

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 All previous versions are no longer in effect.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



Updated March 1, 2024

Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC, and Centene Corporation. Health Net is a registered service mark of Health Net, LLC.

Table of Contents

What If I Have Questions Regarding My Pharmacy Benefit?	iii
What is the Drug List?.....	iii
How do I find a drug in the Drug List?	iii
How are the drugs listed in the categorical list?.....	iii
How much will I pay for my drugs?.....	iv
Are there any limits on my drug coverage?.....	v
How often does the Drug List change?	vi
How can I get prior authorization or an exception to the rules for drug coverage?.....	vi
Step Therapy Exception.....	vii
Are all contraceptives covered?.....	viii
What blood glucose supplies are covered?.....	viii
Are preventive drugs covered?	viii
What drugs are covered under my medical benefit?	viii
Can I go to any pharmacy?	ix
Can I use a mail order pharmacy?	ix
How can I save money on my prescription drugs?	ix
Definitions.....	x
Categorical list of prescription drugs	1
Alphabetical index of prescription drugs.....	Index 1

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 selects the drug list. The committee reviews new drugs and 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 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 non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier
4	Tier four shall consist of drugs that 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 insured 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.
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. 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.
---	--

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. If the drug is approved, we will let you know how to get limited access drugs.
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 when medically necessary.

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 when it is medically necessary for you to take the drug.

Step-therapy exception is defined as a decision based on medical necessity 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</i> 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	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine</i> TABS	1	
DESOXYN (<i>methamphetamine hcl</i>)	7	PA
DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate</i> CP24	1	
<i>dextroamphetamine sulfate</i> SOLN	3	
<i>dextroamphetamine sulfate</i> TABS 5 MG, 10 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate</i> CAPS	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate</i> CHEW	1	QL(1 ea daily)
<i>methamphetamine hcl</i>	3	PA
Analeptics		
<i>caffeine citrate</i> SOLN OR	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</i> CAPS	3	Check plan documents for coverage; PA
QSYMIA	3	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRACE	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</i> 60 MG, 80 MG, 100 MG	1	QL(1 ea daily)
<i>atomoxetine hcl</i> 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 ea daily)
<i>guanfacine hcl</i> (adhd)	1	QL(1 ea daily)
INTUNIV (<i>guanfacine hcl</i> (adhd))	7	QL(1 ea daily)
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
<i>armodafinil</i>	1	ST; PA
CONCERTA TBCR 54 MG (<i>methylphenidate hcl</i>)	7	QL(2 ea daily)
CONCERTA TBCR 18 MG, 27 MG, 36 MG (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
DAYTRANA PTCH (<i>methylphenidate</i>)	7	
<i>dexmethylphenidate hcl</i> CP24	3	QL(1 ea daily)
<i>dexmethylphenidate hcl</i> TABS	1	QL(2 ea daily)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	7	QL(1 ea daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 ea daily)
METADATE CD CPCR (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
METHYLIN SOLN (<i>methylphenidate hcl</i>)	7	
<i>methylphenidate hcl</i> CHEW	3	
<i>methylphenidate hcl</i> CP24 10 MG, 20 MG, 30 MG, 40 MG	3	
<i>methylphenidate hcl</i> CP24	1	QL(1 ea daily)
<i>methylphenidate hcl</i> CP24 60 MG	3	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl</i> CPCR	1	QL(1 ea daily)
<i>methylphenidate hcl</i> SOLN 10 MG/5ML	3	
<i>methylphenidate hcl</i> SOLN 5 MG/5ML	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TABS 20 MG	1	QL(3 ea daily)
<i>methylphenidate hcl</i> TABS 5 MG, 10 MG	1	
<i>methylphenidate hcl</i> TB24 54 MG	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl</i> TB24 18 MG, 27 MG, 54 MG	1	QL(1 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl</i> TB24 36 MG	1	QL(2 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl</i> TBCR 18 MG, 27 MG, 36 MG	1	QL(1 ea daily)
<i>methylphenidate hcl</i> TBCR 54 MG	1	QL(2 ea daily)
<i>methylphenidate hcl</i> TBCR 10 MG	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl</i> TBCR 20 MG	1	QL(1 ea daily; 90 Day(s) limit)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	3	QL(1 ea daily)
<i>methylphenidate</i> PTCH	3	
<i>modafinil</i>	3	QL(1 ea daily); ST
NUVIGIL (<i>armodafinil</i>)	7	ST; PA
PROVIGIL (<i>modafinil</i>)	7	QL(1 ea daily); ST
QUILLICHEW ER CHER	3	PA
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
RELEXXII TBCR 54 MG	2	QL(2 ea daily)
RELEXXII TBCR 72 MG	3	QL(1 ea daily)
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	7	
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 ea daily)

AMINOGLYCOSIDES - Drugs to Treat Bacterial

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Infections			Anti-TNF-alpha - Monoclonal Antibodies		
Aminoglycosides			XELJANZ TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
ARIKAYCE	3	PA	Anti-TNF-alpha - Monoclonal Antibodies		
BETHKIS NEBU (<i>tobramycin</i>)	7	PA	ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA
HUMATIN	2		ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); PA
KITABIS PAK NEBU (<i>tobramycin</i>)	2	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
<i>neomycin sulfat</i> TABS	1		HADLIMA SOSY	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; 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
TOBI NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA
<i>tobramycin NEBU</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
<i>tobramycin NEBU</i>	3	PA	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			Antirheumatic - Enzyme Inhibitors		
Antirheumatic - Enzyme Inhibitors			RINVOQ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
XELJANZ XR TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	XELJANZ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 days retail); 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-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; QL(4 ea per 365 days retail); 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 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEN 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(0.143 ea daily); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA	(Indomethacin) INDOCIN SUPP	3	
HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
Gold Compounds			(Nabumetone) RELAFEN 500 MG	1	QL(4 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 400 MG (<i>celecoxib</i>)	7	QL(2 ea daily); PA
			CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 ea daily)
			<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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 10 MG (<i>piroxicam</i>)	7	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 ea daily)
<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 7.5 MG</i>	1	QL(2 ea daily)
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
MOBIC TABS 15 MG (<i>meloxicam</i>)	7	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MOBIC TABS 7.5 MG (<i>meloxicam</i>)	7	QL(2 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
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 10 MG (<i>leflunomide</i>)	7	QL(2 ea daily)
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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				

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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					

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		<i>methadone hcl CONC</i>	1	
			<i>methadone hcl SOLN OR</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 ea daily)
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (<i>fentanyl citrate</i>)	7	ST; PA	<i>methadone hcl TBSO</i>	1	
			METHADOSE SUGAR- FREE CONC (<i>methadone hcl</i>)	7	
ACTIQ LPOP 1600 MCG (<i>fentanyl citrate</i>)	7	ST; QL(4 ea daily); 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 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 TABS</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 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 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)	<i>oxycodone hcl SOLN</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<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>oxymorphone hcl TB12</i>	1	QL(2 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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	7		<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 ea daily)	<i>butalbital-aspirin-caffeine w/cod</i>	3	
<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 TABS 50 MG</i>	1	QL(8 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 100 MG</i>	3	QL(3 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
<i>tramadol hcl TB24 200 MG</i>	3	QL(1 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>tramadol hcl TB24</i>	3		<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)
ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)	<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	3	
Opioid Combinations			<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1	
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	3		LORTAB ELIX	3	
(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)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-7.5 MG	3	QL(4 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	3		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG</i>	1	QL(4 ea daily)
(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)
<i>acetaminophen w/ codeine SOLN</i>	1				
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1				
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)
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 3 MG-12 MG</i>	1	QL(2 ea daily)
<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 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)	RANEXA TB12 500 MG (<i>ranolazine</i>)	7	QL(4 ea daily)
UCERIS (<i>budesonide (intrarectal)</i>)	7	ST; PA	RANEXA TB12 1000 MG (<i>ranolazine</i>)	7	
Rectal Combinations			<i>ranolazine TB12 500 MG</i>	3	QL(4 ea daily)
ANALPRAM-HC LOTN EX	3		<i>ranolazine TB12 1000 MG</i>	3	
PROCTOFOAM HC FOAM EX	2		Nitrates		
Rectal Steroids			ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7	
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1		<i>isosorbide dinitrate TABS</i>	1	
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7		<i>isosorbide mononitrate TABS</i>	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1		<i>isosorbide mononitrate TB24</i>	1	
Vasodilating Agents			NITRO-BID OINT	2	
RECTIV 0.4 % (<i>nitroglycerin (intra-anal)</i>)	7		NITRO-DUR PT24	2	QL(1 ea daily)
ANTHELMINTICS - Drugs to Treat Worm Infections			NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 ea daily)
Anthelmintics			<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>albendazole</i>	3		<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
ALBENZA (<i>albendazole</i>)	7		<i>nitroglycerin SUBL</i>	1	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)	NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7	
BILTRICIDE (<i>praziquantel</i>)	7		NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA	ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
<i>praziquantel</i>	1		Antianxiety Agents - Misc.		
STROMECTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA	<i>bupirone hcl</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>hydroxyzine hcl SYRP</i>	1	
Antianginals-Other			<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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Lorazepam) LORAZEPAM INTENSOL CONC	1		NORPACE CAPS (disopyramide phosphate)	7	
ALPRAZOLAM INTENSOL CONC	3		quinidine gluconate TBCR	1	
alprazolam TABS	1		quinidine sulfate TABS 200 MG	1	
alprazolam TBDP	3		Antiarrhythmics Type I-B		
ATIVAN TABS (lorazepam)	7		mexiletine hcl	1	
chlordiazepoxide hcl CAPS	1		Antiarrhythmics Type I-C		
clorazepate dipotassium TABS	1		flecainide acetate	1	
diazepam CONC	1		propafenone hcl CP12	1	
diazepam SOLN OR 5 MG/5ML	1		propafenone hcl TABS 150 MG	1	QL(6 ea daily)
diazepam TABS 10 MG	1	QL(4 ea daily)	propafenone hcl TABS 225 MG, 300 MG	1	QL(3 ea daily)
diazepam TABS 2 MG, 5 MG	1		RYTHMOL SR CP12 (propafenone hcl)	7	
lorazepam CONC	1		Antiarrhythmics Type III		
lorazepam TABS	1		(Amiodarone Hcl) PACERONE TABS	1	
oxazepam CAPS 30 MG	1	QL(2 ea daily)	amiodarone hcl TABS	1	
oxazepam CAPS 10 MG, 15 MG	1		dofetilide	1	
TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	7		TIKOSYN (dofetilide)	7	
VALIUM TABS 10 MG (diazepam)	7	QL(4 ea daily)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
VALIUM TABS 2 MG, 5 MG (diazepam)	7		Anti-Inflammatory Agents		
XANAX TABS (alprazolam)	7		cromolyn sodium NEBU	1	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			Bronchodilators - Anticholinergics		
Antiarrhythmics Type I-A			ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
disopyramide phosphate CAPS	1		INCRUSE ELLIPTA	2	QL(1 ea daily)
NORPACE CR CP12	2		ipratropium bromide SOLN 0.02 %	1	
			SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
Leukotriene Modulators			PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)	PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)	PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ml daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)	PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ml daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)	PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ml daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)	QVAR REDHALER 80 MCG/ACT	2	QL(0.72 gm daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)	Sympathomimetics		
<i>zileuton TB12</i>	3	ST	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
Selective Phosphodiesterase 4 (PDE4) Inhibitors			(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
Steroid Inhalants			<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
ARNUITY ELLIPTA	2	QL(1 ea daily)			
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)			
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)			
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)			
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)			
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
ALBUTEROL SULFATE NEBU	2	
<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)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
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	2	QL(1 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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

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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7		<i>fluoxetine hcl TABS 10 MG</i>	1	
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 100 MG</i>	1	QL(3 ea daily)
MARPLAN	3		<i>fluvoxamine maleate CP24 150 MG</i>	1	
NARDIL (<i>phenelzine sulfate</i>)	7		<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
PARNATE (<i>tranylcypromine sulfate</i>)	7		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<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 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)
<i>escitalopram oxalate SOLN</i>	1		PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7	
<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 40 MG</i>	1	QL(1 ea daily)	ZOLOFT CONC (<i>sertraline hcl</i>)	7	
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		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 60 MG</i>	3	QL(1 ea daily); ST			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7	
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)	<i>nortriptyline hcl CAPS</i>	1	
FETZIMA TITRATION PACK C4PK	3	ST	<i>nortriptyline hcl SOLN</i>	2	
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST	PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
FETZIMA CP24 20 MG	3	QL(2 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 37.5 MG, 75 MG</i>	1	QL(1 ea daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)	Alpha-Glucosidase Inhibitors		
<i>venlafaxine hcl TABS</i>	1		<i>acarbose</i>	1	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)	<i>miglitol</i>	3	
<i>venlafaxine hcl TB24 225 MG</i>	1		PRECOSE (<i>acarbose</i>)	7	
			Antidiabetic Combinations		
			ACTOPLUS MET TABS (<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	
			GLYXAMBI	2	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 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-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 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 25 MG</i>	1	QL(1 ea daily)
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1	
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 3 MG	2	Not available through mail order; PA
RYBELSUS TABS 7 MG, 14 MG	2	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 100 UNIT/ML	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 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)

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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 15 MG</i>	1	
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
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 TABS</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	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 LIQD</i>	1	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<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 80 MG, 125 MG</i>	3	QL(1 ea per fill retail; 1 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 40 MG</i>	3	QL(2 ea per 30 days retail)

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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 4 MG</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 6.25 MG/5ML</i>	1	
NOXAFIL SUSP (<i>posaconazole</i>)	7				

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		COLESTID GRAN (<i>colestipol hcl</i>)	7	
<i>promethazine hcl SYRP</i>	1		COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 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 25 MG</i>	1	QL(6 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 30 MG, 90 MG</i>	3	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
<i>icosapent ethyl</i>	2	PA	<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
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 145 MG (<i>fenofibrate</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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRICOR TABS 48 MG <i>(fenofibrate)</i>	7		<i>simvastatin TABS</i>	1	QL(1 ea daily)
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7		ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG <i>(simvastatin)</i>	7	QL(1 ea daily)
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)	Intestinal Cholesterol Absorption Inhibitors		
HMG CoA Reductase Inhibitors			<i>ezetimibe</i>	1	
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)	ZETIA (<i>ezetimibe</i>)	7	
CRESTOR TABS <i>(rosuvastatin calcium)</i>	7	QL(1 ea daily)	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)	JUXTAPID 30 MG	3	PA
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)	JUXTAPID 5 MG	3	ST; PA
LESCOL XL TB24 <i>(fluvastatin sodium)</i>	7	QL(1 ea daily)	JUXTAPID 10 MG, 20 MG	3	PA
LIPITOR TABS <i>(atorvastatin calcium)</i>	7	QL(1 ea daily)	Nicotinic Acid Derivatives		
<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	(Niacin (Antihyperlipidemic)) NIACOR TABS	3	
<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>niacin (antihyperlipidemic) TABS</i>	3	
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)	<i>niacin (antihyperlipidemic) TBCR</i>	1	
<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)	NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7	
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)	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)

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>moexipril hcl</i>	1		DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
<i>perindopril erbumine</i>	1		EDARBI 80 MG	3	QL(1 ea daily)
QBRELIS SOLN	3	QL(5 ml daily)	EDARBI 40 MG	3	
<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 20 MG, 40 MG (<i>telmisartan</i>)	7	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)	MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)	<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
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	
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 160 MG</i>	1	QL(2 ea daily)
<i>metyrosine</i>	3		<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>phenoxybenzamine hcl</i>	1	Not available through mail	Antiadrenergic Antihypertensives		
Angiotensin II Receptor Antagonists			CARDURA (<i>doxazosin mesylate</i>)	7	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)	<i>clonidine hcl TABS</i>	1	
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7		<i>clonidine hcl TB24</i>	3	ST
AVAPRO (<i>irbesartan</i>)	7		<i>doxazosin mesylate</i>	1	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)	<i>guanfacine hcl</i>	1	
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7		<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 1 MG, 2 MG, 5 MG</i>	1	
			<i>terazosin hcl 10 MG</i>	1	QL(2 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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)
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	
EDARBYCLOR	3	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide</i>	1	
EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7	
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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT IN (<i>pentamidine isethionate</i>)	7	
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole</i>	3	ST; PA
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 ea daily); PA
XIFAXAN 200 MG	3	QL(9 ea per fill retail); 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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	3	
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
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 monohydrate 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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal</i>	1	
<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
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	ST; PA
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	7	PA
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>melphalan</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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	7	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 150 MG</i>	1	AC
<i>capecitabine 500 MG</i>	1	AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium TABS 2.5 MG</i>	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 150 MG (<i>capecitabine</i>)	7	AC
XELODA 500 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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
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		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	3	PA; AC; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	PA; AC; AC; PA
VENCLEXTA TABS 100 MG	2	PA; AC; QL(4 ea daily); AC; PA
VENCLEXTA TABS 10 MG	2	PA; AC; QL(2 ea daily); AC; PA
VENCLEXTA TABS 50 MG	2	PA; AC; AC; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
<i>gefitinib</i>	1	PA; AC; AC
GILOTRIF	2	PA; AC; AC; PA
IRESSA (<i>gefitinib</i>)	7	PA; AC; AC
TAGRISO	2	SP; AC; PA
TARCEVA (<i>erlotinib hcl</i>)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
VIZIMPRO	2	PA; AC ; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	PA
ERIVEDGE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	2	AC
Antineoplastic - Hormonal and Related Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate</i>	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC
ARIMIDEX (<i>anastrozole</i>)	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC
AROMASIN (<i>exemestane</i>)	5	Grand Fathered Plans at Tier 2; PV; AC
<i>bicalutamide</i>	1	QL(1 ea daily); AC
CASODEX (<i>bicalutamide</i>)	7	QL(1 ea daily); AC
EMCYT	2	AC
ERLEADA 240 MG	3	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
ERLEADA 60 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	Grand Fathered Plans at Tier 2; PV; AC
FARESTON (<i>toremifene citrate</i>)	7	AC
FEMARA (<i>letrozole</i>)	7	AC
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis	AYVAKIT 25 MG, 50 MG	3	QL(1 ea daily); SP; AC; PA
			AYVAKIT 100 MG, 200 MG, 300 MG	3	PA; AC; QL(1 ea daily); SP; PA
LYSODREN	2	AC	Antineoplastic - XPO1 Inhibitors		
<i>megestrol acetate SUSP</i>	1	AC	XPOVIO	3	AC; PA
<i>megestrol acetate TABS</i>	1	AC	XPOVIO 80 MG TWICE WEEKLY	3	PA; AC; PA
NILANDRON (<i>nilutamide</i>)	7	AC	Antineoplastic Combinations		
<i>nilutamide</i>	1	AC	INQOVI	3	PA; AC; PA
NUBEQA	3	SP; AC; PA	KISQALI FEMARA 200 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV	KISQALI FEMARA 400 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 600 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
<i>toremifene citrate</i>	1	AC	LONSURF	2	PA; AC; AC; PA
XTANDI CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic Enzyme Inhibitors		
XTANDI TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; 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
YONSA	3	AC; PA	AFINITOR TABS (<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	Antineoplastic - Immunomodulators		
Antineoplastic - Immunomodulators			POMALYST	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors			Antineoplastic - PDGFR-alpha Inhibitors		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALECENSA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	COPIKTRA	3	PA; AC; AC; PA
ALUNBRIG TABS	2	PA; AC; AC; PA	COTELLIC	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ALUNBRIG TBPK	2	PA; AC; AC; PA	<i>everolimus TABS</i>	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA
BALVERSA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; 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
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 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			
CABOMETYX TABS 40 MG	2	QL(2 ea daily); AC; PA			
CALQUENCE	3	QL(2 ea daily); AC; PA			
CALQUENCE	3	QL(2 ea daily); AC; PA			
CAPRELSA	2	PA; AC; AC; PA			
COMETRIQ KIT	3	PA; AC; AC; PA			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ICLUSIG 15 MG, 45 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IDHIFA	3	PA; AC; AC; PA	NERLYNX	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA			
<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA			
IMBRUVICA CAPS	2	PA; AC; AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IMBRUVICA TABS	2	PA; AC; QL(1 ea daily); AC; PA			
INREBIC	3	PA; AC; AC; PA	NINLARO	2	PA; AC; Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA
JAKAFI	2	PA; AC; QL(2 ea daily); AC; PA			
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			
MEKINIST TABS	2	PA; AC; AC; PA	QINLOCK	3	PA; AC Refer to PantheRx; AC; PA

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RETEVMO	3	PA; AC; AC; PA	TABRECTA	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
RUBRACA	2	PA; AC; AC; PA	TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
RYDAPT	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
<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SPRYCEL	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TAZVERIK	3	PA
STIVARGA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TIBSOVO	3	PA; AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	TURALIO 200 MG	2	PA; AC; AC; PA
<i>sunitinib malate 25 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	VERZENIO	3	QL(2 ea daily); AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	VITRAKVI CAPS	2	PA; AC; PA
			VITRAKVI SOLN	2	PA; AC; PA
			VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
			VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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		
HYCANTIN 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	
<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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone</i>	1		<i>pramipexole dihydrochloride TB24 3 MG</i>	3	QL(1 ea daily)
<i>carbidopa-levodopa TABS</i>	1		<i>ropinirole hydrochloride TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)	<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 ea daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	3		RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
DHIVY TABS	2		RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA
DUOPA SUSP	3	PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
INBRIJA CAPS	3	PA	STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7	
KYNMOBI TITRATION KIT KIT	3	PA	Antiparkinson Monoamine Oxidase Inhibitors		
KYNMOBI FILM	3	PA	AZILECT (<i>rasagiline mesylate</i>)	7	
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		<i>rasagiline mesylate</i>	1	
MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	7	QL(1 ea daily)	<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
NEUPRO	3		ZELAPAR TBDP	3	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7		Antimanic Agents		
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)	LITHIUM	2	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)	<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1		<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	3		<i>lithium carbonate TABS</i>	1	
			<i>lithium carbonate TBCR</i>	1	
			LITHOBID TBCR (<i>lithium carbonate</i>)	7	
			Antipsychotics - Misc.		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GEODON 60 MG, 80 MG (ziprasidone hcl)	7	QL(2 ea daily)	clozapine TBDP 12.5 MG, 25 MG, 100 MG	3	
GEODON 20 MG, 40 MG (ziprasidone hcl)	7		CLOZARIL TABS (clozapine)	7	
LATUDA (lurasidone hcl)	7		loxapine succinate	1	
lurasidone hcl	1		olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1	
NUPLAZID CAPS	3	QL(1 ea daily); PA	olanzapine TABS 15 MG, 20 MG	1	QL(1 ea daily)
NUPLAZID TABS 10 MG	3	QL(1 ea daily); PA	olanzapine TBDP	3	
VRAYLAR CAPS	3		quetiapine fumarate TABS 200 MG	1	QL(4 ea daily)
VRAYLAR CPPK	3		quetiapine fumarate TABS 300 MG, 400 MG	1	QL(2 ea daily)
ziprasidone hcl 60 MG, 80 MG	1	QL(2 ea daily)	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
ziprasidone hcl 20 MG, 40 MG	1		quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG	3	PA
Benzisoxazoles			quetiapine fumarate TB24 50 MG	3	ST; PA
INVEGA (paliperidone)	7		SAPHRIS (asenapine maleate)	7	
paliperidone	3		SAPHRIS 5 MG	3	
RISPERDAL SOLN (risperidone)	7		SEROQUEL XR TB24 50 MG (quetiapine fumarate)	7	ST; PA
RISPERDAL TABS 3 MG (risperidone)	7	QL(2 ea daily)	SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate)	7	PA
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	7		SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)	7	
risperidone SOLN	1		SEROQUEL TABS 200 MG (quetiapine fumarate)	7	QL(4 ea daily)
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1		SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	7	QL(2 ea daily)
risperidone TABS 3 MG	1	QL(2 ea daily)	VERSACLOZ SUSP	3	QL(18 ml daily)
risperidone TBDP	1		ZYPREXA ZYDIS TBDP (olanzapine)	7	
Butyrophenones					
haloperidol lactate CONC	1				
haloperidol TABS	1				
Dibenzapines					
asenapine maleate	3				
clozapine TABS	1				

