & ethinyl estradiol-fe)	51	granisetron hcl TABS
furosemide SOLN OR 10 MG/ML ..	66	gentamicin sulfate (ophth) SOLN ..	90	griseofulvin microsize SUSP
furosemide SOLN OR 40 MG/5ML	66	gentamicin sulfate (topical) CREA .	57	griseofulvin microsize TABS
furosemide TABS	66	gentamicin sulfate (topical) OINT ..	57	griseofulvin ultramicrosize
FYCOMPA SUSP	15	GENVOYA	41	guaifenesin-codeine SOLN
FYCOMPA TABS 2 MG	15	GEODON 20 MG, 40 MG (ziprasidone hcl)	39	guanfacine hcl (adhd)
FYCOMPA TABS 4 MG	15	GEODON 60 MG, 80 MG (ziprasidone hcl)	39	guanfacine hcl
FYCOMPA TABS 6 MG	15	GILENYA (fingolimod hcl)	95	GYNAZOLE-1
FYCOMPA TABS 8 MG, 10 MG, 12 MG	15	GILENYA 0.5 MG	95	HADLIMA PUSHTOUCH SOAJ
gabapentin CAPS	15	GILOTRIF	33	HADLIMA SOSY
gabapentin SOLN	15	GLEOSTINE 10 MG, 40 MG, 100 MG	31	HALCION 0.25 MG (triazolam)
gabapentin TABS 600 MG, 800 MG		glimepiride	22	halobetasol propionate CREA
		glipizide TABS	22	halobetasol propionate OINT
		glipizide TB24	22	HALOG SOLN
		glipizide-metformin hcl	20	haloperidol lactate CONC
		GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	79	haloperidol TABS
		GLUCAGON EMERGENCY KIT FOR		HELIDAC THERAPY

HEMANGEOL SOLN OR	44	HUMIRA PEN-PS/UV STARTER PNKT	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	9
HEPSERA (adefovir dipivoxil)	43	HUMIRA PSKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	9
HIPREX (methenamine hippurate) 30		HUMIRA PSKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9
HUMALOG JUNIOR KWIKPEN SOPN	21	HUMULIN 70/30 KWIKPEN SUPN	22	hydrocodone-ibuprofen 5 MG-200 MG	9
HUMALOG KWIKPEN SOPN 100 UNIT/ML	21	HUMULIN 70/30 SUSP	22	hydrocodone-ibuprofen 7.5 MG-200 MG	9
HUMALOG KWIKPEN SOPN 200 UNIT/ML	21	HUMULIN N KWIKPEN SUPN	22	hydrocortisone (intrarectal)	10
HUMALOG MIX 50/50 KWIKPEN SOPN	21	HUMULIN N SUSP	22	hydrocortisone (rectal) EX 2.5 % ..	11
HUMALOG MIX 50/50 SUSP	21	HUMULIN R SOLN IJ	22	hydrocortisone (topical) CREA 2.5 % 62	
HUMALOG MIX 75/25 KWIKPEN SOPN	21	HUMULIN R U-500 (CONCENTRATED) SOLN SC	22	hydrocortisone (topical) LOTN 2.5 % . 62	
HUMALOG MIX 75/25 SUSP	21	HUMULIN R U-500 KWIKPEN SOPN SC	22	hydrocortisone (topical) OINT 2.5 % . 62	
HUMALOG SOCT	21	HYCANTIN CAPS	38	hydrocortisone butyrate CREA	62
HUMALOG SOLN IJ	22	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	54	hydrocortisone butyrate hydrophilic lipo base	62
HUMATIN	3	hydralazine hcl TABS	29	hydrocortisone butyrate LOTN	62
HUMATROPE CART IJ	66	HYDREA (hydroxyurea)	38	hydrocortisone butyrate OINT	62
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	hydrochlorothiazide CAPS	66	hydrocortisone butyrate SOLN	62
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3	hydrochlorothiazide TABS 12.5 MG 66		hydrocortisone TABS	53
HUMIRA PEN PNKT 40 MG/0.4ML	4	hydrochlorothiazide TABS 25 MG, 50 MG	66	hydrocortisone valerate CREA	62
HUMIRA PEN PNKT 40 MG/0.8ML	4	hydrocodone bitartrate CP12	8	hydrocortisone valerate OINT	62
HUMIRA PEN PNKT 80 MG/0.8ML	4	hydrocodone bitartrate T24A	8	hydrocortisone w/acetic acid	93
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	3	hydrocodone bitartrate-homatropine methylbromide SOLN	54	HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid)	93
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	3	hydrocodone polistirex- chlorpheniramine polistirex SUER	54	hydromorphone hcl LIQD	8
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	hydromorphone hcl TABS	8
				hydromorphone hcl TB24 32 MG ...	8

hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8	ILEVRO	92	INREBIC	35
hydroxychloroquine sulfate 200 MG 31		imatinib mesylate 100 MG	35	INSPRA (eplerenone)	29
hydroxyurea	38	imatinib mesylate 400 MG	35	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	22
hydroxyzine hcl SYRP	11	IMBRUVICA CAPS	35	INTELENCE (etravirine)	41
hydroxyzine hcl TABS	11	IMBRUVICA TABS	35	INTELENCE 25 MG	41
hydroxyzine pamoate CAPS	11	imipramine hcl TABS 10 MG, 25 MG . 20		INTUNIV (guanfacine hcl (adhd)) ...	1
hyoscyamine sulfate SUBL 0.125 MG	105	imipramine hcl TABS 50 MG	20	INVEGA (paliperidone)	39
hyoscyamine sulfate TABS 0.125 MG	105	imipramine pamoate	20	iodine strong (Iugol's)	81
hyoscyamine sulfate TB12 0.375 MG 105		imiquimod 5 %	63	IOPIDINE	90
hyoscyamine sulfate TBDP 0.125 MG	105	IMITREX 20 MG/ACT (sumatriptan) 80		ipratropium bromide (nasal)	88
HYPERSAL NEBU (sodium chloride (inhalant))	55	IMITREX 5 MG/ACT (sumatriptan) 80		ipratropium bromide SOLN 0.02 % 12	
HYPERSAL NEBU	55	IMITREX TABS (sumatriptan succinate)	80	ipratropium-albuterol SOLN	14
HYPODERMIC NEEDLE 30GX1/2" . 79		IMURAN TABS (azathioprine)	82	irbesartan	27
HYSINGLA ER T24A	8	INBRIJA CAPS	38	irbesartan-hydrochlorothiazide	28
HYZAAR (losartan potassium & hydrochlorothiazide)	28	INCRUSE ELLIPTA	12	IRESSA (gefitinib)	33
ibandronate sodium TABS	66	indapamide TABS 1.25 MG, 2.5 MG . 66		ISENTRESS CHEW	41
IBRANCE CAPS	35	INDERAL LA CP24 (propranolol hcl) . 44		ISENTRESS HD TABS	41
IBRANCE TABS	35	INDOCIN SUSP (indomethacin) 5		ISENTRESS PACK	42
ibuprofen TABS 400 MG, 600 MG, 800 MG	5	indomethacin CAPS 25 MG, 50 MG 5		ISENTRESS TABS	42
ICLUSIG 10 MG, 30 MG	35	indomethacin CPCR	5	isoniazid SYRP	31
ICLUSIG 15 MG, 45 MG	35	indomethacin SUPP	5	isoniazid TABS	31
icosapent ethyl	25	indomethacin SUSP	5	ISOPTO ATROPINE SOLN	89
IDHIFA	35	INGREZZA CAPS 40 MG, 80 MG .95		ISOPTO CARPINE SOLN 1 % (pilocarpine hcl)	90
		INGREZZA CAPS 60 MG	95	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	11
		INGREZZA CPPK	95	isosorbide dinitrate TABS	11
		INLYTA	32	isosorbide dinitrate-hydralazine hcl 46	
		INQOVI	34	isosorbide mononitrate TABS	11