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG <i>(olanzapine)</i>	7	
ZYPREXA TABS 15 MG, 20 MG <i>(olanzapine)</i>	7	QL(1 ea daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	3	
<i>fluphenazine hcl ELIX</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 20 MG <i>(aripiprazole)</i>	7	QL(1 ea daily)
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 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)	<i>maraviroc TABS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	<i>nevirapine SUSP</i>	1	
EMTRIVA CAPS (<i>emtricitabine</i>)	7		<i>nevirapine TABS</i>	1	
EMTRIVA SOLN	2		<i>nevirapine TB24</i>	1	
EPIVIR SOLN (<i>lamivudine</i>)	7		NORVIR PACK	2	
EPIVIR TABS (<i>lamivudine</i>)	7		NORVIR SOLN	2	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	7		NORVIR TABS (<i>ritonavir</i>)	7	
<i>etravirine</i>	1		ODEFSEY	2	
EVOTAZ	2		PIFELTRO	2	
<i>fosamprenavir calcium TABS</i>	1		PREZCOBIX	2	
GENVOYA	2		PREZISTA SUSP	2	
INTELENCE 25 MG	2		PREZISTA TABS (<i>darunavir</i>)	7	
INTELENCE (<i>etravirine</i>)	7		PREZISTA TABS 75 MG, 150 MG	2	
ISENTRESS HD TABS	2		RETROVIR CAPS (<i>zidovudine</i>)	7	
ISENTRESS CHEW	2		RETROVIR SYRP (<i>zidovudine</i>)	7	
ISENTRESS PACK	2		REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7	
ISENTRESS TABS	2		REYATAZ PACK	2	
JULUCA	2		<i>ritonavir TABS</i>	1	
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	7		RUKOBIA	3	
KALETRA TABS (<i>lopinavir-ritonavir</i>)	7		SELZENTRY SOLN	2	
<i>lamivudine SOLN</i>	1		SELZENTRY TABS (<i>maraviroc</i>)	7	
<i>lamivudine TABS</i>	1		SELZENTRY TABS 25 MG, 75 MG	2	
<i>lamivudine-zidovudine</i>	1		<i>stavudine CAPS</i>	1	
LEXIVA SUSP	2		STRIBILD	2	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	7		SUSTIVA CAPS (<i>efavirenz</i>)	7	
<i>lopinavir-ritonavir SOLN</i>	1		SUSTIVA TABS (<i>efavirenz</i>)	7	
<i>lopinavir-ritonavir TABS</i>	1		SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7	
SYMTUZA	2	
<i>tenofovir disoproxil fumarate TABS</i>	1	
TIVICAY TABS	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TRIZIVIR	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)
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
TYBOST	2	
VIRACEPT TABS	2	
VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	7	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
BARACLUDGE TABS (<i>entecavir</i>)	7	
<i>entecavir TABS</i>	1	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplclusa; PA
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	7	
HEPSERA (<i>adefovir dipivoxil</i>)	7	
<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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<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 1 GM, 1000 MG</i>	1	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 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 SUSR</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)
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		

Drug Name	Drug Tier	Requirements/ Limits
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol phosphate</i>	1	
COREG 3.125 MG (<i>carvedilol</i>)	7	QL(2 ea daily)
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	7	
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	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 TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INDERAL LA CP24 (<i>propranolol hcl</i>)	7		<i>amlodipine besylate</i> TABS 2.5 MG	1	QL(2 ea daily)
<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	1		CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
<i>pindolol</i> TABS	1		CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	
<i>propranolol hcl</i> CP24	1		CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)
<i>propranolol hcl</i> SOLN OR 20 MG/5ML, 40 MG/5ML	1		CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7	
<i>propranolol hcl</i> TABS	1		CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7	
<i>sotalol hcl (afib/af)</i>	1		<i>diltiazem hcl coated beads</i> CP24	1	QL(1 ea daily)
<i>sotalol hcl</i> TABS	1		<i>diltiazem hcl extended release beads</i>	1	
<i>timolol maleate</i> TABS 10 MG	1	QL(6 ea daily)	<i>diltiazem hcl</i> CP12	1	
<i>timolol maleate</i> TABS 20 MG	1	QL(60 ea per fill retail)	<i>diltiazem hcl</i> CP24	1	
<i>timolol maleate</i> TABS 5 MG	1	QL(2 ea daily; 60 ea per fill retail)	<i>diltiazem hcl</i> TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>diltiazem hcl</i> TB24	1	
Calcium Channel Blockers			<i>felodipine</i> 10 MG	1	QL(1 ea daily)
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>felodipine</i> 2.5 MG, 5 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>isradipine</i> CAPS	3	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>nicardipine hcl</i> CAPS	3	
(Diltiazem Hcl) DILT-XR CP24	1		<i>nifedipine</i> CAPS	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>nifedipine</i> TB24 30 MG, 60 MG	1	
<i>amlodipine besylate</i> TABS 5 MG, 10 MG	1	QL(1 ea daily)	<i>nifedipine</i> TB24	1	QL(1 ea daily)
			<i>nimodipine</i> CAPS	1	
			<i>nisoldipine</i>	1	
			NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)
			NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)
			PROCARDIA XL TB24 (<i>nifedipine</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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>verapamil hcl TBCR 120 MG</i>	1	
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	7	
VERELAN PM CP24 (<i>verapamil hcl</i>)	7	
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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
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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<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 2.5 MG</i>	3	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); 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
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 5 MG	3	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(8 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 ea daily); PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 ea daily); PA
TYVASO DPI TITRATION KIT POWD	3	QL(7 ea daily); PA
TYVASO REFILL SOLN IN	3	PA
TYVASO STARTER SOLN IN	3	PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO SOLN IN	3	PA
VENTAVIS	3	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
<i>bosentan TABS 125 MG</i>	1	ST
<i>bosentan TABS 62.5 MG</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
LETAIRIS (<i>ambrisentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
OPSUMIT	3	ST; PA
TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRACLEER TBSO	2	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 ea daily); PA
ADCIRCA TABS (<i>tadalafil pulmonary hypertension</i>)	7	QL(2 ea daily); PA
REVATIO SUSR (<i>sildenafil citrate pulmonary hypertension</i>)	7	PA
REVATIO TABS (<i>sildenafil citrate pulmonary hypertension</i>)	7	QL(3 ea daily); PA

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	3	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	3	QL(3 ea daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPB	3	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	3	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	3	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
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	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR 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		
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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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	(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
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	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
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT	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
(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	(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
(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	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; PV			
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV			
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE 0.03 MG-0.15 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
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE	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
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	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 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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 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
(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 Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG	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
(Norethindrone & Ethinyl Estradiol-Fe) WYMZYA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; 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-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	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	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	Grand Fathered Plans at Tier 2; PV	LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</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>desogestrel & ethinyl estradiol</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
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	MIRCETTE (<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	NATAZIA	5	Grand Fathered Plans at Tier 2; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV	NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-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
<i>ethynodiol diacet & eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet & estrad-fe CHEW</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>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
<i>levonorgestrel & eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
<i>levonorgestrel-eth estradiol (triphasic)</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
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acet & eth estra</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	ANNOVERA	5	Grand Fathered Plans at Tier 2; PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>etonogestrel-ethinyl estradiol</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	NUVARING <i>(etonogestrel-ethinyl estradiol)</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	Emergency Contraceptives		
SEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	Grand Fathered Plans at Tier 2; PV	(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
TAYTULLA CAPS <i>(norethin acet & estrad-fe)</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	ELLA	5	Grand Fathered Plans at Tier 2; PV
TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	Grand Fathered Plans at Tier 2; PV
YASMIN 28 <i>(drospirenone-ethinyl estradiol)</i>	5	Grand Fathered Plans at Tier 2; PV	PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	5	Grand Fathered Plans at Tier 2; PV
YAZ <i>(drospirenone-ethinyl estradiol)</i>	5	Grand Fathered Plans at Tier 2; PV	Progestin Contraceptives - Injectable		
Combination Contraceptives - Transdermal			DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; PV	Progestin Contraceptives - Oral		
<i>norelgestromin-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	Grand Fathered Plans at Tier 2; PV
TWIRLA	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV			
Combination Contraceptives - Vaginal					
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV
SLYND	5	Grand Fathered Plans at Tier 2; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	
<i>budesonide CPEP</i>	1	QL(3 ea daily)
<i>budesonide TB24</i>	3	PA
CORTEF TABS (<i>hydrocortisone</i>)	7	
<i>deflazacort TABS 6 MG, 18 MG, 30 MG, 36 MG</i>	3	PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
EMFLAZA SUSP	3	PA
EMFLAZA TABS 6 MG, 18 MG, 30 MG, 36 MG (<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	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPK</i>	1	
ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
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 TBDP</i>	3	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPK 10 MG</i>	1	
<i>prednisone TBPK 5 MG</i>	3	
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	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD 10 MG/5ML-100 MG/5ML	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	
VIRTUSSIN DAC SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	3	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
HYPERSAL NEBU	3	
HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	7	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) NEBU 7 %</i>	3	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	3	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	3	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	3	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)	<i>adapalene CREA</i>	1	QL(45 gm per fill retail)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)	<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)	<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3		ATRALIN GEL (<i>tretinoin</i>)	7	Limit 45gms per month; QL(1.5 gm daily)
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		AZELEX	3	
(Tretinoin) AVITA CREA 0.025 %	1		BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 gm daily)
(Tretinoin) AVITA GEL 0.025 %	1		<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)
ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 ea daily; 150 Day(s) limit)	CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	7	
ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 ea daily; 150 Day(s) limit)	CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	7	
ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) FOAM</i>	3	
ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) GEL</i>	1	
ACZONE 7.5 % (<i>dapsone (topical)</i>)	7	ST; QL(2 gm daily); PA	<i>clindamycin phosphate (topical) LOTN</i>	1	
ACZONE 5 % (<i>dapsone (topical)</i>)	7	ST; PA	<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>clindamycin phosphate (topical) SWAB</i>	3	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	3	ST; Limit 45gms per month; QL(1.5 gm daily); PA	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
			<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	3	
			<i>clindamycin phosphate-tretinoin</i>	3	QL(1 gm daily)
			<i>dapsone (topical) 7.5 %</i>	3	ST; QL(2 gm daily); PA
			<i>dapsone (topical) 5 %</i>	3	ST; PA

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN CREA (<i>adapalene</i>)	7	QL(45 gm per fill retail)	PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7	
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 gm per fill retail); RX/OTC	PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7	
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 gm per fill retail; 135 per fill mail)	PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7	
DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ml daily)	RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	7	ST; Limit 45gms per month; QL(1.5 gm daily); PA	RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month; QL(1.5 gm daily)	RETIN-A MICRO PUMP 0.08 % (<i>tretinoin microsphere</i>)	7	ST; Limit 50gms per month; QL(1.7 gm daily); PA
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7		RETIN-A CREA (<i>tretinoin</i>)	7	
<i>erythromycin (acne aid) GEL</i>	1		RETIN-A GEL (<i>tretinoin</i>)	7	
<i>erythromycin (acne aid) SOLN</i>	1		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	7		<i>sulfacetamide sodium (acne)</i>	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	3	
<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	3	
<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)
<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	3	
<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
KLARON (<i>sulfacetamide sodium (acne)</i>)	7		<i>tretinoin microsphere 0.08 %</i>	3	ST; Limit 50gms per month; QL(1.7 gm daily); PA

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin microsphere 0.04 % , 0.1 %</i>	1	Limit 50gms per month; QL(1.7 gm daily)
<i>tretinoin CREA 0.025 % , 0.05 % , 0.1 %</i>	1	
<i>tretinoin GEL 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily)
<i>tretinoin GEL 0.01 % , 0.025 %</i>	1	
VELTIN (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
ZIANA (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 gm per fill retail)
Antibiotics - Topical		
ALTABAX	3	
CENTANY OINT	2	
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	
Antifungals - Topical		
(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	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox SHAM</i>	3	
<i>ciclopirox SOLN</i>	3	
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail; 45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(60 ml per fill retail; 60 ml per 30 days retail)
<i>econazole nitrate CREA</i>	1	
ECOZA FOAM	3	Limit 70gms per month; QL(2.5 gm daily)
ERTACZO	3	PA
EXODERM	3	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	7	
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
<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 1 %	3	
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	7	
<i>nystatin (topical) CREA</i>	1	
<i>nystatin (topical) OINT</i>	1	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (topical) POWD EX</i>	1		PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	7	QL(4 gm daily); PA
<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 gm daily)	VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC
<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 gm daily)	Antineoplastic or Premalignant Lesion Agents - Topical		
<i>oxiconazole nitrate CREA</i>	3		<i>bexarotene (topical)</i>	1	
OXISTAT CREA (<i>oxiconazole nitrate</i>)	7		CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)
OXISTAT LOTN	3		<i>diclofenac sodium (actinic keratoses) EX</i>	3	PA
Anti-inflammatory Agents - Topical			EFUDEX CREA (<i>fluorouracil (topical)</i>)	7	
(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 DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	<i>fluorouracil (topical) CREA 5 %</i>	1	
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	<i>fluorouracil (topical) SOLN</i>	1	
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	3	QL(4 gm daily); PA	PANRETIN	3	PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)	TARGRETIN (<i>bexarotene (topical)</i>)	7	
PENNSAID SOLN EX	3	QL(4 gm daily); PA	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)
			<i>calcipotriene SOLN</i>	1	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage; PA
COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.012 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage; QL(0.018 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ml daily); PA	<i>tazarotene CREA</i>	1	QL(1 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ml daily); PA	<i>tazarotene GEL</i>	1	QL(1 gm daily)
DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 gm daily)	TAZORAC CREA	2	QL(1 gm daily)
<i>methoxsalen rapid</i>	1		TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 gm daily)
SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 gm daily)
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA	TREMFYA SOPN	4	See plan documents for specific Coverage; QL(0.018 ml daily); PA
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	TREMFYA SOSY	4	See plan documents for specific Coverage; QL(0.018 ml daily); PA
SORILUX FOAM	3	QL(4 gm daily)	Antiseborrheic Products		
			<i>selenium sulfide LOTN 2.5 %</i>	1	
			Antivirals - Topical		
			<i>acyclovir topical CREA</i>	3	Limit 5gms per month; QL(0.17 gm daily); PA
			<i>acyclovir topical OINT</i>	1	QL(1 gm daily)
			ZOVIRAX CREA (<i>acyclovir topical</i>)	7	Limit 5gms per month; QL(0.17 gm daily); PA

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 gm daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1	
Burn Products			<i>betamethasone dipropionate (topical) OINT</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone dipropionate augmented CREA</i>	1	
SILVADENE (<i>silver sulfadiazine</i>)	7		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone dipropionate augmented LOTN</i>	1	
SULFAMYLON CREA	3		<i>betamethasone dipropionate augmented OINT</i>	1	
Corticosteroids - Topical			<i>betamethasone valerate CREA</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1		<i>betamethasone valerate FOAM</i>	3	
(Clobetasol Propionate Emulsion) TOVET	3		<i>betamethasone valerate LOTN</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>betamethasone valerate OINT</i>	1	
(Desonide) DESRX GEL	3		<i>calcipotriene-betamethasone dipropionate OINT</i>	3	QL(2 gm daily); ST
(Flurandrenolide) NOLIX CREA	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	3	QL(2 gm daily); ST
(Flurandrenolide) NOLIX LOTN	3	PA	CAPEX SHAM	2	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate emulsion</i>	3	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate FOAM</i>	3	
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>amcinonide OINT</i>	3				
APEXICON E CREA	2				
<i>betamethasone dipropionate (topical) CREA</i>	1				

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate LIQD</i>	3		<i>desoximetasone CREA</i>	1	
<i>clobetasol propionate LOTN</i>	3		<i>desoximetasone GEL</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>desoximetasone LIQD</i>	3	PA
<i>clobetasol propionate SHAM</i>	1		<i>desoximetasone OINT 0.05 %</i>	3	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>desoximetasone OINT 0.25 %</i>	1	
CLOBEX LIQD (<i>clobetasol propionate</i>)	7		<i>diflorasone diacetate CREA</i>	1	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	7		<i>diflorasone diacetate OINT</i>	1	
CLOBEX SHAM (<i>clobetasol propionate</i>)	7		DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7	
<i>clocortolone pivalate</i>	3		EPIFOAM FOAM	3	
CLODERM (<i>clocortolone pivalate</i>)	3		<i>fluocinolone acetonide CREA</i>	1	
CORDRAN CREA 0.025 %	3		<i>fluocinolone acetonide OIL</i>	1	
CORDRAN CREA (<i>flurandrenolide</i>)	7		<i>fluocinolone acetonide OINT</i>	1	
CORDRAN LOTN (<i>flurandrenolide</i>)	7	PA	<i>fluocinolone acetonide SOLN</i>	1	
CORDRAN OINT	3	PA	<i>fluocinonide emulsified base</i>	1	
CORDRAN TAPE	3		<i>fluocinonide CREA</i>	1	
CUTIVATE LOTN (<i>fluticasone propionate</i>)	7		<i>fluocinonide CREA 0.1 %</i>	3	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	7		<i>fluocinonide GEL</i>	1	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7		<i>fluocinonide OINT</i>	1	
<i>desonide CREA</i>	1		<i>fluocinonide SOLN</i>	1	
<i>desonide GEL</i>	3		<i>flurandrenolide CREA</i>	3	
<i>desonide LOTN</i>	1		<i>flurandrenolide LOTN</i>	3	PA
<i>desonide OINT</i>	1		<i>fluticasone propionate CREA 0.05 %</i>	1	
DESOWEN CREA (<i>desonide</i>)	7		<i>fluticasone propionate LOTN</i>	3	
			<i>fluticasone propionate OINT</i>	1	
			<i>halobetasol propionate CREA</i>	1	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate OINT</i>	1		PRAMOSONE LOTN	3	
HALOG SOLN	3		PRAMOSONE OINT	3	
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		<i>prednicarbate OINT</i>	3	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1		SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	3		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone butyrate CREA</i>	1		TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST
<i>hydrocortisone butyrate LOTN</i>	3	PA	TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	3	QL(2 gm daily); ST
<i>hydrocortisone butyrate OINT</i>	1		TEMOVATE CREA (<i>clobetasol propionate</i>)	7	
<i>hydrocortisone butyrate SOLN</i>	3		TEMOVATE OINT (<i>clobetasol propionate</i>)	7	
<i>hydrocortisone valerate CREA</i>	3		TEXACORT SOLN 2.5 %	3	
<i>hydrocortisone valerate OINT</i>	3		TOPICORT CREA (<i>desoximetasone</i>)	7	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7		TOPICORT GEL (<i>desoximetasone</i>)	7	
LOCOID LIPOCREAM	3		TOPICORT LIQD (<i>desoximetasone</i>)	7	PA
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	7	PA	TOPICORT OINT (<i>desoximetasone</i>)	7	
LUXIQ FOAM (<i>betamethasone valerate</i>)	7		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>mometasone furoate CREA</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>mometasone furoate OINT</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>mometasone furoate SOLN</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
NUCORT LOTN	3		TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
OLUX-E (<i>clobetasol propionate emulsion</i>)	7		ULTRAVATE LOTN	3	ST; PA
OLUX FOAM (<i>clobetasol propionate</i>)	7				

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
Immunomodulating Agents - Topical		
ALDARA (<i>imiquimod</i>)	7	
<i>imiquimod</i> 5 %	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)
PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical)</i> OINT 0.03 %	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical)</i> OINT 0.1 %	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
CONDYLOX GEL (<i>podofilox</i>)	7	
PODOCON-25 SOLN	3	
<i>podofilox</i> GEL	1	
<i>podofilox</i> SOLN	1	
<i>salicylic acid</i> SHAM 6 %	1	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	1	QL(3 ea daily)
<i>lidocaine-prilocaine</i> CREA	3	
<i>lidocaine</i> PTCH 5 %	1	QL(3 ea daily)
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	

Drug Name	Drug Tier	Requirements/Limits
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)
<i>azelaic acid</i> GEL	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)</i> CREA	1	
<i>metronidazole (topical)</i> GEL 1 %	1	
<i>metronidazole (topical)</i> GEL 0.75 %	1	QL(45 gm per fill retail)
<i>metronidazole (topical)</i> LOTN	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		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	3	RX/OTC
<i>ivermectin (pediculicide)</i>	3	RX/OTC
<i>malathion</i>	3	
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

Drug Name	Drug Tier	Requirements/Limits
KETONE STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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		<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Loop Diuretics		
Carbonic Anhydrase Inhibitors			<i>bumetanide TABS 0.5 MG, 1 MG</i>		
<i>acetazolamide CP12</i>	1	QL(2 ea daily)	<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)	BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
<i>acetazolamide TABS 125 MG</i>	1		EDECIN (<i>ethacrynic acid</i>)	7	ST
<i>methazolamide TABS</i>	1		<i>ethacrynic acid</i>	3	ST
Diuretic Combinations			<i>furosemide SOLN OR 40 MG/5ML</i>	3	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7		<i>furosemide SOLN OR 10 MG/ML</i>	1	
ALDACTAZIDE	2		<i>furosemide TABS</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1		LASIX TABS (<i>furosemide</i>)	7	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)	SOAANZ TABS 20 MG (<i>toremide</i>)	7	
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>toremide TABS 100 MG</i>	1	QL(2 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1		<i>toremide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		Potassium Sparing Diuretics		
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)	ALDACTONE TABS (<i>spironolactone</i>)	7	
			<i>amiloride hcl TABS</i>	1	
			DYRENIUM CAPS (<i>triamterene</i>)	7	
			<i>spironolactone TABS</i>	1	
			<i>triamterene CAPS</i>	3	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	1	
			<i>hydrochlorothiazide CAPS</i>	1	
			<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	
			<i>hydrochlorothiazide TABS 12.5 MG</i>	3	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<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 35 MG (<i>risedronate sodium</i>)	7	QL(0.15 ea daily)
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	7	QL(0.04 ea daily)
<i>alendronate sodium SOLN</i>	3	
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
BONIVA TABS (<i>ibandronate sodium</i>)	7	QL(0.04 ea daily)
<i>calcitonin (salmon) NA</i>	1	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	QL(0.15 ea daily)
<i>ibandronate sodium TABS</i>	1	QL(0.04 ea daily)
<i>risedronate sodium TABS 35 MG</i>	3	QL(0.15 ea daily)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	3	QL(1 ea daily)
<i>risedronate sodium TABS 150 MG</i>	3	QL(0.04 ea daily)
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate TABS</i>	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
Growth Hormones		
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	Grand Fathered Plans at Tier 2; PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV
LHRH/GnRH Agonist Analog Pituitary Suppressants		
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	3	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7		ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7		ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
<i>calcitriol</i> CAPS 0.25 MCG	1		ROCALTROL SOLN OR (<i>calcitriol</i>)	7	
<i>calcitriol</i> CAPS 0.5 MCG	1	QL(4 ea daily)	<i>sapropterin dihydrochloride</i> PACK	1	Specialty Drug refer to Caremark SP RX
<i>calcitriol</i> SOLN OR	1		<i>sapropterin dihydrochloride</i> TABS	1	Specialty Drug refer to Caremark SP RX
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	7		SENSIPAR (<i>cinacalcet hcl</i>)	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7		<i>sodium phenylbutyrate</i> POWD	3	
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	7		<i>sodium phenylbutyrate</i> TABS	3	
<i>cinacalcet hcl</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
CYSTADANE (<i>betaine</i>)	7		Posterior Pituitary Hormones		
<i>doxercalciferol</i> CAPS	3		DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
GALAFOLD	3	QL(0.5 ea daily)	DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX	<i>desmopressin acetate</i> spray	1	
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX	<i>desmopressin acetate</i> spray refrigerated	1	
<i>levocarnitine (metabolic modifiers)</i> SOLN OR 1 GM/10ML	3		DESMOPRESSIN ACETATE SOLN NA	3	
<i>levocarnitine (metabolic modifiers)</i> TABS	3		<i>desmopressin acetate</i> TABS 0.1 MG	1	
<i>nitisinone</i> CAPS	3	PA	<i>desmopressin acetate</i> TABS 0.2 MG	1	QL(6 ea daily)
ORFADIN CAPS (<i>nitisinone</i>)	7	PA	STIMATE SOLN NA	3	
ORFADIN SUSP	3	PA	Progesterone Receptor Antagonists		
<i>paricalcitol</i> CAPS	1				
RAVICTI	3	PA			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
MIFEPREX (<i>mifepristone</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 patches per month; QL(0.143 ea daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	7	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	3	PA

Drug Name	Drug Tier	Requirements/Limits
PREFEST	3	
PREMPHASE	2	
PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)
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 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (<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 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM</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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
MENOSTAR PTWK	3	QL(4 ea per 30 days retail)
MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
PREMARIN TABS 0.9 MG	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
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	
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 400 MG</i>	1	QL(28 ea per 90 days retail)
<i>ofloxacin 300 MG</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<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 TBP</i>	3	
REGLAN TABS (<i>metoclopramide hcl</i>)	7	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	7	QL(4 ea daily)
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 CAPS</i>	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 CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPCR</i>	3	QL(8 ea daily); PA
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)
<i>mesalamine TBEC 800 MG</i>	1	
PENTASA CPCR 250 MG	3	PA
PENTASA CPCR (<i>mesalamine</i>)	7	QL(8 ea daily); PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Check benefits for coverage; 1 rtl pack lmt per fill; PA
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	3	
LINZESS	2	QL(1 ea daily)
LOTRONEX (<i>alose tron 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 (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
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 PACK 0.8 GM</i>	1	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 800 MG</i>	3	QL(16 ea daily); PA
<i>sevelamer hcl 400 MG</i>	3	ST; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	ST; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
K-PHOS NO 2	2		AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)
Alkalinizers			CARDURA XL	3	
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1		<i>dutasteride</i>	1	AL(At least 40 yrs old)
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1		<i>dutasteride-tamsulosin hcl</i>	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC	<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC	FLOMAX (<i>tamsulosin hcl</i>)	7	QL(2 ea daily)
ORACIT	3		JALYN (<i>dutasteride-tamsulosin hcl</i>)	7	
<i>pot & sod citrates w/citric ac SOLN</i>	3		PROSCAR (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)
<i>potassium citrate (alkalinizer) TBCR</i>	1		RAPAFLO 8 MG (<i>silodosin</i>)	7	QL(1 ea daily)
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC	RAPAFLO 4 MG (<i>silodosin</i>)	3	
<i>sodium citrate & citric acid</i>	1	RX/OTC	<i>silodosin 4 MG</i>	3	
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7		<i>silodosin 8 MG</i>	3	QL(1 ea daily)
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7		<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7		UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
Cystinosis Agents			Urinary Stone Agents		
CYSTAGON CAPS	3		LITHOSTAT	3	
PROCYSBI CPDR	3		THIOLA EC TBEC	3	
Interstitial Cystitis Agents			THIOLA TABS (<i>tiopronin</i>)	7	
ELMIRON CAPS	3	QL(3 ea daily); PA	<i>tiopronin TABS</i>	3	
PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG	3		GOUT AGENTS - Drugs to Treat Gout		
Prostatic Hypertrophy Agents			Gout Agent Combinations		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)	<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	
			COLCRYSTABS (<i>colchicine</i>)	7	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<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 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Complement Inhibitors		
FABHALTA	3	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 150 MG	3	PA
TAVALISSE 100 MG	3	ST; 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		

Drug Name	Drug Tier	Requirements/Limits
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
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, 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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		
MULPLETA	3	PA
PROMACTA PACK 25 MG	3	QL(1 ea daily); PA
PROMACTA PACK 12.5 MG	3	QL(1 ea daily); PA
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)

Drug Name	Drug Tier	Requirements/Limits
<i>estazolam</i>	1	
<i>eszopiclone</i>	3	QL(1 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)
LUNESTA (<i>eszopiclone</i>)	7	QL(1 ea daily)
RESTORIL 7.5 MG (<i>temazepam</i>)	7	
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)
RESTORIL 30 MG (<i>temazepam</i>)	7	QL(1 ea daily)
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<i>temazepam 30 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
(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	OSMOPREP	5	Grand Fathered Plans at Tier 2; PV			
Stimulant Laxatives								
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	(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			
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						
<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								

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	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
<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	MACROLIDES - Drugs to Treat Bacterial Infections		
<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	Azithromycin		
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	<i>azithromycin PACK</i>	1	
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	<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
			<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 250 MG (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
			ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 ea daily)
			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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1		FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV
E.E.S. GRANULES SUSR <i>(erythromycin ethylsuccinate)</i>	7		FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV
ERYPED 200 SUSR <i>(erythromycin ethylsuccinate)</i>	7		KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
ERYPED 400 SUSR <i>(erythromycin ethylsuccinate)</i>	7		KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin base CPEP</i>	1		KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin base TABS</i>	1		KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin base TBEC</i>	1		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Fidaxomicin			KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
DIFICID TABS	3		KIMONO PLUS SPERMICIDE/LUBRICAT ED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MEDICAL DEVICES AND SUPPLIES					
Contraceptives					
AIMSCO 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)
CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 ea per 365 days retail); PV	KIMONO PS PLUS SPERMICIDE/LUBRICAT ED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CONDOMS	5	PV	KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
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)			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	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)
KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/RIBBED/STUDED 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/SPERMICIDE EXTRA LARGE 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)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH 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)	TRUSTEX LUBRICATED/SPERMICIDE 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)	TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	2		TRUSTEX NATURAL CONDOMS +LUBE/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)	TRUSTEX NON-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)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED 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)	TRUSTEX/RIA LUBRICATED SPERMICIDE 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)	TRUSTEX/RIA LUBRICATED/SPERMICIDE 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)	TRUSTEX/RIA 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)			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	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 60	5	Grand Fathered Plans at Tier 2; PV	Parenteral Therapy Supplies		
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	Grand Fathered Plans at Tier 2; PV	ASSURE ID INSULIN SAFETYSYRINGE/1ML/3 1G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	Grand Fathered Plans at Tier 2; PV	AUTOPEN DEVI	2	Limited to 1 device per year; QL(1 ea per 365 days retail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	Grand Fathered Plans at Tier 2; PV	BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	Grand Fathered Plans at Tier 2; PV	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	Grand Fathered Plans at Tier 2; PV	BD NEEDLE/30G X 1/2"	2	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	Grand Fathered Plans at Tier 2; PV	BD PEN MINI MISC	2	Limited to 1 device per year; QL(1 ea per 365 days retail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	Grand Fathered Plans at Tier 2; PV	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order
Diabetic Supplies			BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC			
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order	EASY TOUCH HYPODERMIC NEEDLES 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	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN MISC	2	Limited to 1 device per year; QL(1 ea per 365 days retail); RX/OTC	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	NOVOPEN ECHO DEVI	2	Limited to 1 device per year; QL(1 ea per 365 days retail); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	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	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET 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 Headaches		
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC	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		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
<i>ergotamine w/ caffeine</i> TABS	1	
Migraine Products		
<i>dihydroergotamine mesylate</i> SOLN NA 4 MG/ML	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)
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)

Drug Name	Drug Tier	Requirements/Limits
<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</i> TABS	1	QL(0.6 ea daily)
<i>rizatriptan benzoate</i> TBDP	1	Limit 12 per month; QL(0.4 ea daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan 5 MG/ACT</i>	1	QL(6 ea per fill retail; 6 ea per 30 days retail)
<i>sumatriptan succinate</i> TABS	1	QL(2 ea daily)
<i>zolmitriptan</i> SOLN	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
<i>zolmitriptan</i> TABS	3	QL(0.2 ea daily)
<i>zolmitriptan</i> TBDP	3	Limit 6 per month; QL(0.2 ea daily)
ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
ZOMIG SOLN (<i>zolmitriptan</i>)	7	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		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV	K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV	K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7	
FLORIVA	3		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
<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	Potassium		
<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	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
<i>sodium fluoride TABS 0.5 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
Iodine Products			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
<i>iodine strong (Iugol's)</i>	3		(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
Phosphate			(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(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 Chloride) KLOR-CON PACK OR 20 MEQ	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals er</i>	1		(Azathioprine) AZASAN TABS 75 MG, 100 MG	3	
<i>potassium chloride CPCR</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1		ASTAGRAF XL CP24	3	PA
<i>potassium chloride TBCR</i>	1		<i>azathioprine TABS 50 MG</i>	1	
Zinc			<i>azathioprine TABS 75 MG, 100 MG</i>	3	
GALZIN	3		CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7	
WILZIN	3		CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7	
MISCELLANEOUS THERAPEUTIC CLASSES			CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7	
Chelating Agents			<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
CUPRIMINE CAPS (<i>penicillamine</i>)	7	PA	<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	7		<i>cyclosporine CAPS</i>	1	
<i>penicillamine CAPS</i>	1	PA	<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>penicillamine TABS</i>	1		IMURAN TABS (<i>azathioprine</i>)	7	
SYPRINE (<i>trientine hcl</i>)	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>mycophenolate mofetil CAPS</i>	1	
<i>trientine hcl 500 MG</i>	3	PA	<i>mycophenolate mofetil SUSR</i>	1	
<i>trientine hcl 250 MG</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>mycophenolate mofetil TABS</i>	1	
Immunomodulators			<i>mycophenolate sodium</i>	3	
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	MYFORTIC (<i>mycophenolate sodium</i>)	7	
THALOMID	3	AC; Must use Exactus Specialty Rx 1-866-458-9246; AC	NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
Immunosuppressive Agents					

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
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 SOLN</i>	2 3	
<i>sirolimus TABS</i>	3	
<i>tacrolimus CAPS</i>	1	
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (<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 POWD</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Dental Products		
NAFRINSE DAILY/NEUTRAL SOLR	3	

Drug Name	Drug Tier	Requirements/Limits
NAFRINSE WEEKLY SOLR	3	
PREVIDENT RINSE SOLN	3	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	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) 5 MG</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 ea daily)
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 ea daily)
MULTIVITAMINS		
Ped Multi Vitamins w/FI & FE		
(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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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) 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
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	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
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			TRI-VI-FLOR	3	
			TRI-VI-FLORO	3	
			Pediatric Multiple Vitamins & Minerals w/ Fluoride		
			FLORIVA	3	
			Prenatal Vitamins		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		CONCEPT DHA	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		CONCEPT OB	2	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	3		CVS WOMENS PRENATAL+DHA 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 400 MISC	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3		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	
ATABEX EC TBEC	2		ENBRACE HR	3	
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		FOLIVANE-OB	2	
CITRANATAL ASSURE	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 B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		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 BLOOM	3		NESTABS	3	
CITRANATAL BLOOM DHA	2		NESTABS DHA	2	
CITRANATAL DHA	2		NESTABS ONE	3	
CITRANATAL ESSENCE	2		OB COMPLETE ONE	3	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OB COMPLETE PETITE	3	
CITRANATAL MEDLEY	3		OB COMPLETE PREMIER	3	
C-NATE DHA CAPS	3		OB COMPLETE/DHA	3	
COMPLETENATE CHEW	2		OBSTETRIX DHA MISC	2	
			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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 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	
PNV TABS 29-1 TABS	2	RX/OTC	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	
PNV-DHA+DOCUSATE	3		PRENATE PIXIE	3	
PNV-OMEGA	3		PRENATE RESTORE	3	
PREMESISRX	3		PROVIDA OB	2	
PRENA 1 TRUE	2		RELNATE DHA CAPS	3	
PRENA1 CHEW	3		SELECT-OB+DHA MISC	3	
PRENA1 PEARL	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	
PRENAISSANCE	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 PLUS CAPS	3		SE-NATAL 19 CHEW	2	
PRENATAL 19 CHEW	2		SE-NATAL 19 TABS	3	RX/OTC
PRENATAL 19 TABS	3	RX/OTC	THRIVITE RX TABS	2	RX/OTC
PRENATAL MULTIVITAMIN PLUS DHA MISC	3		TRINATAL RX 1 TABS	2	
PRENATAL+DHA MISC	3		TRISTART DHA	3	
PRENATAL-U CAPS	2		TRISTART ONE	3	
PRENATE	3		VINATE DHA RF	3	
PRENATE AM	3		VINATE ONE TABS	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-C DHA	2	
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-NATE DHA CAPS	3	
PRENATE ENHANCE	3		VIRT-PN DHA	3	
			VIRT-PN PLUS	3	
			VITAFOL GUMMIES	3	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
VITAFOL-NANO	3	
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	
ZATEAN-PN PLUS	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	
SKELAXIN (<i>metaxalone</i>)	7	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SOMA TABS 250 MG (<i>carisoprodol</i>)	7	Use 350mg or 500mg
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, 50 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	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PATANASE (<i>olopatadine hcl (nasal)</i>)	7		(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-SYMPATOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
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 gm 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	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	1	
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 2.5 %	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 %	2	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	3	
AKTEN	3	
ALCAINE (<i>proparacaine hcl</i>)	7	
<i>proparacaine hcl</i>	3	
<i>tetracaine hcl (ophth)</i>	3	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
ALREX SUSP	3	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
<i>difluprednate</i>	3	
DUREZOL (<i>difluprednate</i>)	7	
FLAREX	2	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
FML OINT	2	
LOTEMAX GEL (<i>loteprednol etabonate</i>)	7	
LOTEMAX OINT	3	

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	7	Limit 1 bottle per month; QL(0.2 ml daily)
<i>loteprednol etabonate GEL</i>	3	
<i>loteprednol etabonate SUSP</i>	3	
<i>loteprednol etabonate SUSP</i>	3	Limit 1 bottle per month; QL(0.2 ml daily)
MAXIDEX SUSP OP	2	
MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	7	
MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	7	
<i>neomycin-polymyx-dexameth OINT</i>	1	
<i>neomycin-polymyx-dexameth SUSP</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYLET	3	QL(5 ml per fill retail)	<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
Ophthalmics - Misc.			<i>bromfenac sodium (ophth)</i>	3	
(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) 0.09 %</i>	1	
			BROMSITE 0.075 % <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	
(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	LASTACFT	3	ST
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	7		NEVANAC	3	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7		<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
ACUVAIL	3		<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
ALOCRIAL	3		PAREMYD	3	
ALOMIDE	2		PATADAY 0.1 % <i>(olopatadine hcl)</i>	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>azelastine hcl (ophth)</i>	1		PATADAY 0.2 % <i>(olopatadine hcl)</i>	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.4 ml daily)	PATADAY EXTRA STRENGTH	3	Limit 2.5mls per month; QL(0.084 ml daily); ST
<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			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
PROLENSA (<i>bromfenac sodium (ophth)</i>)	7	
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)

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)
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 SUSP</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	7	
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 ea daily)
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 14 MG, 21 MG, 28 MG</i>	3	PA
<i>memantine hcl CP24 7 MG</i>	3	ST; PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS 10 MG</i>	1	QL(2 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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl TABS</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7	
NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	7	ST; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	7	PA
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 ea daily)
NAMZARIC C4PK	3	PA
NAMZARIC CP24 7 MG-10 MG	3	ST; PA
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	3	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 12 MG	3	QL(4 ea daily); PA
AUSTEDO TABS 6 MG	3	ST; QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 9 MG	3	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	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA
<i>dalfampridine</i>	1	PA
<i>dimethyl fumarate CDPK</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>dimethyl fumarate CPDR</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>fingolimod hcl</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA
GILENYA 0.5 MG	2	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA
GILENYA (<i>fingolimod hcl</i>)	7	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA
KESIMPTA	3	Check plan documents for coverage; QL(0.0143 ml daily); PA

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK TBPB	3	not available thru mail order; 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 2 MG	5	Grand Fathered Plans at Tier 2; PV
MAYZENT STARTER PACK TBPB	3	not available thru mail order; QL(12 ea per 5 days retail); 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			
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA			
PLEGRIDY SOSY IM	4	PA			
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA			
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA			
<i>teriflunomide</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA			
Pseudobulbar Affect (PBA) Agents					
NUDEXTA	3	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	3				
Smoking Deterrents					

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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 4 MG	5	Grand Fathered Plans at Tier 2; PV	(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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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 4 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	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			

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR		

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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 125 MG-100 MG, 188 MG-150 MG	3	PA
ORKAMBI PACK 94 MG-75 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 50 MG-25 MG	3	QL(3 ea daily); PA
TRIKAFTA TBPK 100 MG-50 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		

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 150 MG</i>	3	ST
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 20 MG</i>	3	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>tetracycline hcl CAPS</i>	1	
TETRACYCLINE HYDROCHLORIDE TABS 250 MG	2	
TETRACYCLINE HYDROCHLORID TABS 500 MG	2	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN CAPS (doxycycline hyclate)	7	
VIBRAMYCIN SUSR (doxycycline monohydrate)	7	
THYROID AGENTS - Drugs to Regulate Thyroid 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 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	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 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)

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	
<i>levothyroxine sodium</i> CAPS 125 MCG	1	QL(1 ea daily)
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
<i>liothyronine sodium</i> TABS 5 MCG	1	
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 ea daily)
NIVA THYROID TABS	2	
NP THYROID 120 TABS	2	
NP THYROID 15 TABS	2	
NP THYROID 30 TABS	2	
NP THYROID 60 TABS	2	
NP THYROID 90 TABS	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine</i> <i>sodium</i>)	2	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
TIROSINT CAPS 75 MCG	2	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			H-2 Antagonists		
Antispasmodics			(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 MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, 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 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
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1		<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	1	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1		<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1		<i>cimetidine TABS 300 MG, 800 MG</i>	1	
ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	7				
CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	7				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN OR</i>	1				
<i>dicyclomine hcl TABS</i>	1				
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1				
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1				
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1				
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	7				
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7				
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7				
<i>methscopolamine bromide</i>	1				
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	7				
ROBINUL TABS (<i>glycopyrrolate</i>)	7				

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits								
<i>famotidine SUSR</i>	3		(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>famotidine TABS 20 MG</i>	1	QL(4 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)							
<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)			(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)						
<i>nizatidine CAPS</i>	1					ACIPHESX TBEC (<i>rabeprazole sodium</i>)	7	ST; QL(1 ea daily); PA					
<i>nizatidine SOLN</i>	1						FIRST-OMEPRAZOLE SUSP	3					
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC						<i>lansoprazole CPDR</i>	1	QL(1 ea daily)			
PEPCID AC TABS 20 MG (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC							<i>lansoprazole TBDD 30 MG</i>	3	QL(1 ea daily); AL(Up to 12 yrs old)		
PEPCID TABS 20 MG (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC								<i>lansoprazole TBDD 15 MG</i>	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	
PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 ea daily)									OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
Misc. Anti-Ulcer													
CARAFATE SUSP (<i>sucralfate</i>)	7		Proton Pump Inhibitors										
CARAFATE TABS (<i>sucralfate</i>)	7	QL(4 ea daily)	(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								
<i>sucralfate SUSP</i>	1		(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC								
<i>sucralfate TABS</i>	1	QL(4 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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<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
PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily); AL(Up to 12 yrs old)
PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily)
PRILOSEC PACK	3	
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
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	7	
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		

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>tropium chloride CP24</i>	1	
<i>tropium 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	3	QL(1 ea daily); PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
COVID VACCINES	5	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
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 VAGINAL CONTRACEPTIVE 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 CONTRACEPTIVE 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
Vaginal Estrogens		

Drug Name	Drug Tier	Requirements/Limits
(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) SOAJ 0.3 MG/0.3ML</i>	4	See plan documents for specific Coverage ; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	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		
DRISDOL CAPS (<i>ergocalciferol</i>)	7	

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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

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 SF=Split-Fill SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

INDEX

(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	55	ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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	7	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	75
(Amiodarone Hcl) PACERONE TABS	12	(Azathioprine) AZASAN TABS 75 MG, 100 MG	83	(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	76
(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	7	(Azelastrine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	88	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	13
(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		(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN	91	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	6
		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	92	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	6
		(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		(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .	6
				(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6
				(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	9
				(Calcipotriene) CALCITRENE OINT 59	
				(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	71
				(Carbamazepine) EPITOL TABS ..	15
				(Carisoprodol) VANADOM TABS 350 MG	88
				(Chlorzoxazone) LORZONE TABS	