isosorbide mononitrate TB24	11	KALETRA TABS (lopinavir-ritonavir)	42	SPERMICIDE LUBRICATED MISC	77
isotretinoin 10 MG, 25 MG	56	KALYDECO PACK	103	KIMONO PLUS SPERMICIDE	
isotretinoin 20 MG	56	KALYDECO TABS	103	LUBRICATED MISC	77
isotretinoin 30 MG	56	KAMELEON LUBRICATED MISC	76	KIMONO PLUS	
isotretinoin 35 MG, 40 MG	56	KENALOG AERS (triamcinolone		SPERMICIDE/LUBRICATED MISC	77
isradipine CAPS	45	acetonide (topical))	62	KIMONO PS LUBRICATED MISC	77
ISTALOL SOLN (timolol maleate		KEPPRA SOLN OR 100 MG/ML		KIMONO PS PLUS	
(ophth))	89	(levetiracetam)	16	SPERMICIDE/LUBRICATED MISC	77
itraconazole CAPS	24	KEPPRA TABS 1000 MG		KIMONO SENSATION	
itraconazole SOLN	24	(levetiracetam)	16	LUBRICATED MISC	77
ivermectin (pediculicide)	64	KEPPRA TABS 250 MG, 500 MG,		KIMONO SENSATION PLUS	
ivermectin (rosacea)	64	750 MG (levetiracetam)	16	SPERMICIDE LUBRICATED MISC	77
ivermectin	11	KEPPRA XR TB24 (levetiracetam)	16	KIMONO SENSATION PLUS	
JADENU SPRINKLE PACK		KESIMPTA	95	SPERMICIDE LUBRICATED MISC	77
(deferasirox)	23	ketoconazole (topical) CREA	58	KIMONO SPECIAL DEVI	77
JADENU TABS (deferasirox)	23	ketoconazole (topical) FOAM	58	KISQALI	36
JAKAFI	35	ketoconazole (topical) SHAM 2 %	58	KISQALI FEMARA 200 DOSE	34
JALYN (dutasteride-tamsulosin hcl)	71	ketoconazole	24	KISQALI FEMARA 400 DOSE	34
JANUMET TABS	21	KETONE STRP	64	KISQALI FEMARA 600 DOSE	34
JANUMET XR TB24 1000 MG-100		ketoprofen CP24	5	KITABIS PAK NEBU (tobramycin)	3
MG	21	ketorolac tromethamine (ophth)	92	KLARITY-A	90
JANUMET XR TB24 1000 MG-50		ketorolac tromethamine TABS	5	KLARON (sulfacetamide sodium	
MG, 500 MG-50 MG	21	KETOSTIX STRP	64	(acne))	56
JANUVIA	21	KEVZARA SOAJ	4	KLONOPIN TABS (clonazepam)	15
JARDIANCE	22	KEVZARA SOSY	4	KLOXXADO LIQD	23
JULUCA	42	KIMONO COLORS DEVI	76	KOSELUGO	36
JUXTAPID 10 MG, 20 MG	26	KIMONO LUBRICATED MISC	77	K-PHOS NEUTRAL (pot phosphate	
JUXTAPID 30 MG	26	KIMONO MAXX/LARGE FLARE		monobasic w/ sod phosphate dibasic	
JUXTAPID 5 MG	26	MISC	77	& monobasic)	81
KALETRA SOLN (lopinavir-ritonavir)	42	KIMONO MICRO THIN MISC	77	K-PHOS NO 2	71
		KIMONO MICRO THIN PLUS		K-PHOS TABS (potassium	
				phosphate monobasic)	81

KRINTAFEL	31	VALPROATE KIT (lamotrigine)	16	lanthanum carbonate CHEW 750 MG	70
K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)	82	LAMICTAL TABS (lamotrigine)	16	LANTUS SOLN	22
K-TAB TBCR 8 MEQ (potassium chloride)	82	LAMICTAL XR KIT	16	LANTUS SOLOSTAR SOPN	22
KUVAN PACK (sapropterin dihydrochloride)	67	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine)	16	lapatinib ditosylate	36
KUVAN TABS (sapropterin dihydrochloride)	67	LAMICTAL XR TB24 250 MG (lamotrigine)	16	LASIX TABS (furosemide)	66
K-Y ME & YOU EXTRA LUBRICATED DEVI	77	LAMICTAL XR TB24 300 MG (lamotrigine)	16	LASTACAFT	92
K-Y ME & YOU INTENSE DEVI ...	77	lamivudine (hbv) TABS	43	latanoprost SOLN	93
KYNMOBI FILM	38	lamivudine SOLN	42	LATANOPROST SOLN	93
KYNMOBI TITRATION KIT KIT ...	38	lamivudine TABS	42	LATUDA (lurasidone hcl)	39
labetalol hcl TABS	44	lamivudine-zidovudine	42	leflunomide 10 MG	5
lacosamide SOLN OR 10 MG/ML .	16	lamotrigine CHEW	16	leflunomide 20 MG	5
lacosamide TABS	16	lamotrigine KIT 25 MG	16	lenalidomide	82
lactulose (encephalopathy)	70	lamotrigine KIT	16	LENVIMA 10 MG DAILY DOSE ...	32
lactulose SOLN	74	lamotrigine TABS	16	LENVIMA 12MG DAILY DOSE ...	32
LAGEVRIO	44	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	16	LENVIMA 14 MG DAILY DOSE ...	32
LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 16		lamotrigine TB24 250 MG	16	LENVIMA 18 MG DAILY DOSE ...	32
LAMICTAL ODT KIT (lamotrigine) .	16	lamotrigine TB24 300 MG	16	LENVIMA 20 MG DAILY DOSE ...	32
LAMICTAL ODT KIT	16	lamotrigine TBDP	16	LENVIMA 24 MG DAILY DOSE ...	32
LAMICTAL ODT TBDP (lamotrigine) .	16	LAMPIT	30	LENVIMA 4 MG DAILY DOSE	32
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) .	16	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	46	LENVIMA 8 MG DAILY DOSE	32
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine)	16	lansoprazole CPDR	107	LESCOL XL TB24 (fluvastatin sodium)	26
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	16	lansoprazole TBDD 15 MG	107	LETAIRIS (ambrisentan)	47
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	16	lansoprazole TBDD 30 MG	107	letrozole	33
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	16	lanthanum carbonate CHEW 1000 MG	70	leucovorin calcium TABS	38
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	16	lanthanum carbonate CHEW 500 MG	70	LEUKERAN	31
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	16			levalbuterol hcl	14
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	16			levalbuterol tartrate	14
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	16			LEVBIID TB12 (hyoscyamine sulfate)	105

levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	16	MCG, 125 MCG, 175 MCG, 200 MCG	105	1
levetiracetam TABS 1000 MG	16	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	105	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG
levetiracetam TABS 250 MG, 500 MG, 750 MG	16			lisinopril & hydrochlorothiazide 25 MG-20 MG
levetiracetam TB24	16	LEVSIN TABS (hyoscyamine sulfate)	105	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG
levobunolol hcl 0.5 %	89			lisinopril TABS 40 MG
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	67	LEVSIN/SL SUBL (hyoscyamine sulfate)	105	lithium
levocarnitine (metabolic modifiers) TABS	67	LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	19	lithium carbonate CAPS 150 MG, 600 MG
levofloxacin (ophth) 1.5 %	90	LEXAPRO TABS 5 MG (escitalopram oxalate)	19	lithium carbonate CAPS 300 MG ..
levofloxacin SOLN OR	69	LEXIVA SUSP	42	lithium carbonate TABS
levofloxacin TABS	69	LEXIVA TABS (fosamprenavir calcium)	42	lithium carbonate TBCR
levonorgestrel & eth estradiol TABS 51		LIALDA TBEC (mesalamine)	70	LITHOBID TBCR (lithium carbonate) . 39
levonorgestrel (emergency oc) 1.5 MG	53	lidocaine hcl (mouth-throat) 2 % ..	83	LITHOSTAT
levonorgestrel-eth estradiol (triphasic)	51	lidocaine PTCH 5 %	63	LO LOESTRIN FE TABS
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	51	lidocaine-prilocaine CREA	63	LOCOID LIPOCREAM
levonorgestrel-ethinyl estradiol (continuous)	52	LIDODERM PTCH (lidocaine)	63	LOCOID LOTN (hydrocortisone butyrate)
levonorgestrel-ethinyl estradiol-iron 52		linezolid SUSR	30	LODINE TABS (etodolac)
levorphanol tartrate TABS	8	linezolid TABS	30	LODOSYN (carbidopa)
levothyroxine sodium CAPS 125 MCG	104	LINZESS	70	LOKELMA
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	104	liothyronine sodium TABS 25 MCG, 50 MCG	105	LOMAIRA TABS
		liothyronine sodium TABS 5 MCG 105		LOMOTIL TABS (diphenoxylate w/ atropine)
		LIPITOR TABS (atorvastatin calcium)	26	LONSURF
		LIPOFEN CAPS (fenofibrate)	25	LOPID TABS (gemfibrozil)
		lisdexamfetamine dimesylate CAPS 1		lopinavir-ritonavir SOLN
		lisdexamfetamine dimesylate CHEW .		lopinavir-ritonavir TABS
				LOPRESSOR TABS (metoprolol tartrate)

LOPROX CREA (ciclopirox olamine) . 58	lovastatin TABS 10 MG, 20 MG ... 26	MALARONE (atovaquone-proguanil hcl) 31
LOPROX SHAMPOO SHAM (ciclopirox)58	lovastatin TABS 40 MG 26	malathion64
LOPROX SUSP (ciclopirox olamine) . 58	LOVAZA (omega-3-acid ethyl esters)25	maraviroc TABS 42
lorazepam CONC 12	loxapine succinate 40	MAR-COF CG EXPECTORANT LIQD 54
lorazepam TABS 12	lubiprostone 69	MARINOL CAPS 2.5 MG (dronabinol) 23
LORBRENA 36	LUCEMYRA 94	MARPLAN 19
LORTAB ELIX 9	luliconazole 58	MATULANE 38
losartan potassium & hydrochlorothiazide 28	LUMIGAN SOLN 0.01 % 93	MAVYRET TABS 43
losartan potassium 27	LUNESTA (eszopiclone) 73	MAXALT TABS 10 MG (rizatriptan benzoate) 80
LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))52	LUPRON DEPOT (1-MONTH) KIT IM33	MAXALT-TABS 10 MG (rizatriptan benzoate) 80
LOTEMAX GEL (loteprednol etabonate) 91	LUPRON DEPOT-PED (1-MONTH) 7.5 MG 67	MAXALD SUSP OP 91
LOTEMAX OINT 91	lurasidone hcl 39	MAXITROL OINT (neomycin-polymy- dexameth) 91
LOTEMAX SUSP (loteprednol etabonate) 91	LUXIQ FOAM (betamethasone valerate) 62	MAXITROL SUSP (neomycin- polymy-dexameth) 91
LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) 27	LUZU (luliconazole) 58	MAXX LUBRICATED MISC 77
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 28	LYNPARZA TABS 36	MAXX PLUS SPERMICIDE LUBRICATED MISC 77
loteprednol etabonate GEL 91	LYRICA CAPS 225 MG, 300 MG (pregabalin) 16	MAXZIDE TABS (triamterene & hydrochlorothiazide) 65
loteprednol etabonate SUSP 0.2 % 91	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) 16	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) 65
loteprednol etabonate SUSP 0.5 % 91	LYRICA SOLN (pregabalin) 16	MAYZENT STARTER PACK TBP 95
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 29	LYSODREN 33	MAYZENT TABS 0.25 MG 95
LOTRONEX (alosetron hcl) 70	LYSTEDA TABS (tranexamic acid) 73	MAYZENT TABS 1 MG 95
	MACROBID (nitrofurantoin monohyd macro) 30	MAYZENT TABS 2 MG 95
	MACRODANTIN (nitrofurantoin macrocrystal) 30	M-CLEAR WC SOLN 54
	MAGNEBIND 400 81	meclofenamate sodium CAPS 5

MEDROL DOSEPAK TBPK (methylprednisolone)	53	MEPRON (atovaquone)	30	hcl)	8
MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	53	mercaptapurine TABS	32	methamphetamine hcl	1
MEDROL TABS	53	mesalamine CP24	70	methazolamide TABS	65
medroxyprogesterone acetate 10 MG	94	mesalamine CPCR	70	methenamine hippurate	30
medroxyprogesterone acetate 2.5 MG, 5 MG	94	mesalamine CPDR	70	methenamine mandelate 0.5 GM, 1 GM	30
mefenamic acid CAPS	5	mesalamine ENEM	70	methimazole TABS	104
mefloquine hcl	31	mesalamine SUPP	70	METHITEST TABS	10
megestrol acetate (appetite)	94	mesalamine TBEC 1.2 GM	70	methocarbamol TABS 500 MG, 750 MG	87
megestrol acetate SUSP	33	mesalamine TBEC 800 MG	70	methotrexate sodium TABS 2.5 MG 32	
megestrol acetate TABS	33	MESNEX TABS	38	methoxsalen rapid	59
MEKINIST TABS	36	MESTINON SOLN OR (pyridostigmine bromide)	31	methscopolamine bromide	105
MEKTOVI	36	MESTINON TABS (pyridostigmine bromide)	31	methsuximide	18
meloxicam TABS 15 MG	5	MESTINON TIMESPAN TBCR (pyridostigmine bromide)	31	methyldopa TABS	27
meloxicam TABS 7.5 MG	5	METADATE CD CPCR (methylphenidate hcl)	2	methylergonovine maleate TABS ..	93
melphalan	31	metaxalone 800 MG	87	METHYLIN SOLN (methylphenidate hcl)	2
memantine hcl CP24 14 MG, 21 MG, 28 MG	94	metformin hcl SOLN	21	methylphenidate hcl CHEW	2
memantine hcl CP24 7 MG	94	metformin hcl TABS 500 MG, 850 MG, 1000 MG	21	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2
memantine hcl SOLN	94	metformin hcl TB24 500 MG, 750 MG	21	methylphenidate hcl CP24 60 MG ..	2
memantine hcl TABS 10 MG	95	methadone hcl CONC	8	methylphenidate hcl CP24	2
memantine hcl TABS 5 MG	95	methadone hcl SOLN OR	8	methylphenidate hcl CPCR	2
memantine hcl TABS	94	methadone hcl TABS	8	methylphenidate hcl SOLN 10 MG/5ML	2
MENEST	69	methadone hcl TBSO	8	methylphenidate hcl SOLN 5 MG/5ML	2
MENOSTAR PTWK	69	METHADOSE CONC (methadone hcl)	8	methylphenidate hcl TABS 20 MG ..	2
meperidine hcl SOLN OR 50 MG/5ML	8	METHADOSE SUGAR-FREE CONC (methadone hcl)	8	methylphenidate hcl TABS 5 MG, 10 MG	2
MEPHYTON TABS (phytonadione) 109		METHADOSE TBSO (methadone		methylphenidate hcl TB24 18 MG, 27	

MG	2	metronidazole (topical) GEL 1 % ..	64	mirtazapine TBDP	18
methylphenidate hcl TB24 36 MG ..	2	metronidazole (topical) LOTN	64	MIRVASO (brimonidine tartrate (topical))	64
methylphenidate hcl TB24 54 MG ..	2	metronidazole CAPS	29	misoprostol	107
methylphenidate hcl TBCR 10 MG ..	2	metronidazole TABS	29	MITIGARE CAPS (colchicine)	72
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	metronidazole vaginal	108	modafinil	2
methylphenidate hcl TBCR 20 MG ..	2	metyrosine	27	moexipril hcl	27
methylphenidate hcl TBCR 54 MG ..	2	mexiletine hcl	12	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	43
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	2	MICARDIS 20 MG, 40 MG (telmisartan)	27	mometasone furoate (nasal) SUSP 88	
methylphenidate PTCH	2	MICARDIS 80 MG (telmisartan) ..	27	mometasone furoate (nasal) SUSP 88	
methylprednisolone TABS	54	MICARDIS HCT (telmisartan- hydrochlorothiazide)	29	mometasone furoate CREA	62
methylprednisolone TBPk	54	midodrine hcl	109	mometasone furoate OINT	62
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	69	MIFEPREX (mifepristone)	68	mometasone furoate SOLN	62
metoclopramide hcl TABS	69	mifepristone	68	montelukast sodium CHEW	13
metoclopramide hcl TBDP	69	miglitol	20	montelukast sodium PACK	13
metolazone	66	miglustat	72	montelukast sodium TABS	13
METOPIRONE	64	MIGRANAL SOLN NA (dihydroergotamine mesylate)	80	MONUROL (fosfomycin tromethamine)	30
metoprolol & hydrochlorothiazide TABs	29	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	52	morphine sulfate beads	8
metoprolol succinate TB24	44	MINIPRESS CAPS (prazosin hcl) ..	27	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8
metoprolol tartrate TABs	44	MINIVELLE PTTW (estradiol)	69	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8
METROCREAM CREA (metronidazole (topical))	64	minocycline hcl CAPS	104	morphine sulfate SUPP	8
METROGEL GEL 1 % (metronidazole (topical))	64	minoxidil 2.5 MG, 10 MG	29	morphine sulfate TABs	8
METROLOTION LOTN (metronidazole (topical))	64	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) ..	38	morphine sulfate TBCR	8
metronidazole (topical) CREA	64	MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	38	MOVANTIK	70
metronidazole (topical) GEL 0.75 % 64		MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	52	moxifloxacin hcl (ophth) SOLN OP 90	
		mirtazapine TABs	18	moxifloxacin hcl TABs	69
				MS CONTIN TBCR (morphine	