375 MG, 750 MG88	ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ... 49	125 MCG, 250 MCG 46
(Cholestyramine Light) PREVALITE POWD25	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA49	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG 45
(Ciclopirox) CICLODAN SOLN 58	(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN49	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .45
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB55	(Desonide) DESRX GEL61	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG 45
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM 55	(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG54	(Diltiazem Hcl) DILT-XR CP24 45
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ...55	(Dextroamphetamine Sulfate) PROCENTRA SOLN1	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 45
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % 61	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG105
(Clobetasol Propionate Emulsion) TOVET 61	(Diazepam) DIAZEPAM INTENSOL CONC 11	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 105
(Clobetasol Propionate) CLODAN SHAM 61	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG4	(Doxycycline Hyclate) LYMEPAK TABS 100 MG 105
(Clomiphene Citrate) CLOMID TABS 67	(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 DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX59	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG 49
(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH SOLN58	(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG46	(Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG 49
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG83	(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG46	(Erythromycin (Acne Aid)) ERY PADS55
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 83	(Digoxin) DIGITEK, DIGOX TABS	(Erythromycin Base) ERY-TAB TBEC76
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ... 48		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE,		

(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG77	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 MG107	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
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG69		(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 MCG73
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS69		
(Estradiol Vaginal) YUVAFEM TABS . 110		
(Estradiol) DOTTI, LYLLANA PTTW . 69		
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG49	(Fluocinolone Acetonide (Otic)) FLAC94	(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 MCG73
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG49	(Flurandrenolide) NOLIX CREA ... 61	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG74
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE53	(Flurandrenolide) NOLIX LOTN ...61	(Gentamicin Sulfate (Ophth)) GENTAK OINT91
(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 MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID	(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE 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 SUSP89	(Gentamicin Sulfate (Ophth)) GENTAK OINT91
	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT13	(Glipizide) GLIPIZIDE XL TB2422
	(Folic Acid) CVS FOLIC ACID,	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML 55
		(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP55
		(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD 10 MG/5ML-100 MG/5ML55
		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 54
		(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC,

PROCTOZONE-HC EX 2.5 %11	LANSOPRAZOLE, EQ	AFTERA, AFTERPILL, CURAE,
(Hyoscyamine Sulfate) ED-SPAZ,	LANSOPRAZOLE, EQL	ECONTRA EZ, ECONTRA ONE-
NULEV TBDP 0.125 MG 107	LANSOPRAZOLE, FT ACID	STEP, HER STYLE, MY CHOICE,
(Hyoscyamine Sulfate) OSCIMIN	REDUCER, GNP LANSOPRAZOLE,	MY WAY, NEW DAY, OPCICON
SUBL 0.125 MG 107	GOODSENSE LANSOPRAZOLE,	ONE-STEP, OPTION 2, REACT,
(Hyoscyamine Sulfate) OSCIMIN	HM LANSOPRAZOLE, KLS	TAKE ACTION 1.5 MG 53
TABS 0.125 MG 107	LANSOPRAZOLE, QC	(Levonorgestrel-Eth Estradiol
(Ibuprofen) IBU TABS 400 MG, 600	LANSOPRAZOLE, SM	(Triphasic)) ENPRESSE-28,
MG, 800 MG4	LANSOPRAZOLE CPDR 15 MG .108	LEVONEST, TRIVORA-2849
(Indomethacin) INDOCIN SUPP4	(Lansoprazole) CVS	(Levonorgestrel-Ethinyl Estradiol (91-
(Isotretinoin) ACCUTANE,	LANSOPRAZOLE, GOODSENSE	Day)) AMETHIA, ASHLYNA,
AMNESTEEM, CLARAVIS,	LANSOPRAZOLE TBDD 15 MG .108	CAMRESE, CAMRESE LO,
MYORISAN, ZENATANE 10 MG ..56	(Levetiracetam) ROWEEPRA TABS	DAYSEE, FAYOSIM, ICLEVIA,
(Isotretinoin) ACCUTANE,	500 MG15	INTROVALE, JAIMIESS, JOLESSA,
AMNESTEEM, CLARAVIS,	(Levonorgestrel & Eth Estradiol)	LOJAIMIESS, RIVELSA, SETLAKIN,
MYORISAN, ZENATANE 20 MG ..55	AFIRMELLE, ALTAVERA, AUBRA,	SIMPESSE 50
(Isotretinoin) ACCUTANE,	AUBRA EQ, AVIANE, AYUNA,	(Levonorgestrel-Ethinyl Estradiol (91-
AMNESTEEM, CLARAVIS,	CHATEAL, CHATEAL EQ, DELYLA,	Day)) AMETHIA, ASHLYNA,
MYORISAN, ZENATANE 40 MG ..56	FALMINA, KURVELO, LARISSIA,	CAMRESE, CAMRESE LO,
(Isotretinoin) ACCUTANE,	LESSINA, LEVORA 0.15/30-28,	DAYSEE, FAYOSIM, ICLEVIA,
AMNESTEEM, CLARAVIS,	LILLOW, LUTERA, MARLISSA,	INTROVALE, JAIMIESS, JOLESSA,
MYORISAN, ZENATANE 40 MG ..56	ORSYTHIA, PORTIA-28, SRONYX,	LOJAIMIESS, RIVELSA, SETLAKIN,
(Isotretinoin) ACCUTANE,	VIENVA TABS 0.03 MG-0.15 MG .49	SIMPESSE 0.03 MG-0.15 MG50
CLARAVIS, MYORISAN,	(Levonorgestrel & Eth Estradiol)	(Levonorgestrel-Ethinyl Estradiol
ZENATANE 30 MG 56	AFIRMELLE, ALTAVERA, AUBRA,	(Continuous)) AMETHYST,
(Ivermectin (Pediculicide)) CVS	AUBRA EQ, AVIANE, AYUNA,	DOLISHALE50
IVERMECTIN LICE TREATMENT	CHATEAL, CHATEAL EQ, DELYLA,	(Levonorgestrel-Ethinyl Estradiol-
65	FALMINA, KURVELO, LARISSIA,	Iron) JOYEAUX 50
(Ketoconazole (Topical)) KETODAN	LESSINA, LEVORA 0.15/30-28,	(Levothyroxine Sodium) EUTHYROX,
FOAM58	LILLOW, LUTERA, MARLISSA,	LEVO-T, LEVOXYL, UNITHROID
(Lactulose (Encephalopathy))	ORSYTHIA, PORTIA-28, SRONYX,	TABS 112 MCG, 125 MCG, 175
ENULOSE, GENERLAC 71	VIENVA TABS 20 MCG-0.1 MG ..49	MCG, 200 MCG106
(Lactulose) CONSTULOSE SOLN 10	(Levonorgestrel & Eth Estradiol)	(Levothyroxine Sodium) EUTHYROX,
GM/15ML75	AFIRMELLE, ALTAVERA, AUBRA,	LEVO-T, LEVOXYL, UNITHROID
(Lamotrigine) SUBVENITE	AUBRA EQ, AVIANE, AYUNA,	TABS 25 MCG, 50 MCG, 75 MCG,
STARTER KIT/BLUE, SUBVENITE	CHATEAL, CHATEAL EQ, DELYLA,	88 MCG, 100 MCG, 137 MCG, 150
STARTER KIT/GREEN, SUBVENITE	FALMINA, KURVELO, LARISSIA,	MCG, 300 MCG106
STARTER KIT/ORANGE KIT15	LESSINA, LEVORA 0.15/30-28,	(Levothyroxine Sodium) EUTHYROX,
(Lamotrigine) SUBVENITE TABS . 15	LILLOW, LUTERA, MARLISSA,	LEVO-T, LEVOXYL, UNITHROID
(Lansoprazole) CVS	ORSYTHIA, PORTIA-28, SRONYX,	TABS 25 MCG, 50 MCG, 75 MCG,
	VIENVA TABS 30 MCG-0.15 MG .49	88 MCG, 100 MCG, 137 MCG, 150
	(Levonorgestrel (Emergency OC))	

MCG	106	MINI NICOTINE, RA NICOTINE	CVS NICOTINE GUM, CVS
(Lidocaine) LIDOCAN, LIDOCAN II,		POLACRILEX, SM NICOTINE, SM	NICOTINE POLACRILEX, CVS
LIDOCAN III PTCH 5 %	64	NICOTINE POLACRILEX LOZG 2	NICOTINE POLACRILEX STARTER,
(Lorazepam) LORAZEPAM		MG	EQ NICOTINE POLACRILEX, EQL
INTENSOL CONC	12	(Nicotine Polacrilex) CVS NICOTINE	NICOTINE POLACRILEX REFILL,
(Methadone Hcl) METHADONE		LOZENGE, CVS NICOTINE	EQL NICOTINE POLACRILEX
HYDROCHLORIDE INTENSOL		POLACRILEX, EQ NICOTINE	STARTER, GNP NICOTINE GUM,
CONC	8	LOZENGES, EQ NICOTINE	GNP NICOTINE POLACRILEX,
(Methylergonovine Maleate)		POLACRILEX, EQL NICOTINE	GOODSENSE NICOTINE GUM,
METHERGINE TABS	94	POLACRILEX, FT NICOTINE, FT	GOODSENSE NICOTINE
(Metronidazole (Topical)) ROSADAN		NICOTINE MINI, GNP NICOTINE	POLACRILEX GUM, HM NICOTINE
CREA	64	MINI LOZENGE, GNP NICOTINE	POLACRILEX, KLS QUIT2, KLS
(Metronidazole (Topical)) ROSADAN		POLACRILEX, GNP NICOTINE	QUIT4, PX STOP SMOKING AID,
GEL 0.75 %	64	POLACRILEX MINI, GOODSENSE	RA NICOTINE, RA NICOTINE GUM,
(Miconazole Nitrate Vaginal)		NICOTINE, GOODSENSE	SM NICOTINE, SM NICOTINE
MICONAZOLE 3 SUPP 200 MG .	110	NICOTINE POLACRILEX, HM	POLACRILEX, THRIVE GUM 2 MG
(Miglustat) YARGESA	73	NICOTINE POLACRILEX, KLS	99
(Nabumetone) RELAFEN 500 MG .	4	QUIT2, KLS QUIT4, NICOTINE MINI	(Nicotine Polacrilex) CVS NICOTINE,
(Nabumetone) RELAFEN 750 MG .	4	LOZENGE, NICOTINE POLACRILEX	CVS NICOTINE GUM, CVS
(Neomycin-Bacitracin Zn-Polymyxin)		MINI, PX STOP SMOKING AID, RA	NICOTINE POLACRILEX, CVS
NEO-POLYCIN	91	MINI NICOTINE, RA NICOTINE	NICOTINE POLACRILEX STARTER,
(Niacin (Antihyperlipidemic)) NIACOR		POLACRILEX, SM NICOTINE, SM	EQ NICOTINE POLACRILEX, EQL
TABS	26	NICOTINE POLACRILEX LOZG 4	NICOTINE POLACRILEX REFILL,
(Nicotine Polacrilex) CVS NICOTINE		MG	EQL NICOTINE POLACRILEX
LOZENGE, CVS NICOTINE		(Nicotine Polacrilex) CVS NICOTINE	STARTER, GNP NICOTINE GUM,
POLACRILEX, EQ NICOTINE		LOZENGE, CVS NICOTINE	GNP NICOTINE POLACRILEX,
LOZENGES, EQ NICOTINE		POLACRILEX, EQ NICOTINE	GOODSENSE NICOTINE GUM,
POLACRILEX, EQL NICOTINE		LOZENGES, EQ NICOTINE	GOODSENSE NICOTINE
POLACRILEX, FT NICOTINE, FT		POLACRILEX, EQL NICOTINE	POLACRILEX GUM, HM NICOTINE
NICOTINE MINI, GNP NICOTINE		POLACRILEX, FT NICOTINE, FT	POLACRILEX, KLS QUIT2, KLS
MINI LOZENGE, GNP NICOTINE		NICOTINE MINI, GNP NICOTINE	QUIT4, PX STOP SMOKING AID,
POLACRILEX, GNP NICOTINE		MINI LOZENGE, GNP NICOTINE	RA NICOTINE, RA NICOTINE GUM,
POLACRILEX MINI, GOODSENSE		POLACRILEX, GNP NICOTINE	SM NICOTINE, SM NICOTINE
NICOTINE, GOODSENSE		POLACRILEX MINI, GOODSENSE	POLACRILEX, THRIVE GUM 4 MG
NICOTINE POLACRILEX, HM		NICOTINE, GOODSENSE	99
NICOTINE POLACRILEX, KLS		NICOTINE POLACRILEX, HM	(Nicotine Polacrilex) CVS NICOTINE,
QUIT2, KLS QUIT4, NICOTINE MINI		NICOTINE POLACRILEX, KLS	CVS NICOTINE GUM, CVS
LOZENGE, NICOTINE POLACRILEX		QUIT2, KLS QUIT4, NICOTINE MINI	NICOTINE POLACRILEX, CVS
MINI, PX STOP SMOKING AID, RA		LOZENGE, NICOTINE POLACRILEX	NICOTINE POLACRILEX STARTER,
MINI NICOTINE, RA NICOTINE		MINI, PX STOP SMOKING AID, RA	EQ NICOTINE POLACRILEX, EQL
POLACRILEX, SM NICOTINE, SM		MINI NICOTINE, RA NICOTINE	NICOTINE POLACRILEX REFILL,
NICOTINE POLACRILEX LOZG .	98	POLACRILEX, SM NICOTINE, SM	EQL NICOTINE POLACRILEX
(Nicotine Polacrilex) CVS NICOTINE,		NICOTINE POLACRILEX LOZG .	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 99	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 100 (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, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	3/CLEAR PT24 TD 14 MG/24HR 102 (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 TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 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,
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 7 MG/24HR, 21
MG/24HR 104

(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
TRANSDERMAL SYSTEM/STEP
2/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
3/CLEAR PT24 TD 7 MG/24HR ..103

(Norelgestromin-Ethinyl Estradiol)
XULANE, ZAFEMY53

(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
.....50

(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,
MIBELAS 24 FE CHEW 50

(Norethin Acet & Estrad-Fe)
GEMMILY, MERZEE, TAYSOFY
CAPS 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-0.4 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 51	Estradiol) FYAVOLV, JINTELI 69 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 69	(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 % 93
(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 51	(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 7/7/7 51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 108
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG 51	(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-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI- VYLIBRA LO 51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG 108
(Norethindrone & Ethinyl Estradiol- Fe) WYMZYA FE 35 MCG-0.4 MG 51	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 108
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 53	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 51	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG .. 9
(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	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 58	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .. 9
(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	(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 % 93	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 9 (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-7.5 MG .. 9
(Norethindrone Acetate-Ethinyl		(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	SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM 75	KLOR-CON 8 TBCR 8 MEQ 82
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 % 90	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ 82
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 ... 85	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % 90	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 72
(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON	(Phenylephrine-Brompheniramine- DM) PRESGEN B, TUSSI-PRES B	(Potassium Citrate-Citric Acid) CYTRA-K SOLN 72
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 85	LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML 55	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 82
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 85	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 18	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F .92
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 85	(Phenytoin) PHENYTOIN INFATABS CHEW 18	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 86
(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 85	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP 72	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .86
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic)	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT 86
SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 85	PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL 82	(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 86
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 85	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 82	(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 86
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E 74	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 82	(Prochlorperazine) COMPRO 41
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 82	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 24
	(Potassium Chloride) Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 82	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 24
	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ 82	(Salicylic Acid) KERALYT SHAM 6 % 64
	(Potassium Chloride) KLOR-CON 10,	(Sapropterin Dihydrochloride) JAVYGTOR PACK 67

(Sapropterin Dihydrochloride) JAVYGTOR TABS	67	(Tretinoin) AVITA CREA 0.025 % .	56	ABSORICA 20 MG (isotretinoin) . .	56
(Silver Sulfadiazine) SSD	61	(Tretinoin) AVITA GEL 0.025 % ...	56	ABSORICA 30 MG (isotretinoin) . .	56
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	55	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	84	ABSORICA 35 MG, 40 MG (isotretinoin)	56
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	55	(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	89	acamprosate calcium	95
(Sodium Citrate & Citric Acid) CYTRA-2	72	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	61	acarbose	20
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	82	(Vigabatrin) VIGADRONE TABS ..	18	ACCUPRIL (quinapril hcl)	26
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	82	(Vigabatrin) VIGADRONE, VIGPODER PACK	18	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide)	28
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	84	(Warfarin Sodium) JANTOVEN TABS	14	ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)	28
(Sotalol Hcl) SORINE TABS	44	abacavir sulfate SOLN	41	acebutolol hcl CAPS	44
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	56	abacavir sulfate TABS	41	acetaminophen w/ codeine SOLN ..	9
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	56	abacavir sulfate-lamivudine	41	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	9
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	30	ABILIFY TABS 15 MG (aripiprazole) .	41	acetaminophen w/ codeine TABS 60 MG-300 MG	9
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	47	ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)	41	acetazolamide CP12	66
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM	10	ABILIFY TABS 20 MG (aripiprazole) .	41	acetazolamide TABS 125 MG	66
(Tetracaine Hcl (Ophth)) ALTACAINE	92	abiraterone acetate	33	acetazolamide TABS 250 MG	66
(Theophylline) ELIXOPHYLLIN ELIX .	14	ABSORICA 10 MG, 25 MG (isotretinoin)	56	acetic acid (otic)	94
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	90			acetylcysteine SOLN	55

ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 69	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %56	ALCAINE (proparacaine hcl)92
ACTONEL TABS 150 MG (risedronate sodium)67	ADCIRCA TABS (tadalafil (pulmonary hypertension))47	alclometasone dipropionate CREA 61
ACTONEL TABS 35 MG (risedronate sodium)67	ADDERALL TABS (amphetamine- dextroamphetamine)1	alclometasone dipropionate OINT .61
ACTOPLUS MET TABS (pioglitazone hcl-metformin hcl)20	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1	ALDACTAZIDE (spironolactone & hydrochlorothiazide)66
ACTOS 15 MG (pioglitazone hcl) .22	adefovir dipivoxil43	ALDACTAZIDE66
ACTOS 30 MG, 45 MG (pioglitazone hcl)22	ADEMPAS48	ALDACTONE TABS (spironolactone)66
ACULAR (ketorolac tromethamine (ophth))93	ADIPEX-P CAPS (phentermine hcl) 1	ALDARA (imiquimod)64
ACULAR LS (ketorolac tromethamine (ophth))93	ADTHYZA TABS106	ALECENSA35
ACUVAIL93	ADVAIR DISKUS AEPB (fluticasone- salmeterol)13	alendronate sodium SOLN67
acyclovir CAPS43	AFINITOR DISPERZ TBSO (everolimus)34	alendronate sodium TABS 35 MG, 70 MG67
acyclovir SUSP43	AFINITOR TABS (everolimus)34	alendronate sodium TABS 5 MG, 10 MG67
acyclovir TABS OR 400 MG44	AGRYLIN 0.5 MG (anagrelide hcl) 73	alfuzosin hcl72
acyclovir TABS OR 800 MG44	AIMSCO LUBRICATED MISC77	ALINIA SUSR30
acyclovir topical CREA60	AJOVY SOAJ80	ALINIA TABS (nitazoxanide)30
acyclovir topical OINT60	AJOVY SOSY80	aliskiren fumarate29
ACZONE 5 % (dapson (topical)) .56	AKTEN92	ALKERAN (melphalan)31
ACZONE 7.5 % (dapson (topical)) 56	AKYNZEO23	allopurinol 100 MG72
ADALIMUMAB-ADAZ SOAJ3	albendazole11	allopurinol 300 MG72
ADALIMUMAB-ADAZ SOSY3	ALBENZA (albendazole)11	almotriptan malate81
adapalene CREA56	albuterol sulfate AERS13	ALOCRIAL93
adapalene GEL 0.1 %56	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML14	alogliptin benzoate 25 MG21
adapalene GEL 0.3 %56	ALBUTEROL SULFATE NEBU14	alogliptin benzoate 6.25 MG, 12.5 MG21
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %56	albuterol sulfate SYRP14	ALOMIDE93
	albuterol sulfate TABS14	ALORA PTTW69
		alosetron hcl71
		ALPHAGAN P (brimonidine tartrate) 91