sulfate)	8	naftifine hcl CREA	58	(triamcinolone acetonide (nasal)) ..	88
MULPLETA	73	naftifine hcl GEL 2 %	58	NASACORT ALLERGY 24HR	
MULTIVITAMIN + FLUORIDE CHEW		NAFTIN GEL 1 %	58	CHILDRENS AERO (triamcinolone	
.....	84	NAFTIN GEL 2 % (naftifine hcl) ...	58	acetonide (nasal))	88
MULTIVITAMIN WITH FLUORIDE		NALFON TABS (fenoprofen calcium)		NASONEX 24HR SUSP	
CHEW	84	5		(mometasone furoate (nasal))	88
MULTI-VIT-FLOR CHEW	84	naloxone hcl LIQD	23	NATACHEW CHEW 120 MG-10 MG-	
mupirocin OINT	57	naltrexone hcl	23	20 UNIT-1 MG-400 UNIT-12 MCG-3	
MUSE PLLT 250 MCG, 500 MCG,		NAMENDA TABS 10 MG		MG-20 MG-2 MG-2700 UNIT-28 MG	
1000 MCG	46	(memantine hcl)	95	85	
MYAMBUTOL TABS 400 MG		NAMENDA TABS 5 MG (memantine		NATACYN	90
(ethambutol hcl)	31	hcl)	95	NATAZIA	52
MYCOBUTIN (rifabutin)	31	NAMENDA TITRATION PAK TABS		nateglinide	22
mycophenolate mofetil CAPS	82	(memantine hcl)	95	NATROBA (spinosad)	64
mycophenolate mofetil SUSR	83	NAMENDA XR CP24 14 MG, 21 MG,		neбиволол hcl	44
mycophenolate mofetil TABS	83	28 MG (memantine hcl)	95	NEBUPENT IN (pentamidine	
mycophenolate sodium	83	NAMENDA XR CP24 7 MG		isethionate)	29
MYDRIACYL SOLN (tropicamide) .	90	(memantine hcl)	95	NEBUSAL NEBU	55
MYFORTIC (mycophenolate		NAMZARIC C4PK	95	NEEVO DHA 85 MG-25 MG-15 MG-	
sodium)	83	NAMZARIC CP24 14 MG-10 MG, 21		5 MCG-1.4 MG-18 MG-27 MG-110	
MYLERAN TABS	32	MG-10 MG, 28 MG-10 MG	95	MG-1.4 MG-60 MG-220 MCG-60	
MYRBETRIQ TB24 (mirabegron) .	108	NAMZARIC CP24 7 MG-10 MG ..	95	MCG-1 MG-1.13 MG	85
MYRBETRIQ TB24 50 MG	108	NAPROSYN SUSP (naproxen)	5	nefazodone hcl	19
MYSOLINE (primidone)	16	NAPROSYN TABS 500 MG		neomycin sulfate TABS	3
MYTESI	22	(naproxen)	5	neomycin-bacitracin zn-polymyxin	90
nabumetone 500 MG	5	naproxen sodium TABS 275 MG, 550		neomycin-polymy-dexameth OINT	91
nabumetone 750 MG	5	MG	5	neomycin-polymy-dexameth SUSP	91
nadolol TABS 20 MG, 40 MG, 80 MG		naproxen SUSP	5	neomycin-polymyxin-gramicidin ..	90
.....	44	naproxen TABS	5	neomycin-polymyxin-hc (ophth) ..	91
NAFRINSE DAILY/NEUTRAL SOLR .	83	naratriptan hcl	80	neomycin-polymyxin-hc (otic) SOLN .	93
83		NARCAN LIQD (naloxone hcl)	23	93	
NAFRINSE WEEKLY SOLR	83	NARDIL (phenelzine sulfate)	19	neomycin-polymyxin-hc (otic) SUSP .	93
		NASACORT ALLERGY 24HR AERO			

NEORAL CAPS (cyclosporine modified (for microemulsion))	NEORAL SOLN (cyclosporine modified (for microemulsion))	NERLYNX	NESTABS	NESTABS DHA	NESTABS ONE	NEUPRO	NEURONTIN CAPS (gabapentin)	NEURONTIN SOLN (gabapentin)	NEURONTIN TABS (gabapentin)	NEVANAC	nevirapine SUSP	nevirapine TABS	nevirapine TB24	NEXAVAR (sorafenib tosylate)	NEXICLON XR TB24 (clonidine hcl)	27	NEXTSTELLIS	niacin (antihyperlipidemic) TABS	niacin (antihyperlipidemic) TBCR	NIASPAN TBCR (niacin (antihyperlipidemic))	nicardipine hcl CAPS	NICODERM CQ PT24 TD (nicotine)	103	NICORETTE GUM (nicotine polacrilex)	103	NICORETTE LOZG (nicotine polacrilex)	103	NICORETTE MINI LOZG (nicotine polacrilex)	103	NICORETTE STARTER KIT GUM (nicotine polacrilex)	103	nicotine MISC XX	103	nicotine polacrilex GUM	103	nicotine polacrilex LOZG	103	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	103	NICOTINE TRANSDERMAL SYSTEM KIT	103	NICOTROL INHALER INHA	103	NICOTROL NS SOLN	103	nifedipine CAPS	45	nifedipine TB24 30 MG, 60 MG	45	nifedipine TB24	45	NILANDRON (nilutamide)	33	nilutamide	33	nimodipine CAPS	45	NINJACOF-XG LIQD	54	NINLARO	36	nisoldipine	45	nitazoxanide TABS	30	nitisinone CAPS	67	NITRO-BID OINT	11	NITRO-DUR PT24 (nitroglycerin)	11	NITRO-DUR PT24	11	nitrofurantoin	30	nitrofurantoin macrocrystal	30	nitrofurantoin monohyd macro	31	nitroglycerin (intra-anal)	11	nitroglycerin PT24	11	nitroglycerin SOLN TL 0.4	11	MG/SPRAY	11	nitroglycerin SUBL	11	NITROLINGUAL SOLN TL (nitroglycerin)	11	NITROSTAT SUBL (nitroglycerin)	11	NIVA THYROID TABS	105	nizatidine CAPS	106	nizatidine SOLN	106	NORDITROPIN FLEXPPO SOPN	67	norelgestromin-ethinyl estradiol	52	norethin acet & estrad-fe CAPS	52	norethin acet & estrad-fe CHEW	52	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	52	norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG	52	norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG	52	norethindrone (contraceptive)	53	norethindrone acet & eth estra	52	norethindrone acetate TABS	94	norethindrone acetate-ethinyl estradiol	68	norethindrone acetate-ethinyl estradiol-fe	52	norgestimate-ethinyl estradiol (triphasic)	52	norgestimate-ethinyl estradiol	52	NORPACE CAPS (disopyramide phosphate)	12	NORPACE CR CP12	12	NORPRAMIN TABS 10 MG, 25 MG	
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(desipramine hcl)	20	nystatin (topical) POWD EX	58	olmesartan medoxomil 40 MG	27
NORTHERA (droxidopa)	109	nystatin TABS	24	olmesartan medoxomil 5 MG, 20 MG	27
nortriptyline hcl CAPS	20	nystatin-triamcinolone CREA	58	olmesartan medoxomil-amlodipine-	
nortriptyline hcl SOLN	20	nystatin-triamcinolone OINT	58	hydrochlorothiazide	29
NORVASC TABS 2.5 MG		OB COMPLETE ONE	85	olmesartan medoxomil-	
(amlodipine besylate)	45	OB COMPLETE PETITE	85	hydrochlorothiazide 12.5 MG-20 MG .	29
NORVASC TABS 5 MG, 10 MG		OB COMPLETE PREMIER	85	olmesartan medoxomil-	
(amlodipine besylate)	45	OB COMPLETE/DHA	85	hydrochlorothiazide 12.5 MG-40 MG,	
NORVIR PACK	42	OBSTETRIX DHA MISC	86	25 MG-40 MG	29
NORVIR SOLN	42	OBSTETRIX ONE 30 MG-15 UNIT-		olopatadine hcl (nasal)	87
NORVIR TABS (ritonavir)	42	250 UNIT-15 MCG-25 MG-15 MG-20		olopatadine hcl 0.1 %	92
NOXAFIL SUSP (posaconazole) ..	24	MG-18 MG-38 MG-1 MG-225 MG ..	86	olopatadine hcl 0.2 %	92
NOXAFIL TBEC (posaconazole) ..	24	OBTREX DHA MISC 120 MG-1 MG-		OLUX FOAM (clobetasol propionate)	
NP THYROID 120 TABS	105	3 MG-20 MG-40 MG-10 MCG-12		62	
NP THYROID 15 TABS	105	MCG-3.4 MG-8.1 MG-350 MG-30		OLUX-E (clobetasol propionate	
NP THYROID 30 TABS	105	MG-25 MG-65 MCG-810 MCG-29		emulsion)	62
NP THYROID 60 TABS	105	MG	86	omega-3-acid ethyl esters	25
NP THYROID 90 TABS	105	OICALIVA 10 MG	69	OMEPRAZOLE + SYRSPEND	
NUBEQA	34	OICALIVA 5 MG	69	SFALKA SUSP	107
NUCORT LOTN	62	OCUFLOX (ofloxacin (ophth))	90	omeprazole CPDR 20 MG, 40 MG	
NUEDEXTA	96	ODEFSEY	42	107	
NULYTELY (peg 3350-potassium		ODOMZO	33	omeprazole magnesium CPDR ..	107
chloride-sod bicarbonate-sod		OFEV	103	OMNIFLEX DIAPHRAGM	77
chloride)	74	ofloxacin (ophth)	90	ondansetron hcl SOLN OR 4	
NUPLAZID CAPS	39	ofloxacin (otic)	93	MG/5ML	23
NUPLAZID TABS 10 MG	39	ofloxacin 300 MG	69	ondansetron hcl TABS 4 MG, 8 MG	
NUVARING (etonogestrel-ethinyl		ofloxacin 400 MG	69	23	
estradiol)	53	olanzapine TABS 15 MG, 20 MG ..	40	ondansetron TBDP	23
NUVIGIL (armodafinil)	2	olanzapine TABS 2.5 MG, 5 MG, 7.5		ONETOUCH ULTRA 2 KIT	78
nystatin (mouth-throat)	83	MG, 10 MG	40	ONETOUCH ULTRA STRP	65
nystatin (topical) CREA	58	olanzapine TBDP	40	ONETOUCH VERIO FLEX BLOOD	
nystatin (topical) OINT	58	olanzapine-fluoxetine hcl	95	GLUCOSE MONITORING SYSTEM	
				KIT	78