ALPRAZOLAM INTENSOL CONC 12	AMITIZA (lubiprostone) 70	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 1
alprazolam TABS 12	amitriptyline hcl TABS 20	amphetamine-dextroamphetamine TABS 1
alprazolam TBDP 12	amlodipine besylate TABS 2.5 MG 45	ampicillin CAPS 500 MG 94
ALREX SUSP92	amlodipine besylate TABS 5 MG, 10 MG 45	AMPYRA (dalfampridine) 96
ALTABAX58	amlodipine besylate-atorvastatin calcium 46	ANAFRANIL (clomipramine hcl) .. 20
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril) 26	amlodipine besylate-benazepril hcl 10 MG-2.5 MG 28	anagrelide hcl 73
ALUNBRIG TABS35	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	ANALPRAM-HC LOTN EX 11
ALUNBRIG TBPk35	amlodipine besylate-valsartan 10 MG-160 MG 28	ANAPROX DS TABS (naproxen sodium) 4
alvimopan71	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG 28	ANASPAZ TBDP (hyoscyamine sulfate)107
amantadine hcl CAPS 38	amlodipine-valsartan- hydrochlorothiazide 28	anastrozole33
amantadine hcl TABS38	amoxapine20	ANCOBON (flucytosine) 24
AMARYL (glimepiride) 22	amoxicillin & pot clavulanate CHEW . 95	ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone) 10
AMBIEN CR TBCR (zolpidem tartrate) 74	amoxicillin & pot clavulanate SUSR 95	ANDROGEL PUMP GEL TD 1.62 % (testosterone) 10
AMBIEN TABS (zolpidem tartrate) 74	amoxicillin & pot clavulanate TABS 95	ANGELIQ69
ambrisentan47	amoxicillin & pot clavulanate TB12 95	ANNOVERA53
amcinonide CREA 61	amoxicillin CAPS94	ANORO ELLIPTA 14
amcinonide LOTN61	amoxicillin CHEW 125 MG, 250 MG . 94	ANTARA 30 MG 25
amcinonide OINT 61	amoxicillin SUSR94	ANUSOL-HC EX (hydrocortisone rectal)) 11
AMERGE (natriptan hcl) 81	amoxicillin TABS94	ANZEMET TABS 50 MG 23
AMICAR SOLN OR (aminocaproic acid)74	amoxicillin-clarithromycin w/ lansoprazole THPK109	APEXICON E CREA61
AMICAR TABS 1000 MG (aminocaproic acid) 74		APO-VARENICLINE TABS104
amiloride & hydrochlorothiazide ...66		
amiloride hcl TABS66		
aminocaproic acid SOLN OR 0.25 GM/ML 74		
aminocaproic acid TABS 1000 MG 74		
amiodarone hcl TABS12		

apraclonidine hcl	91	ASACOL HD TBEC (mesalamine)	70	ATROPINE SULFATE SOLN 1 %	90
aprepitant CAPS 40 MG	23	asenapine maleate	40	ATROVENT HFA	12
aprepitant CAPS 80 MG, 125 MG	23	aspirin CHEW	7	AUBAGIO (teriflunomide)	96
aprepitant CAPS	23	aspirin TBEC 81 MG	7	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	95
aprepitant MISC	24	aspirin-dipyridamole	73	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	95
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	41	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	79	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	95
APRISO CP24 (mesalamine)	70	ASTAGRAF XL CP24	83	AURYXIA	71
APTENSIO XR CP24 (methylphenidate hcl)	2	ATABEX EC TBEC	86	AUSTEDO TABS 12 MG	96
APTIOM	15	ATACAND 32 MG (candesartan cilexetil)	27	AUSTEDO TABS 6 MG	96
APTIVUS CAPS	41	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	27	AUSTEDO TABS 9 MG	96
ARAVA 10 MG (leflunomide)	5	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	28	AUTOPEN DEVI	79
ARAVA 20 MG (leflunomide)	5	atazanavir sulfate CAPS	41	AVALIDE (irbesartan- hydrochlorothiazide)	28
arformoterol tartrate	14	atenolol & chlorthalidone	28	AVAPRO (irbesartan)	27
ARICEPT TABS (donepezil hydrochloride)	95	atenolol TABS	44	AVODART (dutasteride)	72
ARIKAYCE	3	ATIVAN TABS (lorazepam)	12	AYGESTIN TABS (norethindrone acetate)	95
ARIMIDEX (anastrozole)	33	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AYVAKIT 100 MG, 200 MG, 300 MG 34	
aripiprazole SOLN OR	41	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AYVAKIT 25 MG, 50 MG	34
aripiprazole TABS 15 MG	41	atorvastatin calcium TABS	26	AZASITE	91
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	41	atovaquone	30	azathioprine TABS 50 MG	83
aripiprazole TABS 20 MG	41	atovaquone-proguanil hcl	31	azathioprine TABS 75 MG, 100 MG 83	
armodafinil	2	ATRALIN GEL (tretinoin)	56	azelaic acid GEL	64
ARMOUR THYROID TABS	106	atropine sulfate (ophthalmic) OINT	90	azelastine hcl (ophth)	93
ARNUITY ELLIPTA	13	atropine sulfate (ophthalmic) SOLN	90	azelastine hcl 0.1 %, 137 MCG/SPRAY	88
AROMASIN (exemestane)	33	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	90	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	88
ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4				
ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	4				

azelastine hcl-fluticasone propionate SUSP	88	BARACLUDE TABS (entecavir) ...	43	(olmesartan medoxomil- hydrochlorothiazide)	28
AZELEX	56	BD AUTOSHIELD DUO 30G X 5MM	79	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide)	28
AZILECT (rasagiline mesylate) ...	39	BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2"	79	BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	56
azithromycin PACK	76	BD NEEDLE/30G X 1/2"	79	BENZNIDAZOLE	11
azithromycin SUSR	76	BD PEN MINI MISC	79	benzonatate 100 MG, 200 MG	54
azithromycin TABS 250 MG	76	BD PEN MISC	80	benzonatate 150 MG	54
azithromycin TABS 500 MG	76	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM	79	benzoyl peroxide-erythromycin GEL . 56	
azithromycin TABS 600 MG	76	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM	79	benztropine mesylate TABS	38
AZOPT (brinzolamide)	93	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	79	bepotastine besilate	93
AZULFIDINE EN-TABS TBEC (sulfasalazine)	70	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM	79	BEPREVE (bepotastine besilate) .	93
AZULFIDINE TABS (sulfasalazine) 70		BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM	79	BESIVANCE	91
bacitracin (ophthalmic)	91	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	80	BETADINE OPHTHALMIC PREP .	91
bacitracin-polymyxin b (ophth)	91	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM	80	betaine	67
bacitracin-poly-neomycin-hc	92	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	80	betamethasone dipropionate (topical) CREA	61
baclofen TABS 10 MG	88	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM	80	betamethasone dipropionate (topical) LOTN	61
baclofen TABS 20 MG	88	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ...	80	betamethasone dipropionate (topical) OINT	61
baclofen TABS 5 MG	88	BELSOMRA	74	betamethasone dipropionate augmented CREA	61
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	30	benazepril & hydrochlorothiazide .	28	betamethasone dipropionate augmented GEL 0.05 %	61
BACTRIM TABS (sulfamethoxazole- trimethoprim)	30	benazepril hcl	26	betamethasone dipropionate augmented LOTN	61
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	52	BENICAR 40 MG (olmesartan medoxomil)	27	betamethasone dipropionate augmented OINT	61
balsalazide disodium CAPS	70	BENICAR 5 MG, 20 MG (olmesartan medoxomil)	27	betamethasone valerate CREA	61
BALVERSA	35	BENICAR HCT 12.5 MG-20 MG		betamethasone valerate FOAM ...	61
BANZEL SUSP (rufinamide)	15				
BANZEL TABS 200 MG (rufinamide) . 15					
BANZEL TABS 400 MG (rufinamide) . 15					

betamethasone valerate LOTN61	BONIVA TABS (ibandronate sodium) 67	budesonide (inhalation) SUSP 1 MG/2ML13
betamethasone valerate OINT61	bosentan TABS 125 MG47	budesonide (intrarectal)10
BETAPACE AF (sotalol hcl (afib/af))44	bosentan TABS 62.5 MG47	budesonide CPEP54
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)44	BOSULIF CAPS35	budesonide TB2454
betaxolol hcl (ophth) SOLN90	BOSULIF TABS35	budesonide-formoterol fumarate dihydrate14
betaxolol hcl44	BRAFTOVI 75 MG35	bumetanide TABS 0.5 MG, 1 MG .66
bethanechol chloride109	BREZTRI AEROSPHERE14	bumetanide TABS 2 MG66
BETHKIS NEBU (tobramycin)3	BRILINTA73	BUMEX TABS 0.5 MG (bumetanide) .66
BETIMOL90	brimonidine tartrate (topical)64	BUPHENYL POWD (sodium phenylbutyrate)68
BETOPTIC-S SUSP90	brimonidine tartrate91	BUPHENYL TABS (sodium phenylbutyrate)68
bexarotene (topical)59	brimonidine tartrate-timolol maleate .90	buprenorphine hcl SUBL 2 MG10
bexarotene38	brinzolamide93	buprenorphine hcl SUBL 8 MG10
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)52	BRIVIACT SOLN OR 10 MG/ML ..15	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG10
bicalutamide33	BRIVIACT TABS 10 MG15	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...10
BIDIL (isosorbide dinitrate-hydralazine hcl)46	BRIVIACT TABS 100 MG15	buprenorphine hcl-naloxone hcl dihydrate SUBL10
BIKTARVY 200 MG-50 MG-25 MG 41	BRIVIACT TABS 25 MG, 50 MG, 75 MG15	buprenorphine PTWK10
BILTRICIDE (praziquantel)11	bromfenac sodium (ophth)93	bupropion hcl (smoking deterrent) 104
bimatoprost SOLN94	bromfenac sodium (ophth) 0.09 % .93	bupropion hcl TABS18
BIO-DTUSS DMX LIQD55	bromocriptine mesylate CAPS38	bupropion hcl TB1218
bisacodyl SUPP76	bromocriptine mesylate TABS 2.5 MG38	bupropion hcl TB24 150 MG, 300 MG18
bisacodyl TBEC76	BROMSITE 0.075 % (bromfenac sodium (ophth))93	bupropion hcl TB24 450 MG18
bisoprolol & hydrochlorothiazide ..28	BROVANA (arformoterol tartrate) .14	buspironone hcl11
bisoprolol fumarate44	BRUKINSA35	butalbital-acetaminophen CAPS 50
BLEPH-10 SOLN (sulfacetamide sodium (ophth))91	budesonide (inhalation) SUSP 0.25 MG/2ML13	
BLEPHAMIDE S.O.P. OINT92	budesonide (inhalation) SUSP 0.5 MG/2ML13	
BLEPHAMIDE SUSP92		

CARDIZEM LA TB24 (diltiazem hcl) 45	cefdinir SUSR48	CHENODAL70
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)45	cefixime CAPS48	chlordiazepoxide hcl CAPS12
CARDURA (doxazosin mesylate) .27	cefixime SUSR48	chloroquine phosphate TABS31
CARDURA XL72	cefpodoxime proxetil SUSR48	chlorpromazine hcl TABS41
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"80	cefpodoxime proxetil TABS48	chlorthalidone 25 MG, 50 MG66
carisoprodol TABS 250 MG88	cefprozil SUSR48	chlorzoxazone TABS 375 MG, 500 MG, 750 MG88
carisoprodol TABS 350 MG88	cefprozil TABS48	cholestyramine light POWD25
CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 68	cefuroxime axetil TABS48	cholestyramine POWD25
CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 68	CELEBREX 400 MG (celecoxib) ...4	choline fenofibrate 135 MG25
CARNITOR TABS (levocarnitine (metabolic modifiers))68	CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)4	choline fenofibrate 45 MG25
carteolol hcl (ophth)90	celecoxib 400 MG5	CIALIS 2.5 MG (tadalafil)46
carvedilol 3.125 MG44	celecoxib 50 MG, 100 MG, 200 MG 4	CIALIS 5 MG, 10 MG, 20 MG (tadalafil)46
carvedilol 6.25 MG, 12.5 MG, 25 MG 44	CELEXA TABS (citalopram hydrobromide)19	ciclopirox GEL58
carvedilol phosphate44	CELLCEPT CAPS (mycophenolate mofetil)83	ciclopirox olamine CREA58
CASODEX (bicalutamide)33	CELLCEPT SUSR (mycophenolate mofetil)83	ciclopirox olamine SUSP58
CAYA DPRH77	CELLCEPT TABS (mycophenolate mofetil)83	ciclopirox SHAM58
cefaclor CAPS48	CELONTIN (methsuximide)18	ciclopirox SOLN58
CEFACLOR ER TB1248	CENTANY OINT58	cilostazol73
cefaclor SUSR 125 MG/5ML, 375 MG/5ML48	cephalexin CAPS 250 MG, 500 MG 48	CILOXAN OINT91
cefadroxil CAPS48	cephalexin CAPS 750 MG48	CILOXAN SOLN (ciprofloxacin hcl (ophth))91
cefadroxil SUSR48	cephalexin SUSR48	CIMDUO41
cefadroxil TABS48	CERDELGA73	cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML107
cefdinir CAPS48	CETRAXAL (ciprofloxacin hcl (otic)) . 94	cimetidine TABS 300 MG, 800 MG 107
	cevimeline hcl84	cimetidine TABS 400 MG107
	CHEMET23	cinacalcet hcl68
		CIPRO HC94
		CIPRO SUSR70

CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	70	CLEOCIN (clindamycin hcl)	30	clobazam SUSP	15
CIPRODEX (ciprofloxacin- dexamethasone)	94	CLEOCIN CREA (clindamycin phosphate vaginal)	110	clobazam TABS 10 MG	15
ciprofloxacin hcl (ophth) SOLN	91	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	30	clobazam TABS 20 MG	15
ciprofloxacin hcl (otic)	94	CLEOCIN SUPP	110	clobetasol propionate CREA 0.05 % . 61	
ciprofloxacin hcl TABS	70	CLEOCIN-T LOTN (clindamycin phosphate (topical))	56	clobetasol propionate emollient base 0.05 %	61
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	70	CLIMARA PRO	69	clobetasol propionate emulsion ...	61
ciprofloxacin-dexamethasone	94	CLIMARA PTWK (estradiol)	69	clobetasol propionate FOAM	61
citalopram hydrobromide SOLN ...	19	CLINDAGEL GEL (clindamycin phosphate (topical))	56	clobetasol propionate GEL 0.05 %	61
citalopram hydrobromide TABS ...	19	clindamycin hcl	30	clobetasol propionate LIQD	62
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	86	clindamycin palmitate hydrochloride . 30		clobetasol propionate LOTN	62
CITRANATAL ASSURE	86	clindamycin phosphate (topical) FOAM	56	clobetasol propionate OINT 0.05 % 62	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 86		clindamycin phosphate (topical) GEL 56		clobetasol propionate SHAM	62
CITRANATAL BLOOM	86	clindamycin phosphate (topical) LOTN	56	clobetasol propionate SOLN 0.05 % . 62	
CITRANATAL BLOOM DHA	86	clindamycin phosphate (topical) SOLN	56	CLOBEX LIQD (clobetasol propionate)	62
CITRANATAL DHA	86	clindamycin phosphate (topical) SWAB	56	CLOBEX LOTN 0.05 % (clobetasol propionate)	62
CITRANATAL ESSENCE	86	clindamycin phosphate vaginal CREA	110	CLOBEX SHAM (clobetasol propionate)	62
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	86	clindamycin phosphate-benzoyl peroxide (refrigerate)	56	clocortolone pivalate	62
CITRANATAL MEDLEY	86	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	56	CLODERM (clocortolone pivalate) 62	
clarithromycin SUSR	76	clindamycin phosphate-tretinoin ..	56	clomiphene citrate TABS	67
clarithromycin TABS	76	CLINDESSE	110	clomipramine hcl	20
clarithromycin TB24	76			clonazepam TABS	15
clemastine fumarate SYRP	24			clonazepam TBDP	15
clemastine fumarate TABS 2.68 MG .				clonidine hcl TABS	27
				clonidine hcl TB24	27
				clopidogrel bisulfate	73

clorazepate dipotassium TABS	12	COMBIVENT RESPIMAT AERS	14	CORTEF TABS (hydrocortisone)	54
clotrimazole (topical) SOLN	58	COMBIVIR (lamivudine-zidovudine)	41	CORTENEMA (hydrocortisone (intrarectal))	10
clotrimazole	84	COMETRIQ KIT	35	CORTIFOAM EX 10 %	10
clotrimazole w/ betamethasone CREA	58	COMPLERA	41	CORTISPORIN-TC	94
clotrimazole w/ betamethasone LOTN	58	COMPLETENATE CHEW	86	COSENTYX SENSOREADY PEN SOAJ	60
clozapine TABS	40	COMTAN (entacapone)	38	COSENTYX SOSY 150 MG/ML	60
clozapine TBDP 12.5 MG, 25 MG, 100 MG	40	CONCEPT DHA	86	COSENTYX SOSY 75 MG/0.5ML	60
CLOZARIL TABS (clozapine)	40	CONCEPT OB	86	COSENTYX UNOREADY SOAJ	60
C-NATE DHA CAPS	86	CONCERTA TBCR 18 MG, 27 MG, 36 MG (methylphenidate hcl)	2	COSOPT (dorzolamide hcl-timolol maleate)	90
COARTEM	31	CONCERTA TBCR 54 MG (methylphenidate hcl)	2	COSOPT PF (dorzolamide hcl-timolol maleate)	90
codeine sulfate TABS	8	CONDOMS	77	COTELLIC	35
CODITUSSIN AC LIQD	55	CONDYLOX GEL (podofilox)	64	COVID VACCINES	109
COLAZAL CAPS (balsalazide disodium)	70	CONTRAVE	1	COVID-19 AT HOME TEST KITS	65
colchicine CAPS	72	COPIKTRA	35	COZAAR (losartan potassium)	27
colchicine TABS	72	CORDRAN CREA (flurandrenolide)	62	CREON CPEP	65
colchicine w/ probenecid	72	CORDRAN CREA 0.025 %	62	CRESEMBA CAPS 186 MG	24
COLCRYS TABS (colchicine)	72	CORDRAN LOTN (flurandrenolide)	62	CRESTOR TABS (rosuvastatin calcium)	26
colesevelam hcl PACK	25	CORDRAN OINT	62	CRINONE GEL 8 %	110
colesevelam hcl TABS	25	CORDRAN TAPE	62	cromolyn sodium (ophth)	93
COLESTID FLAVORED GRAN (colestipol hcl)	25	COREG 3.125 MG (carvedilol)	44	cromolyn sodium NEBU	12
COLESTID GRAN (colestipol hcl)	25	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)	44	CUPRIMINE CAPS (penicillamine)	83
COLESTID TABS (colestipol hcl)	25	COREG CR (carvedilol phosphate)	44	CUTIVATE LOTN (fluticasone propionate)	62
colestipol hcl GRAN	25	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)	44	CUVPOSA SOLN OR (glycopyrrolate)	107
colestipol hcl TABS	25	CORLANOR SOLN	48	CVS WOMENS PRENATAL+DHA MISC	86
COMBIGAN (brimonidine tartrate-timolol maleate)	90	CORLANOR TABS	48		
COMBIPATCH PTTW	69				

cyclobenzaprine hcl TABS 5 MG, 10 MG	88	dantrolene sodium CAPS	88	(penicillamine)	83
CYCLOGYL (cyclopentolate hcl) ..	90	dapsone (topical) 5 %	56	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	53
CYCLOGYL	90	dapsone (topical) 7.5 %	56	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	62
CYCLOMYDRIL	90	dapsone 100 MG	30	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	62
cyclopentolate hcl	90	dapsone 25 MG	30	DERMOTIC (fluocinolone acetonide (otic))	94
cyclophosphamide CAPS	31	darifenacin hydrobromide	109	DESCOVY 200 MG-25 MG	41
CYCLOPHOSPHAMIDE TABS	31	darunavir TABS	41	desipramine hcl TABS	20
cycloserine	31	DAURISMO	33	DESMOPRESSIN ACETATE SOLN NA	68
cyclosporine (ophth) EMUL	92	DAYPRO TABS (oxaprozin)	5	desmopressin acetate spray	68
cyclosporine CAPS	83	DAYTRANA PTCH (methylphenidate)	2	desmopressin acetate spray refrigerated	68
cyclosporine modified (for microemulsion) CAPS	83	DDAVP TABS 0.1 MG (desmopressin acetate)	68	desmopressin acetate TABS 0.1 MG 68	
cyclosporine modified (for microemulsion) SOLN	83	DDAVP TABS 0.2 MG (desmopressin acetate)	68	desmopressin acetate TABS 0.2 MG 68	
CYMBALTA CPEP (duloxetine hcl) 20		deferasirox PACK	23	desogestrel & ethinyl estradiol	52
cyproheptadine hcl SYRP	25	deferasirox TABS	23	desogestrel-ethinyl estradiol (biphasic)	52
cyproheptadine hcl TABS	25	deferiprone TABS 500 MG	23	desonide CREA	62
CYSTADANE (betaine)	68	deflazacort TABS 6 MG, 18 MG, 30 MG, 36 MG	54	desonide GEL	62
CYSTAGON CAPS	72	DELESTROGEN (estradiol valerate) 69		desonide LOTN	62
CYSTARAN	93	DELSTRIGO	41	desonide OINT	62
CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	106	DELZICOL CPDR (mesalamine) ..	70	DESOWEN CREA (desonide)	62
CYTOMEL TABS 5 MCG (liothyronine sodium)	106	demeclocycline hcl TABS	105	desoximetasone CREA	62
CYTOTEC (misoprostol)	109	DEMSEER (metyrosine)	27	desoximetasone GEL	62
dalfampridine	96	DEPAKOTE ER TB24 (divalproex sodium)	18	desoximetasone LIQD	62
DALIRESP (roflumilast)	13	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	18	desoximetasone OINT 0.05 %	62
danazol CAPS	10	DEPAKOTE TBEC (divalproex sodium)	18		
DANTRIUM CAPS 25 MG, 50 MG (dantrolene sodium)	88	DEPEN TITRATABS TABS			

desoximetasone OINT 0.25 %	62	diazepam TABS 2 MG, 5 MG	12	DIFLUCAN TABS (fluconazole)	24
DESOXYN (methamphetamine hcl)	1	diazoxide	21	diflunisal TABS	7
desvenlafaxine succinate	20	DIBENZYLINE (phenoxybenzamine hcl)	27	difluprednate	92
DETROL LA CP24 (tolterodine tartrate)	109	DICLEGIS TBEC (doxylamine-pyridoxine)	23	digoxin SOLN OR 0.05 MG/ML	46
DETROL TABS (tolterodine tartrate)	109	diclofenac potassium TABS 50 MG	5	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	46
dexamethasone ELIX	54	diclofenac sodium (actinic keratoses) EX	59	dihydroergotamine mesylate SOLN NA 4 MG/ML	81
DEXAMETHASONE INTENSOL CONC	54	diclofenac sodium (ophth)	93	DILANTIN (phenytoin sodium extended)	18
dexamethasone SOLN	54	diclofenac sodium (topical) GEL EX	59	DILANTIN 30 MG	18
dexamethasone TABS	54	diclofenac sodium (topical) SOLN EX 1.5 %	59	DILANTIN INFATABS CHEW (phenytoin)	18
DEXEDRINE CP24 (dextroamphetamine sulfate)	1	diclofenac sodium (topical) SOLN EX 2 %	59	DILANTIN-125 SUSP (phenytoin)	18
dexmethylphenidate hcl CP24	2	diclofenac sodium TB24	5	DILAUDID LIQD (hydromorphone hcl)	8
dexmethylphenidate hcl TABS	2	diclofenac sodium TBEC	5	DILAUDID TABS (hydromorphone hcl)	8
dextroamphetamine sulfate CP24	1	diclofenac w/ misoprostol TBEC	5	diltiazem hcl coated beads CP24	45
dextroamphetamine sulfate SOLN	1	dicloxacillin sodium	95	diltiazem hcl CP12	45
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl CAPS	107	diltiazem hcl CP24	45
DHIVY TABS	39	dicyclomine hcl SOLN OR	107	diltiazem hcl extended release beads	45
DIACOMIT CAPS 250 MG	15	dicyclomine hcl TABS	107	diltiazem hcl TABS	45
DIACOMIT CAPS 500 MG	15	DIFFERIN CREA (adapalene)	57	diltiazem hcl TB24	45
DIACOMIT PACK 250 MG	15	DIFFERIN GEL 0.1 % (adapalene)	57	dimethyl fumarate CDPK	96
DIACOMIT PACK 500 MG	15	DIFFERIN GEL 0.3 % (adapalene)	57	dimethyl fumarate CPDR	96
DIASTAT ACUDIAL GEL 20 MG (diazepam (anticonvulsant))	15	DIFFERIN LOTN	57	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide)	28
diazepam (anticonvulsant) GEL 20 MG	15	DIFICID TABS	77	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)	28
diazepam CONC	12	diflorasone diacetate CREA	62		
diazepam SOLN OR 5 MG/5ML	12	diflorasone diacetate OINT	62		
diazepam TABS 10 MG	12	DIFLUCAN SUSR (fluconazole)	24		