ONETOUCH VERIO REFLECT KIT 78	oseltamivir phosphate SUSR 43	oxycodone w/ acetaminophen TABS 325 MG-10 MG9
ONETOUCH VERIO TEST STRIPS STRP65	OSMOPREP74	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG9
ONFI SUSP (clobazam) 15	OSPHENA67	oxycodone w/ acetaminophen TABS 325 MG-5 MG9
ONFI TABS 10 MG (clobazam)15	OTEZLA TABS5	oxycodone w/ acetaminophen TABS 325 MG-7.5 MG9
ONFI TABS 20 MG (clobazam)15	OTEZLA TBPK5	oxymorphone hcl TABS 10 MG8
ONUREG TABS32	OVIDE (malathion)64	oxymorphone hcl TABS 5 MG8
OPILL53	oxandrolone 10 MG10	oxymorphone hcl TB128
OPSUMIT47	oxandrolone 2.5 MG10	OZEMPIC SOPN21
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 108	oxaprozin TABS5	paliperidone39
ORACEA (doxycycline (rosacea)) 64	OXAYDO TABS 5 MG8	PAMELOR CAPS (nortriptyline hcl) 20
ORACIT71	oxazepam CAPS 10 MG, 15 MG ..12	PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT65
ORAL CITRATE71	oxazepam CAPS 30 MG12	PANRETIN59
ORAPRED ODT TBDP (prednisolone sodium phosphate)54	oxcarbazepine SUSP16	pantoprazole sodium PACK107
ORAVIG83	oxcarbazepine TABS 150 MG16	pantoprazole sodium TBEC107
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG46	oxcarbazepine TABS 300 MG16	PAREMYD92
ORENITRAM TBCR 5 MG46	oxcarbazepine TABS 600 MG16	paricalcitol CAPS67
ORFADIN CAPS (nitisinone)67	oxiconazole nitrate CREA58	PARLODEL CAPS (bromocriptine mesylate)38
ORFADIN SUSP67	OXISTAT CREA (oxiconazole nitrate)58	PARLODEL TABS (bromocriptine mesylate)39
ORIAHNN68	OXISTAT LOTN58	PARNATE (tranylcypromine sulfat) 19
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG103	OXTELLAR XR TB24 150 MG, 300 MG17	paroxetine hcl SUSP19
ORKAMBI PACK 94 MG-75 MG .103	OXTELLAR XR TB24 600 MG17	
ORKAMBI TABS103	oxybutynin chloride TABS 5 MG .108	
orlistat1	oxybutynin chloride TB24108	
orphenadrine citrate TB1287	oxycodone hcl CAPS8	
oseltamivir phosphate CAPS43	oxycodone hcl CONC 100 MG/5ML 8	
	oxycodone hcl SOLN8	
	oxycodone hcl TABS 30 MG8	
	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG8	

paroxetine hcl TABS	19	PENNSAID SOLN EX	59	phenylephrine hcl (mydriatic) SOLN 10 %	90
paroxetine hcl TB24	19	pentamidine isethionate IN	30	phenylephrine hcl (mydriatic) SOLN 2.5 %	90
PASER PACK	31	PENTASA CPCR (mesalamine) ...	70	phenytoin CHEW	18
PATADAY 0.1 % (olopatadine hcl) 92		PENTASA CPCR 250 MG	70	phenytoin sodium extended 100 MG, 200 MG, 300 MG	18
PATADAY 0.2 % (olopatadine hcl) 92		pentazocine w/ naloxone hcl	10	phenytoin SUSP	18
PATADAY EXTRA STRENGTH .. 92		PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG	71	PHEXXI	108
PATANASE (olopatadine hcl (nasal))	87	pentoxifylline	72	PHOSLYRA SOLN	71
PAXIL CR TB24 (paroxetine hcl) .. 19		PEPCID AC MAXIMUM STRENGTH TABs (famotidine)	106	phytonadione TABs 5 MG	109
PAXIL SUSP (paroxetine hcl)	19	PEPCID AC TABs 20 MG (famotidine)	106	PIFELTRO	42
PAXIL TABs (paroxetine hcl)	19	PEPCID TABs 20 MG (famotidine) 106		pilocarpine hcl (oral) 5 MG	83
PAXLOVID 100 MG-150 MG	43	PEPCID TABs 40 MG (famotidine) 106		pilocarpine hcl (oral) 7.5 MG	83
pazopanib hcl	36	PERCOCET TABs 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	10	pilocarpine hcl SOLN 1 %, 2 %, 4 % .. 90	
PEDIAPRED SOLN (prednisolone sodium phosphate)	54	PERCOCET TABs 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	10	pimecrolimus	63
pediatric multivitamins w/fl CHEW .84		PERCOCET TABs 325 MG-5 MG (oxycodone w/ acetaminophen)	9	pindolol TABs	44
pediatric vitamins acid w/ fluoride SOLN	84	PERFOROMIST NEBU (formoterol fumarate)	14	pioglitazone hcl 15 MG	22
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	74	perindopril erbumine	27	pioglitazone hcl 30 MG, 45 MG	22
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM	74	permethrin CREA	64	pioglitazone hcl-glimepiride	21
peg 3350-potassium chloride-sod bicarbonate-sod chloride	74	perphenazine TABs	40	pioglitazone hcl-metformin hcl TABs . 21	
PEG-PREP	74	phenelzine sulfate	19	PIQRAY 200MG DAILY DOSE ...	36
penicillamine CAPS	82	phenobarbital ELIX	73	PIQRAY 250MG DAILY DOSE ...	36
penicillamine TABs	82	phenobarbital TABs	73	PIQRAY 300MG DAILY DOSE ...	36
penicillin v potassium SOLR	94	phenoxybenzamine hcl	27	pirfenidone CAPS	103
penicillin v potassium TABs	94	phentermine hcl CAPS	1	pirfenidone TABs	103
PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	59			piroxicam CAPS 10 MG	5
				piroxicam CAPS 20 MG	5
				PLAN B ONE-STEP (levonorgestrel (emergency oc))	53

PLAQUENIL (hydroxychloroquine sulfate)	31	potassium chloride PACK OR 20 MEQ	82	PRED MILD	91
PLAVIX 75 MG (clopidogrel bisulfate)	72	potassium chloride SOLN OR 10 %, 20 %	82	PRED-G S.O.P. OINT	91
PLEGRIDY SOSY IM	96	potassium chloride TBCR	82	PRED-G SUSP	91
PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	57	potassium citrate (alkalinizer) TBCR .	71	prednicarbate OINT	63
PLEXION CREA (sulfacetamide sodium w/ sulfur)	57	potassium citrate-citric acid SOLN	71	prednisolone acetate (ophth)	91
PLEXION LOTN (sulfacetamide sodium w/ sulfur)	57	POVIDONE IODINE	90	PREDNISOLONE SODIUM PHOSPHATE	91
PNV-DHA+DOCUSATE	86	PRALUENT SOAJ	26	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 20 MG/5ML	54
PNV-OMEGA	86	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	39	prednisolone sodium phosphate TBDP	54
PODOCON-25 SOLN	63	pramipexole dihydrochloride TABS 1 MG	39	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	91
podofilox GEL	63	pramipexole dihydrochloride TABS 1.5 MG	39	PREDNISONE INTENSOL CONC	54
podofilox SOLN	63	pramipexole dihydrochloride TABS 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	39	prednisone SOLN	54
POLY HUB NEEDLE/30G X 1/2" .	79	pramipexole dihydrochloride TB24 3 MG	39	prednisone TABS	54
polymyxin b-trimethoprim	90	PRAMOSONE LOTN	63	prednisone TBPK 10 MG	54
POLYTRIM (polymyxin b-trimethoprim)	90	PRAMOSONE OINT	63	pregabalin CAPS 225 MG, 300 MG	17
POLY-VI-FLOR CHEW	84	prasugrel hcl	72	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	17
POLY-VI-FLOR SUSP	84	pravastatin sodium 10 MG, 20 MG, 80 MG	26	pregabalin SOLN	17
POLY-VI-FLOR/IRON CHEW	84	pravastatin sodium 40 MG	26	PREMARIN	109
POMALYST	34	praziquantel	11	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	69
posaconazole SUSP	24	prazosin hcl CAPS	27	PREMARIN TABS 0.9 MG	69
posaconazole TBEC	24	PRECISION XTRA	65	PREMESISRX	86
pot & sod citrates w/citric ac SOLN	71	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	65	PREMIUM CONDOMS LUBRICATED MISC	77
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	81	PRECOSE (acarbose)	20		
potassium chloride CPCR	82				
potassium chloride microencapsulated crystals er	82				

PREMPHASE	68	MCG-10 UNIT-600 MCG-25 MG ..	86	progesterone CAPS	94
PREMPRO 1.5 MG-0.3 MG	68	PRENATE PIXIE	86	PROGLYCEM (diazoxide)	21
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ...	68	PRENATE RESTORE	86	PROGRAF CAPS (tacrolimus)	83
PRENA 1 TRUE	86	PREVACID 24HR CPDR (lansoprazole)	107	PROGRAF PACK	83
PRENA1 CHEW	86	PREVACID CPDR 30 MG (lansoprazole)	107	PROLENSA (bromfenac sodium (ophth))	92
PRENA1 PEARL	86	PREVACID SOLUTAB TBDD 15 MG (lansoprazole)	107	PROMACTA PACK 12.5 MG	73
PRENAISSANCE	86	PREVACID SOLUTAB TBDD 30 MG (lansoprazole)	107	PROMACTA PACK 25 MG	73
PRENAISSANCE PLUS CAPS	86	PREVIDENT RINSE SOLN	83	PROMACTA TABS	73
PRENATAL 19 CHEW	86	PREZCOBIX	42	promethazine & phenylephrine SYRP	54
PRENATAL 19 TABS	86	PREZISTA SUSP	42	promethazine hcl SOLN OR 6.25 MG/5ML	24
PRENATAL MULTIVITAMIN PLUS DHA MISC	86	PREZISTA TABS (darunavir)	42	promethazine hcl SUPP 12.5 MG, 25 MG	25
PRENATAL+DHA MISC	86	PREZISTA TABS 75 MG, 150 MG	42	promethazine hcl TABS 12.5 MG ..	25
PRENATAL-U CAPS	86	PRIFITIN	31	promethazine hcl TABS 25 MG	25
PRENATE	86	PRILOSEC PACK	107	promethazine hcl TABS 50 MG	25
PRENATE AM	86	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	31	promethazine w/codeine SOLN ...	54
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	86	primaquine phosphate TABS	31	promethazine w/codeine SYRP ...	54
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	86	primidone 50 MG, 250 MG	17	promethazine-dm SYRP	54
PRENATE ENHANCE	86	PRISTIQ (desvenlafaxine succinate) 20		promethazine-phenylephrine-codeine	54
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG	86	PROAIR RESPICLICK AEPB	14	PROMETRIUM CAPS (progesterone)	94
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150		probenecid	72	propafenone hcl CP12	12
		PROCARDIA XL TB24 (nifedipine) 45		propafenone hcl TABS 150 MG ...	12
		prochlorperazine	40	propafenone hcl TABS 225 MG, 300 MG	12
		prochlorperazine maleate TABS ..	40	proparacaine hcl	91
		PROCTOFOAM HC FOAM EX	11	propranolol hcl CP24	44
		PROCYSBI CPDR	71	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	44

propranolol hcl TABS	44	pyrazinamide	31	QUILLIVANT XR SRER	2
propylthiouracil	104	pyridostigmine bromide SOLN OR	31	quinapril hcl	27
PRO-RED AC SYRP 9 MG/5ML-5		pyridostigmine bromide TABS 60 MG		quinapril-hydrochlorothiazide 12.5	
MG/5ML-1 MG/5ML	54	31	MG-10 MG, 12.5 MG-20 MG	29
PROSCAR (finasteride)	71	pyridostigmine bromide TBCR	31	quinapril-hydrochlorothiazide 25 MG-	
PROTONIX PACK (pantoprazole		QBRELIS SOLN	27	20 MG	29
sodium)	107	QINLOCK	36	quinidine gluconate TBCR	12
PROTONIX TBEC (pantoprazole		QSYMIA	1	quinine sulfate CAPS 324 MG	31
sodium)	107	QUALAQUIN CAPS (quinine sulfate)		QVAR REDIHALER 80 MCG/ACT	
protriptyline hcl	20	31		RABEPRAZOLE SODIUM DR	
PROVERA 10 MG		QUARTETTE (levonorgestrel-ethinyl		SPRINKLE CPSP	107
(medroxyprogesterone acetate) ...	94	estradiol (91-day))	52	rabeprazole sodium TBEC	107
PROVERA 2.5 MG, 5 MG		QUDEXY XR CS24 100 MG, 150		raloxifene hcl	67
(medroxyprogesterone acetate) ...	94	MG, 200 MG (topiramate)	17	ramelteon	74
PROVIDA OB	86	QUDEXY XR CS24 25 MG, 50 MG		ramipril CAPS	27
PROVIGIL (modafinil)	2	(topiramate)	17	RANEXA TB12 1000 MG	
PROZAC CAPS 10 MG, 20 MG		QUESTRAN LIGHT POWD		(ranolazine)	11
(fluoxetine hcl)	19	(cholestyramine light)	25	RANEXA TB12 500 MG (ranolazine) .	
PROZAC CAPS 40 MG (fluoxetine		QUESTRAN POWD (cholestyramine)		11	
hcl)	19	25	ranolazine TB12 1000 MG	11
PRUDOXIN (doxepin hcl		quetiapine fumarate TABS 200 MG		ranolazine TB12 500 MG	11
(antipruritic)	59	40		RAPAFLO 4 MG (silodosin)	72
PULMICORT FLEXHALER AEPB		quetiapine fumarate TABS 25 MG, 50		RAPAFLO 8 MG (silodosin)	72
180 MCG/ACT	13	MG, 100 MG, 150 MG	40	RAPAMUNE SOLN (sirolimus)	83
PULMICORT FLEXHALER AEPB 90		quetiapine fumarate TABS 300 MG,		RAPAMUNE TABS (sirolimus)	83
MCG/ACT	13	400 MG	40	rasagiline mesylate	39
PULMICORT SUSP 0.25 MG/2ML		quetiapine fumarate TB24 150 MG,		RAVICTI	67
(budesonide (inhalation))	13	200 MG, 300 MG, 400 MG	40	RAZADYNE ER CP24 (galantamine	
PULMICORT SUSP 0.5 MG/2ML		quetiapine fumarate TB24 50 MG .	40	hydrobromide)	95
(budesonide (inhalation))	13	QUFLORA FE PEDIATRIC LIQD .	84	REALITY LATEX	
PULMICORT SUSP 1 MG/2ML		QUFLORA GUMMIES CHEW	84	CONDOMS/LUBRICATED MISC ..	77
(budesonide (inhalation))	13	QUFLORA PEDIATRIC CHEW ...	84	REALITY LATEX/ULTRA	
PULMOZYME	103	QUFLORA PEDIATRIC SOLN	85	TEXTURED DEVI	77
PURIXAN SUSP	32	QUILLICHEW ER CHER	2		

REALITY LATEX/ULTRA THIN DEVI 77	microsphere)57	risperidone SOLN40
RECTIV (nitroglycerin (intra-anal)) 11	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)57	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG40
REGLAN TABS (metoclopramide hcl)69	RETIN-A MICRO PUMP 0.08 % (tretinoin microsphere)57	risperidone TABS 3 MG40
REGRANEX64	RETROVIR CAPS (zidovudine) ...42	risperidone TBDP40
RELENZA DISKHALER43	RETROVIR SYRP (zidovudine) ...42	RITALIN LA CP24 (methylphenidate hcl)2
RELION INSULIN SYRINGE 1ML/31GX15/64"79	REVATIO SUSR (sildenafil citrate (pulmonary hypertension))47	RITALIN TABS 20 MG (methylphenidate hcl)2
RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"79	REVATIO TABS (sildenafil citrate (pulmonary hypertension))47	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)2
RELNATE DHA CAPS86	REXULTI41	ritonavir TABS42
RELPAK (eletriptan hydrobromide) 80	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)42	rivastigmine95
REMERON SOLTAB TBDP (mirtazapine)18	REYATAZ PACK42	rivastigmine tartrate CAPS95
REMERON TABS 15 MG, 30 MG (mirtazapine)18	RHOFADE64	rizatriptan benzoate TABS80
RENAGEL (sevelamer hcl)71	RIDAURA4	rizatriptan benzoate TBDP80
REVELA PACK 0.8 GM (sevelamer carbonate)71	rifabutin31	ROBINUL FORTE TABS (glycopyrrolate)105
REVELA PACK 2.4 GM (sevelamer carbonate)71	rifampin CAPS31	ROBINUL TABS (glycopyrrolate) .105
REVELA TABS (sevelamer carbonate)71	RILUTEK TABS (riluzole)89	ROCALTROL CAPS 0.25 MCG (calcitriol)67
repaglinide22	riluzole TABS89	ROCALTROL CAPS 0.5 MCG (calcitriol)67
RESTORIL 15 MG (temazepam) ..73	rimantadine hydrochloride TABS ..43	ROCALTROL SOLN OR (calcitriol) 67
RESTORIL 30 MG (temazepam) ..74	RINVOQ3	roflumilast13
RESTORIL 7.5 MG (temazepam) .73	RIOMET SOLN (metformin hcl) ...21	ropinirole hydrochloride TABS39
RETEVMO36	risedronate sodium TABS 150 MG 66	ropinirole hydrochloride TB24 12 MG 39
RETIN-A CREA (tretinoin)57	risedronate sodium TABS 35 MG .66	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG39
RETIN-A GEL (tretinoin)57	risedronate sodium TABS 5 MG, 30 MG66	rosuvastatin calcium TABS26
RETIN-A MICRO (tretinoin	RISPERDAL SOLN (risperidone) ..39	ROXICODONE TABS 30 MG (oxycodone hcl)8
	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)39	
	RISPERDAL TABS 3 MG (risperidone)39	

ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl)	8	sapropterin dihydrochloride PACK .67	(quetiapine fumarate)	40
ROZEREM (ramelteon)	74	sapropterin dihydrochloride TABS .68	SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate)	40
RUBRACA	36	SAVELLA TABS	95	
rufinamide SUSP	17	SAVELLA TITRATION PACK MISC 95	SEROQUEL XR TB24 50 MG (quetiapine fumarate)	40
rufinamide TABS 200 MG	17	saxagliptin hcl	21	sertraline hcl CONC
rufinamide TABS 400 MG	17	saxagliptin-metformin hcl	21	sertraline hcl TABS
RUKOBIA	42	scopolamine	23	sevelamer carbonate PACK 0.8 GM . 71
RYBELSUS TABS 3 MG	21	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	52	sevelamer carbonate PACK 2.4 GM . 71
RYBELSUS TABS 7 MG, 14 MG ..	21	SELECT-OB CHEW 60 MG-2.5 MG- 0.4 MG-1.6 MG-400 UNIT-5 MCG- 1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	86	sevelamer carbonate TABS
RYDAPT	36	SELECT-OB CHEW 60 MG-2.5 MG- 1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT- 29 MG-1700 UNIT	86	sevelamer hcl 400 MG
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	39	SELECT-OB+DHA MISC	86	sevelamer hcl 800 MG
RYTARY CPCR 95 MG-23.75 MG	39	selegiline hcl CAPS	39	SFROWASA ENEM
RYTHMOL SR CP12 (propafenone hcl)	12	selenium sulfide LOTN 2.5 %	60	SIKLOS TABS 100 MG
RYVENT TABS	24	SELZENTRY SOLN	42	SIKLOS TABS 1000 MG
SABRIL PACK (vigabatrin)	18	SELZENTRY TABS (maraviroc) ...	42	sildenafil citrate (pulmonary hypertension) SUSR
SABRIL TABS (vigabatrin)	18	SELZENTRY TABS 25 MG, 75 MG 42	42	sildenafil citrate (pulmonary hypertension) TABS
SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	52	SE-NATAL 19 CHEW	86	sildenafil citrate
SALAGEN 5 MG (pilocarpine hcl (oral))	83	SE-NATAL 19 TABS	86	silodosin 4 MG
SALAGEN 7.5 MG (pilocarpine hcl (oral))	83	SENSIPAR (cinacalcet hcl)	68	silodosin 8 MG
salicylic acid SHAM 6 %	63	SEREVENT DISKUS	14	SILVADENE (silver sulfadiazine) .60
salsalate	7	SEROQUEL TABS 200 MG (quetiapine fumarate)	40	silver sulfadiazine
SANDIMMUNE CAPS (cyclosporine) 83	83	SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)	40	simvastatin TABS
SANDIMMUNE SOLN OR	83	SEROQUEL TABS 300 MG, 400 MG		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)
SAPHRIS (asenapine maleate) ...	40			39
SAPHRIS 5 MG	40			SINGULAIR CHEW (montelukast sodium)

SINGULAIR PACK (montelukast sodium)	13	sodium polystyrene sulfonate POWD 83	SPORANOX PULSEPAK CAPS (itraconazole)	24	
SINGULAIR TABS (montelukast sodium)	13	SODIUM	SPORANOX SOLN (itraconazole) .	24	
sirolimus SOLN	83	SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	57	SPRAVATO 56MG DOSE	19
sirolimus TABS	83	sodium sulfate-potassium sulfate-magnesium sulfate	74	SPRAVATO 84MG DOSE	19
SITAVIG TABS BU	43	solifenacin succinate TABS 10 MG 108	SPRITAM TB3D	17	
SIVEXTRO TABS	30	solifenacin succinate TABS 5 MG 108	SPRYCEL	36	
SKLICE (ivermectin (pediculicide)) 64		SOLTAMOX SOLN	34	STALEVO 50 (carbidopa-levodopa-entacapone)	39
SKYRIZI PEN SOAJ	59	SOMA TABS 250 MG (carisoprodol) . 87		stavudine CAPS	42
SKYRIZI PSKT	59	SOMA TABS 350 MG (carisoprodol) . 87		STELARA SOLN 45 MG/0.5ML ...	60
SKYRIZI SOCT	70	SOOLANTRA (ivermectin (rosacea))	64	STELARA SOSY 45 MG/0.5ML ...	60
SKYRIZI SOSY	59	sorafenib tosylate	36	STELARA SOSY 90 MG/ML	60
SLYND	53	SORILUX FOAM	60	STIMATE SOLN NA	68
SOAAZ TABS 20 MG (torsemide) 66		sotalol hcl (afib/afI)	44	STIOLTO RESPIMAT	14
sodium chloride (inhalant) NEBU 0.9 % , 3 %	55	sotalol hcl TABS	44	STIVARGA	37
sodium chloride (inhalant) NEBU 7 %	55	SOVUNA 200 MG	31	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	2
sodium citrate & citric acid	71	spinosad	64	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	2
sodium fluoride (dental) SOLN 0.2 % 83		SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .12		STRIBILD	42
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	81	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	12	STRIVERDI RESPIMAT	14
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	81	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	12	STROMECTOL (ivermectin)	11
sodium fluoride TABS 0.5 MG	81	spironolactone & hydrochlorothiazide	65	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	10
sodium fluoride TABS 1 MG	81	spironolactone TABS	66	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	10
SODIUM OXYBATE SOLN	94	SPORANOX CAPS (itraconazole) .24		sucralfate SUSP	106
sodium phenylbutyrate POWD	68			sucralfate TABS	106
sodium phenylbutyrate TABS	68			SULAR 8.5 MG, 17 MG, 34 MG	

(nisoldipine)	45	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	74	MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	105
sulfacetamide sodium (acne)	57	SUSTIVA CAPS (efavirenz)	42	SYPRINE (trientine hcl)	82
sulfacetamide sodium (ophth) OINT 90		SUSTIVA TABS (efavirenz)	42	TABLOID	32
sulfacetamide sodium (ophth) SOLN . 90		SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	37	TABRECTA	37
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	57	SUTENT 25 MG (sunitinib malate) 37		TACLONEX OINT (calcipotriene- betamethasone dipropionate)	63
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	57	SYMBICORT (budesonide- formoterol fumarate dihydrate)	14	TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	63
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	57	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl)	95	tacrolimus (topical) OINT 0.03 % ..	63
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	57	SYMDEKO 150 MG-100 MG	103	tacrolimus (topical) OINT 0.1 % ...	63
sulfadiazine TABS	104	SYMDEKO 75 MG-50 MG	103	tacrolimus CAPS	83
sulfamethoxazole-trimethoprim SUSP	30	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	42	tadalafil (pulmonary hypertension) TABS	47
sulfamethoxazole-trimethoprim TABS	30	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	42	tadalafil 2.5 MG	46
SULFAMYLON CREA	60	SYMTUZA	42	tadalafil 5 MG, 10 MG, 20 MG	46
sulfasalazine TABS	70	SYNALAR CREA (fluocinolone acetone)	63	TAFINLAR CAPS	37
sulfasalazine TBEC	70	SYNALAR OINT (fluocinolone acetone)	63	tafluprost	93
sulindac TABS 150 MG	5	SYNALAR SOLN (fluocinolone acetone)	63	TAGRISSO	33
sulindac TABS 200 MG	5	SYNAREL	67	TALZENNA 0.25 MG, 1 MG	37
sumatriptan 20 MG/ACT	80	SYNJARDY TABS	21	TAMIFLU CAPS (oseltamivir phosphate)	43
sumatriptan 5 MG/ACT	80	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	21	TAMIFLU SUSP (oseltamivir phosphate)	44
sumatriptan succinate TABS	80	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	21	tamoxifen citrate TABS	34
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	37	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	105	tamsulosin hcl	72
sunitinib malate 25 MG	37	SYNTHROID TABS 25 MCG, 50		TARCEVA (erlotinib hcl)	33
SUPRAX CAPS (cefixime)	48			TARGRETIN (bexarotene (topical)) 59	
SUPRAX SUSP 100 MG/5ML (cefixime)	48			TARGRETIN (bexarotene)	38
				TASIGNA	37
				TASMAR (tolcapone)	38