DIOVAN TABS 160 MG (valsartan) 27	doxepin hcl (antipruritic)59	droxidopa110
DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan)27	doxepin hcl CAPS20	DRYSOL SOLN64
DIPENTUM70	doxepin hcl CONC20	DUAVEE69
diphenoxylate w/ atropine LIQD ... 22	doxercalciferol CAPS 68	DUET DHA 400 MISC 86
diphenoxylate w/ atropine TABS .. 23	doxycycline (monohydrate) CAPS 50 MG, 100 MG105	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 86
DIPROLENE OINT (betamethasone dipropionate augmented) 62	doxycycline (monohydrate) SUSR 105	DUETACT (pioglitazone hcl- glimepiride)20
dipyridamole73	doxycycline (monohydrate) TABS 150 MG 105	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)76
disopyramide phosphate CAPS ... 12	doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG 105	DULCOLAX SUPP (bisacodyl) 76
disulfiram95	doxycycline (rosacea) 64	DULCOLAX TBEC (bisacodyl)76
DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride) 109	doxycycline hyclate CAPS105	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG20
divalproex sodium CSDR 18	doxycycline hyclate TABS 100 MG 105	DUOPA SUSP 39
divalproex sodium TB24 18	doxycycline hyclate TABS 20 MG 105	DUREX EXTRA SENSITIVE THIN DEVI77
divalproex sodium TBEC18	doxylamine-pyridoxine TBEC23	DUREZOL (difluprednate) 92
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol) 69	DRISDOL CAPS (ergocalciferol) .110	dutasteride72
dofetilide12	dronabinol CAPS 10 MG23	dutasteride-tamsulosin hcl 72
DOJOLVI90	dronabinol CAPS 2.5 MG23	DYMISTA SUSP (azelastine hcl- fluticasone propionate)88
donepezil hydrochloride TABS95	dronabinol CAPS 5 MG23	DYRENIUM CAPS (triamterene) .. 66
donepezil hydrochloride TBDP 95	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"80	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)77
dorzolamide hcl93	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"80	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"80
DORZOLAMIDE HCL93	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML80	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"80
DORZOLAMIDE HCL/TIMOLOL MALEATE90	drospirenone-ethinyl estradiol52	econazole nitrate CREA 58
dorzolamide hcl-timolol maleate .. 90	drospirenone-ethinyl estradiol- levomefolate calcium52	
DOVATO41	DROXIA CAPS73	
DOVONEX CREA (calcipotriene) ..60		
doxazosin mesylate27		

ECOZA FOAM	58	EMFLAZA SUSP	54	EPCLUSA TABS 50 MG-200 MG .	43
EDARBI 40 MG	27	EMFLAZA TABS 6 MG, 18 MG, 30		EPIDIOLEX	15
EDARBI 80 MG	27	MG, 36 MG (deflazacort)	54	EPIDUO FORTE GEL (adapalene-	
EDARBYCLOR	28	EMGALITY SOAJ	80	benzoyl peroxide)	57
EDECRIN (ethacrynic acid)	66	EMGALITY SOSY 120 MG/ML	80	EPIDUO GEL (adapalene-benzoyl	
EDURANT	41	EMSAM	19	peroxide)	57
efavirenz CAPS	41	emtricitabine CAPS	41	EPIFOAM FOAM	62
efavirenz TABS	41	emtricitabine-tenofovir disoproxil		epinastine hcl (ophth)	93
efavirenz-emtricitabine-tenofovir		fumarate 100 MG-150 MG, 133 MG-		epinephrine (anaphylaxis) SOAJ 0.3	
disoproxil fumarate	41	200 MG, 167 MG-250 MG	42	MG/0.3ML	110
efavirenz-lamivudine-tenofovir		emtricitabine-tenofovir disoproxil		epinephrine (anaphylaxis) SOAJ .	110
disoproxil fumarate	41	fumarate 200 MG-300 MG	42	EPIVIR HBV TABS (lamivudine	
EFFER-K	82	EMTRIVA CAPS (emtricitabine) ..	42	(hbv))	43
EFFEXOR XR CP24 150 MG		EMTRIVA SOLN	42	EPIVIR SOLN (lamivudine)	42
(venlafaxine hcl)	20	enalapril maleate &		EPIVIR TABS (lamivudine)	42
EFFEXOR XR CP24 37.5 MG, 75		hydrochlorothiazide	28	eplerenone	29
MG (venlafaxine hcl)	20	enalapril maleate TABS	26	EPZICOM (abacavir sulfate-	
EFFIENT (prasugrel hcl)	73	ENBRACE HR	86	lamivudine)	42
EFUDEX CREA (fluorouracil		ENBREL MINI SOCT	6	ergocalciferol CAPS	111
(topical))	59	ENBREL SOLN	6	ergoloid mesylates TABS	97
ELESTRIN GEL	69	ENBREL SOLR	6	ERGOMAR SUBL	81
eletriptan hydrobromide	81	ENBREL SOSY 25 MG/0.5ML	6	ergotamine w/ caffeine TABS	81
ELIDEL (pimecrolimus)	64	ENBREL SOSY 50 MG/ML	6	ERIVEDGE	33
ELIQUIS STARTER PACK TBPK .	14	ENBREL SURECLICK SOAJ	6	ERLEADA 240 MG	33
ELIQUIS TABS	14	ENCARE SUPP 100 MG	110	ERLEADA 60 MG	33
ELLA	53	ENDOMETRIN INST	110	erlotinib hcl	33
ELMIRON CAPS	72	entacapone	38	ERTACZO	58
EMCYT	33	entecavir TABS	43	ERYGEL GEL (erythromycin (acne	
EMEND CAPS 80 MG (aprepitant) 24		ENTEREG (alvimopan)	71	aid))	57
EMEND SUSR	24	ENTRESTO	46	ERYPED 200 SUSR (erythromycin	
EMEND TRIPACK CAPS (aprepitant)		EPCLUSA PACK	43	ethylsuccinate)	77
.....	24	EPCLUSA TABS 100 MG-400 MG	43	ERYPED 400 SUSR (erythromycin	
				ethylsuccinate)	77

erythromycin (acne aid) GEL 57	ESTRING RING 110	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ... 28
erythromycin (acne aid) SOLN 57	ESTROGEL GEL 69	EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) 28
erythromycin (ophth) 91	ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe) 52	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide) 28
ERYTHROMYCIN 91	eszopiclone 74	EXODERM 58
erythromycin base CPEP 77	ethacrynic acid 66	EXTINA FOAM (ketoconazole (topical)) 58
erythromycin base TABS 77	ethambutol hcl TABS 31	ezetimibe 26
erythromycin base TBEC 77	ethosuximide CAPS 18	EZETIMIBE/ATORVASTATIN 25
erythromycin ethylsuccinate SUSR 77	ethosuximide SOLN 18	ezetimibe-simvastatin 25
ESBRIET CAPS (pirfenidone) 105	ethynodiol diacet & eth estrad 52	FABHALTA 73
ESBRIET TABS (pirfenidone) 105	etodolac CAPS 5	FABIOR FOAM 57
escitalopram oxalate SOLN 19	etodolac TABS 5	famciclovir 44
escitalopram oxalate TABS 10 MG, 20 MG 19	etodolac TB24 5	famotidine SUSR 108
escitalopram oxalate TABS 5 MG . 19	etonogestrel-ethinyl estradiol 53	famotidine TABS 20 MG 108
ESGIC TABS (butalbital- acetaminophen-caffeine) 6	etoposide CAPS 38	famotidine TABS 40 MG 108
estazolam 74	etravirine 42	FANTASY LUBRICATED MISC ... 77
ESTRACE CREA (estradiol vaginal) . 110	EUCRISA 64	FANTASY LUBRICATED/SPERMICIDE MISC 77
ESTRACE TABS (estradiol) 69	EULEXIN 33	FARESTON (toremifene citrate) .. 33
estradiol & norethindrone acetate TABS 69	EVAMIST SOLN 69	FARXIGA 22
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM 69	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG 83	FARYDAK 35
estradiol PTTW 69	everolimus TABS 35	FC2 FEMALE CONDOM 77
estradiol PTWK 69	everolimus TBSO 35	febuxostat 40 MG 73
estradiol TABS 69	EVISTA (raloxifene hcl) 67	febuxostat 80 MG 73
estradiol vaginal CREA 110	EVOCLIN FOAM (clindamycin phosphate (topical)) 57	felbamate SUSP 18
estradiol vaginal TABS 110	EVOTAZ 42	felbamate TABS 18
estradiol valerate 69	EVOXAC (cevimeline hcl) 84	FELBATOL SUSP (felbamate) 18
	EVRYSDI 90	
	EXELON (rivastigmine) 95	
	exemestane 33	

FELBATOL TABS (felbamate)	18	FERRIPROX SOLN	23	FLORIVA	82
FELDENE CAPS 10 MG (piroxicam) . 5		FERRIPROX TABS 500 MG (deferiprone)	23	FLORIVA	85
FELDENE CAPS 20 MG (piroxicam) . 5		fesoterodine fumarate	109	FLORIVA PLUS SOLN	85
felodipine 10 MG	45	FETZIMA CP24 20 MG	20	fluconazole SUSR	24
felodipine 2.5 MG, 5 MG	45	FETZIMA CP24 40 MG, 80 MG, 120 MG	20	fluconazole TABS	24
FEMARA (letrozole)	33	FETZIMA TITRATION PACK C4PK 20		flucytosine	24
FEMCAP DEVI	77	FIBRICOR (fenofibric acid)	25	fludrocortisone acetate TABS	54
FEMHRT (norethindrone acetate- ethinyl estradiol)	69	FINACEA FOAM	64	FLUMIST QUADRIVALENT	110
FEMRING	110	FINACEA GEL (azelaic acid)	64	fluocinolone acetonide (otic)	94
fenofibrate CAPS	25	finasteride	72	fluocinolone acetonide CREA	62
fenofibrate micronized 130 MG, 200 MG	25	fingolimod hcl	96	fluocinolone acetonide OIL	62
fenofibrate micronized 30 MG, 90 MG	25	FIORICET CAPS (butalbital- acetaminophen-caffeine)	6	fluocinolone acetonide OINT	62
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		fluocinolone acetonide SOLN	62
fenofibrate TABS 145 MG, 160 MG 25		FIRDAPSE	31	fluocinonide CREA 0.1 %	62
fenofibrate TABS 48 MG	25	FIRST-OMEPRAZOLE SUSP	108	fluocinonide CREA	62
fenofibrate TABS 54 MG	25	FIRVANQ SOLR OR 25 MG/ML (vancomycin hcl)	30	fluocinonide emulsified base	62
FENOFIBRATE TABS	25	FLAGYL CAPS (metronidazole) ...	29	fluocinonide GEL	62
fenoprofen calcium TABS	5	FLAREX	92	fluocinonide OINT	62
fentanyl citrate LPOP 1600 MCG ...	8	flavoxate hcl	109	fluocinonide SOLN	62
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8	flecainide acetate	12	fluorometholone (ophth) SUSP	92
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8	FLOMAX (tamsulosin hcl)	72	fluorouracil (topical) CREA 5 % ...	59
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	89	fluorouracil (topical) SOLN	59
		FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ...	89	fluoxetine hcl CAPS 10 MG, 20 MG 19	
				fluoxetine hcl CAPS 40 MG	19
				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	fluvastatin sodium CAPS	26	FOSRENOL CHEW 500 MG (lanthanum carbonate)	71
fluphenazine hcl CONC	41	fluvastatin sodium TB24	26	FOSRENOL CHEW 750 MG (lanthanum carbonate)	71
fluphenazine hcl ELIX	41	fluvoxamine maleate CP24 100 MG 19		FOSRENOL PACK	71
fluphenazine hcl TABS	41	fluvoxamine maleate CP24 150 MG 19		FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	65
flurandrenolide CREA	62	fluvoxamine maleate TABS 100 MG . 19		FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	79
flurandrenolide LOTN	62	fluvoxamine maleate TABS 25 MG, 50 MG	19	FREESTYLE LITE TEST STRIPS STRP	65
flurazepam hcl 15 MG	74	FML FORTE SUSP	92	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	79
flurazepam hcl 30 MG	74	FML LIQUIFILM SUSP (fluorometholone (ophth))	92	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	65
flurbiprofen sodium	93	FML OINT	92	FREESTYLE TEST STRIPS STRP 65	
flurbiprofen TABS	5	FOCALIN TABS (dexmethylphenidate hcl)	2	FROVA (frovatriptan succinate) ...	81
flutamide	33	FOCALIN XR CP24 (dexmethylphenidate hcl)	2	frovatriptan succinate	81
fluticasone furoate-vilanterol	14	folic acid TABS 1 MG	74	furosemide SOLN OR 10 MG/ML ..	66
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	13	folic acid TABS 400 MCG, 800 MCG . 74		furosemide SOLN OR 40 MG/5ML	66
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	13	FOLIVANE-OB	86	furosemide TABS	66
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	13	FORFIVO XL TB24 (bupropion hcl) 18		FYCOMPA SUSP	15
fluticasone propionate (nasal) SUSP . 89		formoterol fumarate NEBU	14	FYCOMPA TABS 2 MG	15
fluticasone propionate CREA 0.05 % 62		FOSAMAX TABS 70 MG (alendronate sodium)	67	FYCOMPA TABS 4 MG	15
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	13	fosamprenavir calcium TABS	42	FYCOMPA TABS 6 MG	15
fluticasone propionate hfa 44 MCG/ACT	13	fosfomycin tromethamine	30	FYCOMPA TABS 8 MG, 10 MG, 12 MG	15
fluticasone propionate LOTN	62	fosinopril sodium & hydrochlorothiazide	28	gabapentin CAPS	15
fluticasone propionate OINT	62	fosinopril sodium	26	gabapentin SOLN	15
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)	71		
fluticasone-salmeterol AERO	14				

gabapentin TABS 600 MG, 800 MG 16	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR 21	HEMANGEOL SOLN OR 44
GABITRIL (tiagabine hcl) 18	GLUCOTROL XL TB24 (glipizide) .22	HEPSERA (adefovir dipivoxil) 43
GALAFOLD 68	glyburide micronized 1.5 MG, 3 MG, 6 MG 22	HIPREX (methenamine hippurate) 30
galantamine hydrobromide CP24 ..95	glyburide TABS 22	HUMALOG JUNIOR KWIKPEN SOPN 21
galantamine hydrobromide SOLN .95	glyburide-metformin 20	HUMALOG KWIKPEN SOPN 100 UNIT/ML 21
galantamine hydrobromide TABS .95	glycopyrrolate SOLN OR 1 MG/5ML . 107	HUMALOG KWIKPEN SOPN 200 UNIT/ML 21
GALZIN 83	glycopyrrolate TABS 1 MG, 2 MG 107	HUMALOG MIX 50/50 KWIKPEN SUPN 21
gatifloxacin (ophth) 91	GLYNASE (glyburide micronized) 22	HUMALOG MIX 50/50 SUSP 21
gefitinib 33	GLYXAMBI 20	HUMALOG MIX 75/25 KWIKPEN SUPN 21
gemfibrozil TABS 25	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 75	HUMALOG MIX 75/25 SUSP 21
GENERESS FE (norethindrone & ethinyl estradiol-fe) 52	granisetron hcl TABS 23	HUMALOG SOCT 21
gentamicin sulfate (ophth) SOLN ..91	griseofulvin microsize SUSP 24	HUMALOG SOLN IJ 22
gentamicin sulfate (topical) CREA .58	griseofulvin microsize TABS 24	HUMATIN 3
gentamicin sulfate (topical) OINT ..58	griseofulvin ultramicrosize 24	HUMATROPE CART IJ 67
GENVOYA 42	guaifenesin-codeine SOLN 55	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML 3
GEODON 20 MG, 40 MG (ziprasidone hcl) 40	guanfacine hcl (adhd) 1	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT .3
GEODON 60 MG, 80 MG (ziprasidone hcl) 40	guanfacine hcl 27	HUMIRA PEN PNKT 80 MG/0.8ML .4
GILENYA (fingolimod hcl) 96	GYNAZOLE-1 110	HUMIRA PEN PNKT 4
GILENYA 0.5 MG 96	HADLIMA PUSHTOUCH SOAJ 3	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML 3
GILOTRIF 33	HADLIMA SOSY 3	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML 4
GLEOSTINE 10 MG, 40 MG, 100 MG 31	HALCION 0.25 MG (triazolam) 74	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT 4
glimepiride 22	halobetasol propionate CREA 62	HUMIRA PEN-PS/UV STARTER
glipizide TABS 22	halobetasol propionate OINT 63	
glipizide TB24 22	HALOG SOLN 63	
glipizide-metformin hcl 20	haloperidol lactate CONC 40	
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" 80	haloperidol TABS 40	
	HELIDAC THERAPY 109	

PNKT	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	9	hydroxychloroquine sulfate 200 MG 31
HUMIRA PSKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	hydroxyurea
HUMULIN 70/30 KWIKPEN SUPN 22				38
HUMULIN 70/30 SUSP	22			hydroxyzine hcl SYRP
				11
HUMULIN N KWIKPEN SUPN	22	hydrocodone-ibuprofen 5 MG-200 MG	9	hydroxyzine hcl TABS
				11
HUMULIN N SUSP	22	hydrocodone-ibuprofen 7.5 MG-200 MG	9	hydroxyzine pamoate CAPS
				11
HUMULIN R SOLN IJ	22	hydrocortisone (intrarectal)	11	hyoscyamine sulfate SUBL 0.125 MG
				107
HUMULIN R U-500 (CONCENTRATED) SOLN SC	22	hydrocortisone (rectal) EX 2.5 % ..	11	hyoscyamine sulfate TABS 0.125 MG
				107
HUMULIN R U-500 KWIKPEN SOPN SC	22	hydrocortisone (topical) CREA 2.5 % 63		hyoscyamine sulfate TB12 0.375 MG 107
HYCAMTIN CAPS	38	hydrocortisone (topical) LOTN 2.5 % . 63		hyoscyamine sulfate TBDP 0.125 MG
				107
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	54	hydrocortisone (topical) OINT 2.5 % . 63		HYPERSAL NEBU (sodium chloride (inhalant))
				55
hydralazine hcl TABS	29	hydrocortisone butyrate CREA	63	HYPERSAL NEBU
				55
HYDREA (hydroxyurea)	38	hydrocortisone butyrate hydrophilic lipo base	63	HYPODERMIC NEEDLE 30GX1/2" . 80
hydrochlorothiazide CAPS	66	hydrocortisone butyrate LOTN	63	HYSINGLA ER T24A
				8
hydrochlorothiazide TABS 12.5 MG 66		hydrocortisone butyrate OINT	63	HYZAAR (losartan potassium & hydrochlorothiazide)
				28
hydrochlorothiazide TABS 25 MG, 50 MG	66	hydrocortisone butyrate SOLN	63	ibandronate sodium TABS
				67
hydrocodone bitartrate CP12	8	hydrocortisone TABS	54	IBRANCE CAPS
				35
hydrocodone bitartrate T24A	8	hydrocortisone valerate CREA	63	IBRANCE TABS
				35
hydrocodone bitartrate-homatropine methylbromide SOLN	54	hydrocortisone valerate OINT	63	ibuprofen TABS 400 MG, 600 MG, 800 MG
				5
hydrocodone polistirex-chlorpheniramine polistirex SUER .	55	hydrocortisone w/acetic acid	94	ICLUSIG 10 MG, 30 MG
				35
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid)	94	ICLUSIG 15 MG, 45 MG
				36
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	9	hydromorphone hcl LIQD	8	icosapent ethyl
				25
		hydromorphone hcl TABS	8	IDHIFA
				36
		hydromorphone hcl TB24 32 MG ...	8	ILEVRO
				93
		hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8	imatinib mesylate 100 MG
				36

imatinib mesylate 400 MG	36	INSULIN LISPRO	isotretinoin 20 MG	57
IMBRUVICA CAPS	36	PROTAMINE/INSULIN LISPRO	isotretinoin 30 MG	57
IMBRUVICA TABS	36	KWIKPEN SUPN	isotretinoin 35 MG, 40 MG	57
imipramine hcl TABS 10 MG, 25 MG . 20		INTELENCE (etravirine)	isradipine CAPS	45
imipramine hcl TABS 50 MG	20	INTELENCE 25 MG	ISTALOL SOLN (timolol maleate (ophth))	90
imipramine pamoate	20	INTUNIV (guanfacine hcl (adhd))	itraconazole CAPS	24
imiquimod 5 %	64	INVEGA (paliperidone)	itraconazole SOLN	24
IMITREX 20 MG/ACT (sumatriptan) 81		iodine strong (lugol's)	ivermectin (pediculicide)	65
IMITREX 5 MG/ACT (sumatriptan) 81		IOPIDINE	ivermectin (rosacea)	64
IMITREX TABS (sumatriptan succinate)	81	ipratropium bromide (nasal)	ivermectin	11
IMURAN TABS (azathioprine)	83	ipratropium bromide SOLN 0.02 %	JADENU SPRINKLE PACK (deferasirox)	23
INBRIJA CAPS	39	ipratropium-albuterol SOLN	JADENU TABS (deferasirox)	23
INCRUSE ELLIPTA	12	irbesartan	JAKAFI	36
indapamide TABS 1.25 MG, 2.5 MG . 67		irbesartan-hydrochlorothiazide	JALYN (dutasteride-tamsulosin hcl) . 72	
INDERAL LA CP24 (propranolol hcl) . 45		IRESSA (gefitinib)	JANUMET TABS	21
INDOCIN SUSP (indomethacin)	5	ISENTRESS CHEW	JANUMET XR TB24 1000 MG-100 MG	21
indomethacin CAPS 25 MG, 50 MG	5	ISENTRESS HD TABS	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	21
indomethacin CPR	5	ISENTRESS PACK	JANUVIA	21
indomethacin SUPP	5	ISENTRESS TABS	JARDIANCE	22
indomethacin SUSP	5	isoniazid SYRP	JULUCA	42
INGREZZA CAPS 40 MG, 80 MG	96	isoniazid TABS	JUXTAPID 10 MG, 20 MG	26
INGREZZA CAPS 60 MG	96	ISOPTO ATROPINE SOLN	JUXTAPID 30 MG	26
INGREZZA CPPK	96	ISOPTO CARPINE SOLN 1 %, 2 % (pilocarpine hcl)	JUXTAPID 5 MG	26
INLYTA	32	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	KALETRA SOLN (lopinavir-ritonavir) . 42	
INQOVI	34	isosorbide dinitrate TABS	KALETRA TABS (lopinavir-ritonavir) . 42	
INREBIC	36	isosorbide dinitrate-hydralazine hcl 46		
INSPRA (eplerenone)	29	isosorbide mononitrate TABS		
		isosorbide mononitrate TB24		
		isotretinoin 10 MG, 25 MG		

KALYDECO PACK	105	KIMONO PLUS SPERMICIDE LUBRICATED MISC	77	(potassium chloride)	82
KALYDECO TABS	105	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	77	K-TAB TBCR 8 MEQ (potassium chloride)	82
KAMELEON LUBRICATED MISC .	77	KIMONO PS LUBRICATED MISC .	77	KUVAN PACK (sapropterin dihydrochloride)	68
KENALOG AERS (triamcinolone acetone (topical))	63	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	77	KUVAN TABS (sapropterin dihydrochloride)	68
KEPPRA SOLN OR 100 MG/ML (levetiracetam)	16	KIMONO SENSATION LUBRICATED MISC	77	K-Y ME & YOU EXTRA LUBRICATED DEVI	78
KEPPRA TABS 1000 MG (levetiracetam)	16	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	78	K-Y ME & YOU INTENSE DEVI ...	78
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	16	KIMONO SPECIAL DEVI	78	KYNMOBI FILM	39
KEPPRA XR TB24 (levetiracetam)	16	KISQALI	36	KYNMOBI TITRATION KIT KIT ...	39
KESIMPTA	96	KISQALI FEMARA 200 DOSE ...	34	labetalol hcl TABS	44
ketoconazole (topical) CREA	58	KISQALI FEMARA 400 DOSE ...	34	lacosamide SOLN OR 10 MG/ML .	16
ketoconazole (topical) FOAM	58	KISQALI FEMARA 600 DOSE ...	34	lacosamide TABS	16
ketoconazole (topical) SHAM 2 % .	58	KITABIS PAK NEBU (tobramycin) .	3	lactulose (encephalopathy)	71
ketoconazole	24	KLARITY-A	91	lactulose SOLN	75
KETONE STRP	65	KLARON (sulfacetamide sodium (acne))	57	LAGEVRIO	44
ketoprofen CP24	5	KLONOPIN TABS (clonazepam) ..	15	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine)	16
ketorolac tromethamine (ophth) ...	93	KLOXXADO LIQD	23	LAMICTAL ODT KIT (lamotrigine) .	16
ketorolac tromethamine TABS	5	KOSELUGO	36	LAMICTAL ODT KIT	16
KETOSTIX STRP	65	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	82	LAMICTAL ODT TBDP (lamotrigine) .	16
KEVZARA SOAJ	4	K-PHOS NO 2	72	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) .	16
KEVZARA SOSY	4	K-PHOS TABS (potassium phosphate monobasic)	82	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine)	16
KIMONO COLORS DEVI	77	KRINTAFEL	31	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	16
KIMONO LUBRICATED MISC	77	K-TAB TBCR 10 MEQ, 20 MEQ		LAMICTAL TABS (lamotrigine)	16
KIMONO MAXX/LARGE FLARE MISC	77				
KIMONO MICRO THIN MISC	77				
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	77				

LAMICTAL XR KIT	16	LANTUS SOLOSTAR SOPN	22	levetiracetam TABS 250 MG, 500 MG, 750 MG	16
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine)	16	lapatinib ditosylate	36	levetiracetam TB24	16
LAMICTAL XR TB24 250 MG (lamotrigine)	16	LASIX TABS (furosemide)	66	levobunolol hcl 0.5 %	90
LAMICTAL XR TB24 300 MG (lamotrigine)	16	LASTACAPT	93	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	68
lamivudine (hbv) TABS	43	latanoprost SOLN	94	levocarnitine (metabolic modifiers) TABs	68
lamivudine SOLN	42	LATANOPROST SOLN	94	levofloxacin (ophth) 1.5 %	91
lamivudine TABS	42	LATUDA (lurasidone hcl)	40	levofloxacin SOLN OR	70
lamivudine-zidovudine	42	leflunomide 10 MG	5	levofloxacin TABS	70
lamotrigine CHEW	16	leflunomide 20 MG	5	levonorgestrel & eth estradiol TABS 52	
lamotrigine KIT 25 MG	16	lenalidomide	83	levonorgestrel (emergency oc) 1.5 MG	53
lamotrigine KIT	16	LENVIMA 10 MG DAILY DOSE	32	levonorgestrel-eth estradiol (triphasic)	52
lamotrigine TABS	16	LENVIMA 12MG DAILY DOSE	32	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	52
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	16	LENVIMA 14 MG DAILY DOSE	32	levonorgestrel-ethinyl estradiol (continuous)	52
lamotrigine TB24 250 MG	16	LENVIMA 18 MG DAILY DOSE	32	levonorgestrel-ethinyl estradiol-iron 52	
lamotrigine TB24 300 MG	16	LENVIMA 20 MG DAILY DOSE	32	levorphanol tartrate TABS	8
lamotrigine TBDP	16	LENVIMA 24 MG DAILY DOSE	32	levothyroxine sodium CAPS 125 MCG	106
LAMPIT	30	LENVIMA 4 MG DAILY DOSE	32	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	106
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	46	LENVIMA 8 MG DAILY DOSE	32	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	106
lansoprazole CPDR	108	LESCOL XL TB24 (fluvastatin sodium)	26	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100	
lansoprazole TBDD 15 MG	108	LETAIRIS (ambrisentan)	47		
lansoprazole TBDD 30 MG	108	letrozole	33		
lanthanum carbonate CHEW 1000 MG	71	leucovorin calcium TABS	38		
lanthanum carbonate CHEW 500 MG	71	LEUKERAN	32		
lanthanum carbonate CHEW 750 MG	71	levalbuterol hcl	14		
LANTUS SOLN	22	levalbuterol tartrate	14		
		LEVBIID TB12 (hyoscyamine sulfate) 107			
		levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	16		
		levetiracetam TABS 1000 MG	16		

MCG, 137 MCG, 150 MCG, 300 MCG	106	MG-20 MG	28	LOPROX SUSP (ciclopirox olamine) .	58
LEVSIN TABS (hyoscyamine sulfate)	107	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	27	lorazepam CONC	12
LEVSIN/SL SUBL (hyoscyamine sulfate)	107	lisinopril TABS 40 MG	26	lorazepam TABS	12
LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	19	LITHIUM	39	LORBRENA	36
LEXAPRO TABS 5 MG (escitalopram oxalate)	19	lithium carbonate CAPS 150 MG, 600 MG	39	LORTAB ELIX	9
LEXIVA SUSP	42	lithium carbonate CAPS 300 MG ..	39	losartan potassium & hydrochlorothiazide	28
LEXIVA TABS (fosamprenavir calcium)	42	lithium carbonate TABS	39	losartan potassium	27
LIALDA TBEC (mesalamine)	70	lithium carbonate TBCR	39	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	52
lidocaine hcl (mouth-throat) 2 % ..	84	LITHOBID TBCR (lithium carbonate) .	39	LOTEMAX GEL (loteprednol etabonate)	92
lidocaine PTCH 5 %	64	LITHOSTAT	72	LOTEMAX OINT	92
lidocaine-prilocaine CREA	64	LO LOESTRIN FE TABS	52	LOTEMAX SUSP (loteprednol etabonate)	92
LIDODERM PTCH (lidocaine)	64	LOCOID LIPOCREAM	63	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	27
linezolid SUSR	30	LOCOID LOTN (hydrocortisone butyrate)	63	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 28	
linezolid TABS	30	LODINE TABS (etodolac)	5	loteprednol etabonate GEL	92
LINZESS	71	LODOSYN (carbidopa)	38	loteprednol etabonate SUSP	92
liothyronine sodium TABS 25 MCG, 50 MCG	106	LOKELMA	84	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .	29
liothyronine sodium TABS 5 MCG 106		LOMAIRA TABS	1	LOTRONEX (alosetron hcl)	71
LIPITOR TABS (atorvastatin calcium)	26	LOMOTIL TABS (diphenoxylate w/ atropine)	23	lovastatin TABS 10 MG, 20 MG ...	26
LIPOFEN CAPS (fenofibrate)	25	LONSURF	34	lovastatin TABS 40 MG	26
lisdexamfetamine dimesylate CAPS 1		LOPID TABS (gemfibrozil)	25	LOVAZA (omega-3-acid ethyl esters)	25
lisdexamfetamine dimesylate CHEW .	1	lopinavir-ritonavir SOLN	42	loxapine succinate	40
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	28	lopinavir-ritonavir TABS	42	lubiprostone	70
lisinopril & hydrochlorothiazide 25		LOPRESSOR TABS (metoprolol tartrate)	44		
		LOPROX CREA (ciclopirox olamine) .	58		
		LOPROX SHAMPOO SHAM (ciclopirox)	58		

LUCEMYRA	95	(dronabinol)	23	medroxyprogesterone acetate 2.5 MG, 5 MG	95
luliconazole	58	MARPLAN	19	mefenamic acid CAPS	5
LUMIGAN SOLN 0.01 %	94	MATULANE	38	mefloquine hcl	31
LUNESTA (eszopiclone)	74	MAVYRET TABS	43	megestrol acetate (appetite)	95
LUPRON DEPOT (1-MONTH) KIT IM	34	MAXALT TABS 10 MG (rizatriptan benzoate)	81	megestrol acetate SUSP	34
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	67	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	81	megestrol acetate TABS	34
lurasidone hcl	40	MAXIDEX SUSP OP	92	MEKINIST TABS	36
LUXIQ FOAM (betamethasone valerate)	63	MAXITROL OINT (neomycin-polymy- dexameth)	92	MEKTOVI	36
LUZU (luliconazole)	58	MAXITROL SUSP (neomycin- polymy-dexameth)	92	meloxicam TABS 15 MG	5
LYNPARZA TABS	36	MAXX LUBRICATED MISC	78	meloxicam TABS 7.5 MG	5
LYRICA CAPS 225 MG, 300 MG (pregabalin)	16	MAXX PLUS SPERMICIDE LUBRICATED MISC	78	melphalan	32
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	16	MAXZIDE TABS (triamterene & hydrochlorothiazide)	66	memantine hcl CP24 14 MG, 21 MG, 28 MG	95
LYRICA SOLN (pregabalin)	16	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	66	memantine hcl CP24 7 MG	95
LYSODREN	34	MAYZENT STARTER PACK TBPK 97		memantine hcl SOLN	95
LYSTEDA TABS (tranexamic acid) 74		MAYZENT TABS 0.25 MG	97	memantine hcl TABS 10 MG	95
MACROBID (nitrofurantoin monohyd macro)	30	MAYZENT TABS 1 MG	97	memantine hcl TABS 5 MG	96
MACRODANTIN (nitrofurantoin macrocrystal)	30	MAYZENT TABS 2 MG	97	memantine hcl TABS	96
MAGNEBIND 400	81	M-CLEAR WC SOLN	55	MENEST	69
MALARONE (atovaquone-proguanil hcl)	31	meclofenamate sodium CAPS	5	MENOSTAR PTWK	70
malathion	65	MEDROL DOSEPAK TBPK (methylprednisolone)	54	meperidine hcl SOLN OR 50 MG/5ML	8
maraviroc TABS	42	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	54	MEPHYTON TABS (phytonadione) 111	
MAR-COF CG EXPECTORANT LIQD	55	MEDROL TABS	54	MEPRON (atovaquone)	30
MARINOL CAPS 2.5 MG		medroxyprogesterone acetate 10 MG	95	mercaptopurine TABS	32

mesalamine SUPP	70	methimazole TABS	106	methylphenidate hcl TBCR 20 MG ..	2
mesalamine TBEC 1.2 GM	71	METHITEST TABS	10	methylphenidate hcl TBCR 54 MG ..	2
mesalamine TBEC 800 MG	71	methocarbamol TABS 500 MG, 750		METHYLPHENIDATE	
MESNEX TABS	38	MG	88	HYDROCHLORIDE ER TBCR 72	
MESTINON SOLN OR		methotrexate sodium TABS 2.5 MG		MG	2
(pyridostigmine bromide)	31	32		methylphenidate PTCH	2
MESTINON TABS (pyridostigmine		methoxsalen rapid	60	methylprednisolone TABS	54
bromide)	31	methscopolamine bromide	107	methylprednisolone TBPk	54
MESTINON TIMESPAN TBCR		methsuximide	18	metoclopramide hcl SOLN OR 5	
(pyridostigmine bromide)	31	methyl dopa TABS	27	MG/5ML, 10 MG/10ML	70
METADATE CD CPCR		methylergonovine maleate TABS ..	94	metoclopramide hcl TABS	70
(methylphenidate hcl)	2	METHYLIN SOLN (methylphenidate		metoclopramide hcl TBPk	70
metaxalone 800 MG	88	hcl)	2	metolazone	67
metformin hcl SOLN	21	methylphenidate hcl CHEW	2	METOPIRONE	65
metformin hcl TABS 500 MG, 850		methylphenidate hcl CP24 10 MG, 20		metoprolol & hydrochlorothiazide	
MG, 1000 MG	21	MG, 30 MG, 40 MG	2	TABS	29
metformin hcl TB24 500 MG, 750 MG		methylphenidate hcl CP24 60 MG ..	2	metoprolol succinate TB24	44
.....	21	methylphenidate hcl CP24	2	metoprolol tartrate TABS	44
methadone hcl CONC	8	methylphenidate hcl CPCR	2	METROCREAM CREA	
methadone hcl SOLN OR	8	methylphenidate hcl SOLN 10		(metronidazole (topical))	64
methadone hcl TABS	8	MG/5ML	2	METROGEL GEL 1 %	
methadone hcl TBSO	8	methylphenidate hcl SOLN 5		(metronidazole (topical))	64
METHADOSE CONC (methadone		MG/5ML	2	METROLOTION LOTN	
hcl)	8	methylphenidate hcl TABS 20 MG ..	2	(metronidazole (topical))	64
METHADOSE SUGAR-FREE CONC		methylphenidate hcl TABS 5 MG, 10		metronidazole (topical) CREA	64
(methadone hcl)	8	MG	2	metronidazole (topical) GEL 0.75 %	
METHADOSE TBSO (methadone		methylphenidate hcl TB24 18 MG, 27		64	
hcl)	8	MG, 54 MG	2	metronidazole (topical) GEL 1 % ..	64
methamphetamine hcl	1	methylphenidate hcl TB24 36 MG ..	2	metronidazole (topical) LOTN	64
methazolamide TABS	66	methylphenidate hcl TB24 54 MG ..	2	metronidazole CAPS	29
methenamine hippurate	30	methylphenidate hcl TBCR 10 MG ..	2	metronidazole TABS	29
methenamine mandelate 0.5 GM, 1		methylphenidate hcl TBCR 18 MG,		metronidazole vaginal	110
GM	30	27 MG, 36 MG	2	metyrosine	27

mexiletine hcl	12	MOBIC TABS 7.5 MG (meloxicam) .5	MULTIVITAMIN WITH FLUORIDE CHEW	85	
MICARDIS 20 MG, 40 MG (telmisartan)	27	modafinil	2	MULTI-VIT-FLOR CHEW	85
MICARDIS 80 MG (telmisartan) ...	27	moexipril hcl	27	mupirocin OINT	58
MICARDIS HCT (telmisartan-hydrochlorothiazide)	29	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	43	MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	46
midodrine hcl	110	mometasone furoate (nasal) SUSP 89		MYAMBUTOL TABS 400 MG (ethambutol hcl)	31
MIFEPREX (mifepristone)	69	mometasone furoate CREA	63	MYCOBUTIN (rifabutin)	31
mifepristone	69	mometasone furoate OINT	63	mycophenolate mofetil CAPS	83
miglitol	20	mometasone furoate SOLN	63	mycophenolate mofetil SUSR	83
miglustat	73	montelukast sodium CHEW	13	mycophenolate mofetil TABS	83
MIGRANAL SOLN NA (dihydroergotamine mesylate)	81	montelukast sodium PACK	13	mycophenolate sodium	83
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	52	montelukast sodium TABS	13	MYDRIACYL SOLN (tropicamide) .91	
MINIPRESS CAPS (prazosin hcl) .	27	MONUROL (fosfomycin tromethamine)	30	MYFORTIC (mycophenolate sodium)	83
MINIVELLE PTTW (estradiol)	70	morphine sulfate beads	8	MYLERAN TABS	32
minocycline hcl CAPS	105	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	MYRBETRIQ TB24	109
minoxidil 2.5 MG, 10 MG	29	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8	MYSOLINE (primidone)	16
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) .39		morphine sulfate SUPP	8	MYTESI	22
MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	39	morphine sulfate TABS	8	nabumetone 500 MG	5
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	52	morphine sulfate TBCR	8	nabumetone 750 MG	5
mirtazapine TABS	18	MOVANTIK	71	nadolol TABS 20 MG, 40 MG, 80 MG	45
mirtazapine TBDP	18	moxifloxacin hcl (ophth) SOLN OP	91	NAFRINSE DAILY/NEUTRAL SOLR .84	
MIRVASO (brimonidine tartrate (topical))	64	moxifloxacin hcl TABS	70	NAFRINSE WEEKLY SOLR	84
misoprostol	109	MS CONTIN TBCR (morphine sulfate)	8	naftifine hcl CREA	58
MITIGARE CAPS (colchicine)	73	MULPLETA	74	naftifine hcl GEL 2 %	58
MOBIC TABS 15 MG (meloxicam) .5		MULTIVITAMIN + FLUORIDE CHEW	85	NAFTIN GEL 1 %	58
				NAFTIN GEL 2 % (naftifine hcl) ...	58
				NALFON TABS (fenoprofen calcium)	

5	20 UNIT-1 MG-400 UNIT-12 MCG-3	NESTABS ONE	86
naloxone hcl LIQD	MG-20 MG-2 MG-2700 UNIT-28 MG	NEUPRO	39
	86	NEURONTIN CAPS (gabapentin)	16
naltrexone hcl	NATACYN	NEURONTIN SOLN (gabapentin)	16
		NEURONTIN TABS (gabapentin)	16
NAMENDA TABS 10 MG	NATAZIA	NEVANAC	93
(memantine hcl)		nevirapine SUSP	42
	nateglinide	nevirapine TABS	42
NAMENDA TABS 5 MG (memantine		nevirapine TB24	42
hcl)	NATROBA (spinosad)	NEXAVAR (sorafenib tosylate)	36
		NEXICLON XR TB24 (clonidine hcl)	27
NAMENDA TITRATION PAK TABS	nebivolol hcl	NEXTSTELLIS	52
(memantine hcl)		niacin (antihyperlipidemic) TABS	26
	NEBUPENT IN (pentamidine	niacin (antihyperlipidemic) TBCR	26
NAMENDA XR CP24 14 MG, 21 MG,	isethionate)	NIASPAN TBCR (niacin	26
28 MG (memantine hcl)		(antihyperlipidemic))	26
	NEBUSAL NEBU	nicardipine hcl CAPS	45
NAMENDA XR CP24 7 MG		NICODERM CQ PT24 TD (nicotine)	104
(memantine hcl)	NEEVO DHA 85 MG-25 MG-15 MG-	NICORETTE GUM (nicotine	
	5 MCG-1.4 MG-18 MG-27 MG-110	polacrilex)	104
NAMZARIC C4PK	MG-1.4 MG-60 MG-220 MCG-60	NICORETTE LOZG (nicotine	104
	MCG-1 MG-1.13 MG	polacrilex)	104
NAMZARIC CP24 14 MG-10 MG, 21	nefazodone hcl	NICORETTE MINI LOZG (nicotine	104
MG-10 MG, 28 MG-10 MG		polacrilex)	104
	neomycin sulfate TABS	NICORETTE STARTER KIT GUM	104
NAMZARIC CP24 7 MG-10 MG		(nicotine polacrilex)	104
...96	neomycin-bacitracin zn-polymyxin	nicotine MISC XX	104
NAPROSYN SUSP (naproxen)		nicotine polacrilex GUM	104
.....5	neomycin-polymy-dexameth OINT	nicotine polacrilex LOZG	104
NAPROSYN TABS 500 MG		nicotine PT24 TD 7 MG/24HR, 14	
(naproxen)	neomycin-polymy-dexameth SUSP	MG/24HR, 21 MG/24HR	104
naproxen sodium TABS 275 MG, 550	neomycin-polymyxin-gramicidin		
MG	...91		
	neomycin-polymyxin-hc (ophth)		
naproxen SUSP	...92		
.....5	neomycin-polymyxin-hc (otic) SOLN		
naproxen TABS	94		
.....5	neomycin-polymyxin-hc (otic) SUSP		
naratriptan hcl	94		
.....81	NEORAL CAPS (cyclosporine		
NARCAN LIQD (naloxone hcl)	modified (for microemulsion))		
....2383		
NARDIL (phenelzine sulfate)	NEORAL SOLN (cyclosporine		
.....19	modified (for microemulsion))		
NASACORT ALLERGY 24HR AERO84		
(triamcinolone acetone (nasal))	NERLYNX		
..8936		
NASACORT ALLERGY 24HR	NESTABS		
CHILDRENS AERO (triamcinolone86		
acetone (nasal))	NESTABS DHA		
.....8986		
NASONEX 24HR SUSP			
.....89			
NATACHEW CHEW 120 MG-10 MG-			