TAVALISSE 100 MG	72	temazepam 15 MG	74	THALITONE	66
TAVALISSE 150 MG	72	temazepam 30 MG	74	THALOMID	82
TAYTULLA CAPS (norethin acet & estrad-fe)	52	temazepam 7.5 MG	74	THEO-24 CP24	14
tazarotene CREA	60	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide) ..	32	theophylline ELIX	14
TAZAROTENE FOAM	57	TEMOVATE CREA (clobetasol propionate)	63	theophylline SOLN	14
tazarotene GEL	60	TEMOVATE OINT (clobetasol propionate)	63	theophylline TB24	14
TAZORAC CREA (tazarotene)	60	temozolomide CAPS	32	THIOLA EC TBEC (tiopronin)	72
TAZORAC CREA	60	tenofovir disoproxil fumarate TABS 42		THIOLA TABS (tiopronin)	72
TAZORAC GEL (tazarotene)	60	TENORETIC 100 (atenolol & chlorthalidone)	29	thioridazine hcl 10 MG, 25 MG, 100 MG	40
TAZVERIK	37	TENORETIC 50 (atenolol & chlorthalidone)	29	thioridazine hcl 50 MG	40
TECFIDERA CPDR (dimethyl fumarate)	96	TENORMIN TABS (atenolol)	44	thiothixene	41
TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	96	terazosin hcl 1 MG, 2 MG, 5 MG ..	27	THRIVITE RX TABS	86
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	79	terazosin hcl 10 MG	27	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	105
TEGRETOL SUSP (carbamazepine) .	17	terbinafine hcl TABS	24	tiagabine hcl	18
TEGRETOL TABS (carbamazepine) .	17	terbutaline sulfate TABS	14	TIAZAC (diltiazem hcl extended release beads)	45
TEGRETOL-XR TB12 100 MG (carbamazepine)	17	terconazole vaginal CREA	108	TIBSOVO	37
TEGRETOL-XR TB12 200 MG (carbamazepine)	17	terconazole vaginal SUPP	108	TIKOSYN (dofetilide)	12
TEGRETOL-XR TB12 400 MG (carbamazepine)	17	teriflunomide	96	timolol maleate (ophth) SOLG	89
TEKTURNA (aliskiren fumarate) ..	29	testosterone cypionate SOLN IM ..	10	timolol maleate (ophth) SOLN	89
TEKTURNA HCT	29	testosterone enanthate SOLN IM ..	10	timolol maleate TABS 10 MG	44
telmisartan 20 MG, 40 MG	27	testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM	10	timolol maleate TABS 20 MG	44
telmisartan 80 MG	27	tetrabenazine	95	timolol maleate TABS 5 MG	44
telmisartan-amlodipine	29	tetracaine hcl (ophth)	91	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	89
telmisartan-hydrochlorothiazide ..	29	tetracycline hcl CAPS	104	TIMOPTIC SOLN (timolol maleate (ophth))	89
		TEXACORT SOLN 2.5 %	63	TIMOPTIC-XE SOLG (timolol maleate (ophth))	89
				tinidazole	30

tiopronin TABS	72	TOPAMAX TABS 25 MG (topiramate)	17	TPOXX (TECOVIRIMAT CAP 200 MG)	44
tiopronin TBEC	72	TOPAMAX TABS 50 MG (topiramate)	17	TPOXX CAPS	44
tiotropium bromide monohydrate CAPS	13	TOPICORT CREA (desoximetasone)	63	TPOXX SOLN	44
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	105	TOPICORT GEL (desoximetasone) 63		TRACLEER TABS 125 MG (bosentan)	47
TIVICAY TABS	42	TOPICORT LIQD (desoximetasone) . 63		TRACLEER TABS 62.5 MG (bosentan)	47
tizanidine hcl CAPS	87	TOPICORT OINT (desoximetasone) . 63		TRACLEER TBSO	47
tizanidine hcl TABS 2 MG	87	topiramate CP24 200 MG	17	tramadol hcl TABS 100 MG	9
tizanidine hcl TABS 4 MG	87	topiramate CP24 25 MG	17	tramadol hcl TABS 50 MG	8
TOBI NEBU (tobramycin)	3	topiramate CP24 50 MG, 100 MG .	17	tramadol hcl TB24 100 MG	9
TOBI PODHALER CAPS	3	topiramate CP24 50 MG, 100 MG .	17	tramadol hcl TB24 200 MG	9
TOBRADEX OINT	91	topiramate CPSP	17	tramadol hcl TB24	9
TOBRADEX ST SUSP	91	topiramate CPSP	17	tramadol-acetaminophen	10
TOBRADEX SUSP (tobramycin- dexamethasone)	91	topiramate CS24 100 MG, 150 MG, 200 MG	17	trandolapril	27
tobramycin (ophth) SOLN	90	topiramate CS24 25 MG, 50 MG ..	17	trandolapril-verapamil hcl	29
tobramycin NEBU	3	topiramate TABS 100 MG	17	tranexamic acid TABS	73
tobramycin-dexamethasone SUSP 91		topiramate TABS 200 MG	17	TRANSDERM-SCOP (scopolamine) 23	
TOBREX OINT	90	topiramate TABS 25 MG	17	TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	12
TODAY SPONGE MISC	108	topiramate TABS 50 MG	17	tranylcypromine sulfate	19
tolcapone	38	TOPROL XL TB24 (metoprolol succinate)	44	TRAVATAN Z SOLN (travoprost) .	93
TOLSURA CAPS	24	toremifene citrate	34	travoprost SOLN	93
tolterodine tartrate CP24	108	torsemide TABS 100 MG	66	trazodone hcl TABS	20
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TOPAMAX SPRINKLE CPSP (topiramate)	17	TOUJEO MAX SOLOSTAR SOPN 22		TRELEGY ELLIPTA	14
TOPAMAX TABS 100 MG (topiramate)	17	TOUJEO SOLOSTAR SOPN	22	TREMFYA SOPN	60
TOPAMAX TABS 200 MG (topiramate)	17	TOVIAZ (fesoterodine fumarate)	108	TREMFYA SOSY	60
				TRESIBA FLEXTOUCH SOPN	22
				TRESIBA SOLN	22

tretinoin (chemotherapy)	38	TRICOR TABS 48 MG (fenofibrate) 25	TRIUMEQ PD TBSO	42	
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	57	TRIDESILON CREA 0.05 % (desonide)	63	TRIUMEQ TABS	42
tretinoin GEL 0.01 %, 0.025 %	57	trientine hcl 250 MG	82	TRI-VI-FLOR	85
tretinoin GEL 0.05 %	57	trientine hcl 500 MG	82	TRI-VI-FLORO	85
tretinoin microsphere 0.04 %, 0.1 % 57		trifluoperazine hcl TABS	40	TRIZIVIR	42
tretinoin microsphere 0.08 %	57	trifluridine	90	TROKENDI XR CP24 200 MG (topiramate)	17
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	32	trihexyphenidyl hcl SOLN	38	TROKENDI XR CP24 25 MG (topiramate)	17
triamcinolone acetonide (mouth) ..	83	trihexyphenidyl hcl TABS	38	TROKENDI XR CP24 50 MG, 100 MG (topiramate)	17
triamcinolone acetonide (nasal) AERO	89	TRIJARDY XR	21	tropicamide SOLN	90
triamcinolone acetonide (topical) AERS	63	TRIKAFTA TBPK 100 MG-50 MG 103		tropium chloride CP24	108
triamcinolone acetonide (topical) CREA	63	TRIKAFTA TBPK 50 MG-25 MG .	103	tropium chloride TABS	108
triamcinolone acetonide (topical) LOTN	63	TRILEPTAL SUSP (oxcarbazepine) 17		TRULICITY	21
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	63	TRILEPTAL TABS 150 MG (oxcarbazepine)	17	TRUSOPT (dorzolamide hcl)	93
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	65	TRILEPTAL TABS 300 MG (oxcarbazepine)	17	TRUSTEX COLOR CONDOMS + LUBE MISC	77
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	65	TRILEPTAL TABS 600 MG (oxcarbazepine)	17	TRUSTEX LUBRICATED EXTRALARGE MISC	77
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	65	TRILIPIX 135 MG (choline fenofibrate)	26	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	77
triamterene CAPS	66	TRILIPIX 45 MG (choline fenofibrate)	26	TRUSTEX LUBRICATED MISC ...	78
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triazolam 0.25 MG	74	trimethoprim TABS	30	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	77
TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)	29	trimipramine maleate CAPS	20	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	78
TRICOR TABS 145 MG (fenofibrate) . 25		TRINATAL RX 1 TABS	86	TRUSTEX LUBRICATED/SPERMICIDE MISC	78
		TRINTELLIX	20		
		TRISTART DHA	86		
		TRISTART ONE	86		

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