NICOTINE TRANSDERMAL SYSTEM KIT	104	NORDITROPIN FLEXPPO SOPN	67	NORVIR SOLN	42
NICOTROL INHALER INHA	104	norelgestromin-ethinyl estradiol	53	NORVIR TABS (ritonavir)	42
NICOTROL NS SOLN	105	norethin acet & estrad-fe CAPS	52	NOVOPEN ECHO DEVI	80
nifedipine CAPS	45	norethin acet & estrad-fe CHEW	52	NOXAFIL SUSP (posaconazole) ..	24
nifedipine TB24 30 MG, 60 MG	45	norethin acet & estrad-fe TABS 1		NOXAFIL TBEC (posaconazole) ..	24
nifedipine TB24	45	MG-20 MCG-75 MG, 1.5 MG-30		NP THYROID 120 TABS	106
NILANDRON (nilutamide)	34	MCG-75 MG	52	NP THYROID 15 TABS	106
nilutamide	34	norethindrone & ethinyl estradiol-fe		NP THYROID 30 TABS	106
nimodipine CAPS	45	25 MCG-0.8 MG-75 MG	52	NP THYROID 60 TABS	106
NINJACOF-XG LIQD	55	norethindrone & ethinyl estradiol-fe		NP THYROID 90 TABS	106
NINLARO	36	35 MCG-0.4 MG	52	NUBEQA	34
nisoldipine	45	norethindrone (contraceptive)	54	NUCORT LOTN	63
nitazoxanide TABS	30	norethindrone acet & eth estra	52	NUEDEXTA	97
nitisinone CAPS	68	norethindrone acetate TABS	95	NULYTELY (peg 3350-potassium	
NITRO-BID OINT	11	norethindrone acetate-ethinyl		chloride-sod bicarbonate-sod	
NITRO-DUR PT24 (nitroglycerin) ..	11	estradiol	69	chloride)	75
NITRO-DUR PT24	11	norethindrone acetate-ethinyl		NUPLAZID CAPS	40
nitrofurantoin	30	estradiol-fe	52	NUPLAZID TABS 10 MG	40
nitrofurantoin macrocrystal	31	norgestimate-ethinyl estradiol		NUVARING (etonogestrel-ethinyl	
nitrofurantoin monohyd macro	31	(triphasic)	53	estradiol)	53
nitroglycerin PT24	11	norgestimate-ethinyl estradiol	53	NUVIGIL (armodafinil)	2
nitroglycerin SOLN TL 0.4		NORPACE CAPS (disopyramide		nystatin (mouth-throat)	84
MG/SPRAY	11	phosphate)	12	nystatin (topical) CREA	58
nitroglycerin SUBL	11	NORPACE CR CP12	12	nystatin (topical) OINT	58
NITROLINGUAL SOLN TL		NORPRAMIN TABS 10 MG, 25 MG		nystatin (topical) POWD EX	59
(nitroglycerin)	11	(desipramine hcl)	20	nystatin TABS	24
NITROSTAT SUBL (nitroglycerin) ..	11	NORTHERA (droxidopa)	110	nystatin-triamcinolone CREA	59
NIVA THYROID TABS	106	nortriptyline hcl CAPS	20	nystatin-triamcinolone OINT	59
nizatidine CAPS	108	nortriptyline hcl SOLN	20	OB COMPLETE ONE	86
nizatidine SOLN	108	NORVASC TABS 2.5 MG		OB COMPLETE PETITE	86
		(amlodipine besylate)	45	OB COMPLETE PREMIER	86
		NORVASC TABS 5 MG, 10 MG			
		(amlodipine besylate)	45		
		NORVIR PACK	42		

OB COMPLETE/DHA	86	hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	29	OPSUMIT	47
OBSTETRIX DHA MISC	86	olopatadine hcl (nasal)	88	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 110	
OBSTETRIX ONE 30 MG-15 UNIT- 250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG .	86	olopatadine hcl 0.1 %	93	ORACEA (doxycycline (rosacea))	64
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	87	olopatadine hcl 0.2 %	93	ORACIT	72
OCALIVA 10 MG	70	OLUX FOAM (clobetasol propionate) 63		ORAPRED ODT TBDP (prednisolone sodium phosphate)	54
OCALIVA 5 MG	70	OLUX-E (clobetasol propionate emulsion)	63	ORAVIG	84
OCUFLOX (ofloxacin (ophth))	91	omega-3-acid ethyl esters	25	ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	47
ODEFSEY	42	OMEPRAZOLE + SYRSPEND SFALKA SUSP	108	ORENITRAM TBCR 5 MG	47
ODOMZO	33	omeprazole CPDR 20 MG, 40 MG 109		ORFADIN CAPS (nitisinone)	68
OFEV	105	omeprazole magnesium CPDR ..	109	ORFADIN SUSP	68
ofloxacin (ophth)	91	OMNIFLEX DIAPHRAGM	78	ORIAHNN	69
ofloxacin (otic)	94	ondansetron hcl SOLN OR 4 MG/5ML	23	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	105
ofloxacin 300 MG	70	ondansetron hcl TABS 4 MG, 8 MG 23		ORKAMBI PACK 94 MG-75 MG .	105
ofloxacin 400 MG	70	ondansetron TBDP	23	ORKAMBI TABS	105
olanzapine TABS 15 MG, 20 MG .	40	ONETOUCH ULTRA 2 KIT	79	orlistat	1
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	40	ONETOUCH ULTRA STRP	65	orphenadrine citrate TB12	88
olanzapine TBDP	40	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	79	oseltamivir phosphate CAPS	44
olanzapine-fluoxetine hcl	96	ONETOUCH VERIO REFLECT KIT 79		oseltamivir phosphate SUSR	44
olmesartan medoxomil 40 MG	27	ONETOUCH VERIO TEST STRIPS STRP	65	OSMOPREP	75
olmesartan medoxomil 5 MG, 20 MG 27		ONFI SUSP (clobazam)	15	OSPHENA	67
olmesartan medoxomil-amlodipine- hydrochlorothiazide	29	ONFI TABS 10 MG (clobazam) ...	15	OTEZLA TABS	5
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 29		ONFI TABS 20 MG (clobazam) ...	15	OTEZLA TBPK	5
olmesartan medoxomil-		ONUREG TABS	32	OVIDE (malathion)	65
				oxandrolone 10 MG	10
				oxandrolone 2.5 MG	10
				oxaprozin TABS	5
				OXAYDO TABS 5 MG	8

oxazepam CAPS 10 MG, 15 MG .. 12	OZEMPIC SOPN 21	PAXIL TABS (paroxetine hcl) 19
oxazepam CAPS 30 MG 12	paliperidone 40	PAXLOVID 100 MG-150 MG 43
oxcarbazepine SUSP 16	PAMELOR CAPS (nortriptyline hcl) 20	pazopanib hcl 36
oxcarbazepine TABS 150 MG 16	PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200	PEDIAPRED SOLN (prednisolone sodium phosphate) 54
oxcarbazepine TABS 300 MG 16	UNIT-8800 UNIT-2600 UNIT, 24600	pediatric multivitamins w/fl CHEW .85
oxcarbazepine TABS 600 MG 16	UNIT-14200 UNIT-4200 UNIT, 61500	pediatric vitamins acid w/ fluoride SOLN 85
oxiconazole nitrate CREA 59	UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 75
OXISTAT CREA (oxiconazole nitrate) 59	UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT 65	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM 75
OXISTAT LOTN 59	PANRETIN 59	peg 3350-potassium chloride-sod bicarbonate-sod chloride 75
OXTELLAR XR TB24 150 MG, 300 MG 17	pantoprazole sodium PACK 109	PEG-PREP 75
OXTELLAR XR TB24 600 MG 17	pantoprazole sodium TBEC 109	penicillamine CAPS 83
oxybutynin chloride TABS 5 MG . 109	PAREMYD 93	penicillamine TABS 83
oxybutynin chloride TB24 109	paricalcitol CAPS 68	penicillin v potassium SOLR 95
oxycodone hcl CAPS 8	PARLODEL CAPS (bromocriptine mesylate) 39	penicillin v potassium TABS 95
oxycodone hcl CONC 100 MG/5ML 8	PARLODEL TABS (bromocriptine mesylate) 39	PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) 59
oxycodone hcl SOLN 8	PARNATE (tranylcypromine sulfate) 19	PENNSAID SOLN EX 59
oxycodone hcl TABS 30 MG 8	paroxetine hcl SUSP 19	pentamidine isethionate IN 30
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG 8	paroxetine hcl TABS 19	PENTASA CPCR (mesalamine) ... 71
oxycodone w/ acetaminophen TABS 325 MG-10 MG 9	paroxetine hcl TB24 19	PENTASA CPCR 250 MG 71
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG 9	PASER PACK 31	pentazocine w/ naloxone hcl 10
oxycodone w/ acetaminophen TABS 325 MG-5 MG 9	PATADAY 0.1 % (olopatadine hcl) 93	PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG 72
oxycodone w/ acetaminophen TABS 325 MG-7.5 MG 9	PATADAY 0.2 % (olopatadine hcl) 93	pentoxifylline 73
oxymorphone hcl TABS 10 MG 8	PATADAY EXTRA STRENGTH .. 93	PEPCID AC MAXIMUM STRENGTH TABs (famotidine) 108
oxymorphone hcl TABS 5 MG 8	PATANASE (olopatadine hcl (nasal)) 89	
oxymorphone hcl TB12 8	PAXIL CR TB24 (paroxetine hcl) .. 19	
	PAXIL SUSP (paroxetine hcl) 19	

PEPCID AC TABS 20 MG (famotidine)	108	PIFELTRO	42	PNV-DHA+DOCUSATE	87
PEPCID TABS 20 MG (famotidine) 108		pilocarpine hcl (oral) 5 MG	84	PNV-OMEGA	87
PEPCID TABS 40 MG (famotidine) 108		pilocarpine hcl (oral) 7.5 MG	84	PODOCON-25 SOLN	64
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	10	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 91		podofilox GEL	64
PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	10	pimecrolimus	64	podofilox SOLN	64
PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ...	10	pindolol TABS	45	POLY HUB NEEDLE/30G X 1/2" .	80
PERFOROMIST NEBU (formoterol fumarate)	14	pioglitazone hcl 15 MG	22	polymyxin b-trimethoprim	91
perindopril erbumine	27	pioglitazone hcl 30 MG, 45 MG ...	22	POLYTRIM (polymyxin b- trimethoprim)	91
permethrin CREA	65	pioglitazone hcl-glimepiride	21	POLY-VI-FLOR CHEW	85
perphenazine TABS	41	pioglitazone hcl-metformin hcl TABS . 21		POLY-VI-FLOR SUSP	85
phenelzine sulfate	19	PIQRAY 200MG DAILY DOSE ...	36	POLY-VI-FLOR/IRON CHEW	85
phenobarbital ELIX	74	PIQRAY 250MG DAILY DOSE ...	36	POMALYST	34
phenobarbital TABS	74	PIQRAY 300MG DAILY DOSE ...	36	posaconazole SUSP	24
phenoxybenzamine hcl	27	PIRFENIDONE CAPS	105	posaconazole TBEC	24
phentermine hcl CAPS	1	PIRFENIDONE TABS	105	pot & sod citrates w/citric ac SOLN 72	
phenylephrine hcl (mydriatic) SOLN 10 %	91	PIROXICAM CAPS 10 MG	5	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	82
phenylephrine hcl (mydriatic) SOLN 2.5 %	91	PIROXICAM CAPS 20 MG	5	potassium chloride CPCR	83
phenytoin CHEW	18	PLAN B ONE-STEP (levonorgestrel (emergency oc))	53	potassium chloride microencapsulated crystals er	83
phenytoin sodium extended 100 MG, 200 MG, 300 MG	18	PLAQUENIL (hydroxychloroquine sulfate)	31	potassium chloride PACK OR 20 MEQ	83
phenytoin SUSP	18	PLAVIX 75 MG (clopidogrel bisulfate)	73	potassium chloride SOLN OR 10 %, 20 %	83
PHEXXI	110	PLEGRIDY SOSY IM	97	potassium chloride TBCR	83
PHOSLYRA SOLN	71	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	57	potassium citrate (alkalinizer) TBCR . 72	
phytonadione TABS 5 MG	111	PLEXION CREA (sulfacetamide sodium w/ sulfur)	57	potassium citrate-citric acid SOLN .	72
		PLEXION LOTN (sulfacetamide sodium w/ sulfur)	57	POVIDONE IODINE	91
		PNV TABS 29-1 TABS	87	PRALUENT SOAJ	26

pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG 39	prednisolone sodium phosphate TBDP54	PRENATAL 19 TABS87
pramipexole dihydrochloride TABS 1 MG 39	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN92	PRENATAL MULTIVITAMIN PLUS DHA MISC 87
pramipexole dihydrochloride TABS 1.5 MG 39	PREDNISON INTENSOL CONC 54	PRENATAL+DHA MISC87
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG 39	prednisone SOLN 54	PRENATAL-U CAPS 87
pramipexole dihydrochloride TB24 3 MG 39	prednisone TABS 54	PRENATE 87
PRAMOSONE LOTN 63	prednisone TBPK 10 MG 54	PRENATE AM87
PRAMOSONE OINT63	prednisone TBPK 5 MG54	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG 87
prasugrel hcl73	PREFEST 69	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 .. 87
pravastatin sodium 10 MG, 20 MG, 80 MG26	pregabalin CAPS 225 MG, 300 MG 17	PRENATE ENHANCE 87
pravastatin sodium 40 MG26	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 17	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 MG87
praziquantel 11	pregabalin SOLN17	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 .. 87
prazosin hcl CAPS27	PREMARIN 110	PRENATE PIXIE 87
PRECISION XTRA65	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG70	PRENATE RESTORE87
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..65	PREMARIN TABS 0.9 MG70	PREVACID 24HR CPDR (lansoprazole)109
PRECOSE (acarbose) 20	PREMESISRX87	PREVACID CPDR 30 MG (lansoprazole)109
PRED MILD 92	PREMIUM CONDOMS LUBRICATED MISC78	PREVACID SOLUTAB TBDD 15 MG (lansoprazole)109
PRED-G S.O.P. OINT92	PREMPHASE 69	PREVACID SOLUTAB TBDD 30 MG (lansoprazole)109
PRED-G SUSP92	PREMPRO 1.5 MG-0.3 MG69	PREVIDENT RINSE SOLN84
prednicarbate OINT63	PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ...69	
prednisolone acetate (ophth)92	PRENA 1 TRUE87	
PREDNISOLONE SODIUM PHOSPHATE92	PRENA1 CHEW87	
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 20 MG/5ML54	PRENA1 PEARL 87	
	PRENAISSANCE 87	
	PRENAISSANCE PLUS CAPS ...87	
	PRENATAL 19 CHEW87	

PREZCOBIX	42	MG/5ML	24	PROTOPIC OINT 0.1 % (tacrolimus (topical))	64
PREZISTA SUSP	42	promethazine hcl SUPP 12.5 MG, 25 MG	25	protriptyline hcl	20
PREZISTA TABS (darunavir)	42	promethazine hcl SYRP	25	PROVERA 10 MG (medroxyprogesterone acetate)	95
PREZISTA TABS 75 MG, 150 MG	42	promethazine hcl TABS 12.5 MG	25	PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate)	95
PRIFTIN	31	promethazine hcl TABS 25 MG	25	PROVIDA OB	87
PRILOSEC PACK	109	promethazine hcl TABS 50 MG	25	PROVIGIL (modafinil)	2
PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	31	promethazine w/codeine SOLN	55	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	19
primaquine phosphate TABS	31	promethazine w/codeine SYRP	55	PROZAC CAPS 40 MG (fluoxetine hcl)	19
primidone 50 MG, 250 MG	17	promethazine-dm SYRP	55	PRUDOXIN (doxepin hcl (antipruritic))	59
PRISTIQ (desvenlafaxine succinate) 20		promethazine-phenylephrine-codeine	55	PULMICORT FLEXHALER AEPB 180 MCG/ACT	13
PROAIR RESPICLICK AEPB	14	PROMETRIUM CAPS (progesterone)	95	PULMICORT FLEXHALER AEPB 90 MCG/ACT	13
probenecid	73	propafenone hcl CP12	12	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	13
PROCARDIA XL TB24 (nifedipine) 45		propafenone hcl TABS 150 MG	12	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	13
prochlorperazine	41	propafenone hcl TABS 225 MG, 300 MG	12	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	13
prochlorperazine maleate TABS	41	proparacaine hcl	92	PULMOZYME	105
PROCTOFOAM HC FOAM EX	11	propranolol hcl CP24	45	PURIXAN SUSP	32
PROCYSBI CPDR	72	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	45	pyrazinamide	31
progesterone CAPS	95	propranolol hcl TABS	45	pyridostigmine bromide SOLN OR	31
PROGLYCEM (diazoxide)	21	propylthiouracil	106	pyridostigmine bromide TABS 60 MG	31
PROGRAF CAPS (tacrolimus)	84	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	55	pyridostigmine bromide TBCR	31
PROGRAF PACK	84	PROSCAR (finasteride)	72	QBRELIS SOLN	27
PROLENSA (bromfenac sodium (ophth))	94	PROTONIX PACK (pantoprazole sodium)	109	QINLOCK	36
PROMACTA PACK 12.5 MG	74	PROTONIX TBEC (pantoprazole sodium)	109		
PROMACTA PACK 25 MG	74	PROTOPIC OINT 0.03 % (tacrolimus (topical))	64		
PROMACTA TABS	74				
promethazine & phenylephrine SYRP	55				
promethazine hcl SOLN 6.25					

QSYMIA	1	quinidine sulfate TABS 200 MG ...	12	REGRANEX	65
QUALAQUIN CAPS (quinine sulfate)	31	quinine sulfate CAPS 324 MG	31	RELENZA DISKHALER	44
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	53	QVAR REDIHALER 80 MCG/ACT	13	RELEXXII TBCR 18 MG, 27 MG, 36 MG	2
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate)	17	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	109	RELEXXII TBCR 54 MG	2
QUDEXY XR CS24 25 MG, 50 MG (topiramate)	17	rabeprazole sodium TBEC	109	RELEXXII TBCR 72 MG	2
QUESTRAN LIGHT POWD (cholestyramine light)	25	raloxifene hcl	67	RELION INSULIN SYRINGE 1ML/31GX15/64"	80
QUESTRAN POWD (cholestyramine)	25	ramelteon	74	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	80
quetiapine fumarate TABS 200 MG 40		ramipril CAPS	27	RELNATE DHA CAPS	87
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	40	RANEXA TB12 1000 MG (ranolazine)	11	RELPAK (eletriptan hydrobromide) 81	
quetiapine fumarate TABS 300 MG, 400 MG	40	RANEXA TB12 500 MG (ranolazine) . 11		REMERON SOLTAB TBDP (mirtazapine)	18
quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG	40	ranolazine TB12 1000 MG	11	REMERON TABS 15 MG, 30 MG (mirtazapine)	18
quetiapine fumarate TB24 50 MG .	40	ranolazine TB12 500 MG	11	RENAGEL (sevelamer hcl)	71
QUFLORA FE PEDIATRIC LIQD ..	85	RAPAFLO 4 MG (silodosin)	72	REVELA PACK 0.8 GM (sevelamer carbonate)	71
QUFLORA GUMMIES CHEW	85	RAPAFLO 8 MG (silodosin)	72	REVELA PACK 2.4 GM (sevelamer carbonate)	71
QUFLORA PEDIATRIC CHEW	85	RAPAMUNE SOLN (sirolimus) ...	84	REVELA TABS (sevelamer carbonate)	71
QUFLORA PEDIATRIC SOLN	85	RAPAMUNE TABS (sirolimus) ...	84	repaglinide	22
QUILLICHEW ER CHER	2	rasagiline mesylate	39	RESTORIL 15 MG (temazepam) ..	74
QUILLIVANT XR SRER	2	RAVICTI	68	RESTORIL 30 MG (temazepam) ..	74
quinapril hcl	27	RAZADYNE ER CP24 (galantamine hydrobromide)	96	RESTORIL 7.5 MG (temazepam) .	74
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	29	REALITY LATEX CONDOMS/LUBRICATED MISC ..	78	RETEVMO	37
quinapril-hydrochlorothiazide 25 MG-20 MG	29	REALITY LATEX/ULTRA TEXTURED DEVI	78	RETIN-A CREA (tretinoin)	57
quinidine gluconate TBCR	12	REALITY LATEX/ULTRA THIN DEVI 78		RETIN-A GEL (tretinoin)	57
		RECTIV 0.4 % (nitroglycerin (intra-anal))	11	RETIN-A MICRO (tretinoin microsphere)	57
		REGLAN TABS (metoclopramide hcl)	70		

RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	42	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	40	(oxycodone hcl)	9
RETIN-A MICRO PUMP 0.08 % (tretinoin microsphere)	57	risperidone TABS 3 MG	40	ROZEREM (ramelteon)	74
RETROVIR CAPS (zidovudine) ...	42	risperidone TBDP	40	RUBRACA	37
RETROVIR SYRP (zidovudine) ...	42	RITALIN LA CP24 (methylphenidate hcl)	2	rufinamide SUSP	17
REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	47	RITALIN TABS 20 MG (methylphenidate hcl)	2	rufinamide TABS 200 MG	17
REVATIO TABS (sildenafil citrate (pulmonary hypertension))	47	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	2	rufinamide TABS 400 MG	17
REXULTI	41	ritonavir TABS	42	RUKOBIA	42
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	42	rivastigmine	96	RYBELSUS TABS 3 MG	21
REYATAZ PACK	42	rivastigmine tartrate CAPS	96	RYBELSUS TABS 7 MG, 14 MG ..	21
RHOFADE	64	rizatriptan benzoate TABS	81	RYDAPT	37
RIDAURA	4	rizatriptan benzoate TBDP	81	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	39
rifabutin	31	ROBINUL FORTE TABS (glycopyrrolate)	107	RYTARY CPCR 95 MG-23.75 MG	39
rifampin CAPS	31	ROBINUL TABS (glycopyrrolate) .	107	RYTHMOL SR CP12 (propafenone hcl)	12
RILUTEK TABS (riluzole)	90	ROCALTROL CAPS 0.25 MCG (calcitriol)	68	RYVENT TABS	24
riluzole TABS	90	ROCALTROL CAPS 0.5 MCG (calcitriol)	68	SABRIL PACK (vigabatrin)	18
rimantadine hydrochloride TABS ..	44	ROCALTROL SOLN OR (calcitriol) 68		SABRIL TABS (vigabatrin)	18
RINVOQ	3	roflumilast	13	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	53
RIOMET SOLN (metformin hcl) ...	21	ropinirole hydrochloride TABS	39	SALAGEN 5 MG (pilocarpine hcl (oral))	84
risedronate sodium TABS 150 MG	67	ropinirole hydrochloride TB24 12 MG	39	SALAGEN 7.5 MG (pilocarpine hcl (oral))	84
risedronate sodium TABS 35 MG ..	67	rosuvastatin calcium TABS	26	salicylic acid SHAM 6 %	64
risedronate sodium TABS 5 MG, 30 MG	67	ROXICODONE TABS 30 MG (oxycodone hcl)	9	salsalate	7
RISPERDAL SOLN (risperidone) ..	40	ROXICODONE TABS 5 MG, 15 MG		SANDIMMUNE CAPS (cyclosporine)	84
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	40			SANDIMMUNE SOLN OR	84
RISPERDAL TABS 3 MG (risperidone)	40			SAPHRIS (asenapine maleate) ...	40
risperidone SOLN	40			SAPHRIS 5 MG	40

sapropterin dihydrochloride PACK .68	(quetiapine fumarate) 40	SINGULAIR PACK (montelukast sodium) 13
sapropterin dihydrochloride TABS .68	SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate) 40	SINGULAIR TABS (montelukast sodium) 13
SAVELLA TABS 96	SEROQUEL XR TB24 50 MG (quetiapine fumarate) 40	sirolimus SOLN 84
SAVELLA TITRATION PACK MISC 96	sertraline hcl CONC 19	sirolimus TABS 84
saxagliptin hcl 21	sertraline hcl TABS 19	SITAVIG TABS BU 44
saxagliptin-metformin hcl 21	sevelamer carbonate PACK 0.8 GM . 71	SIVEXTRO TABS 30
scopolamine 23	sevelamer carbonate PACK 2.4 GM . 71	SKELAXIN (metaxalone) 88
SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) 53	sevelamer carbonate TABS 71	SKLICE (ivermectin (pediculicide)) 65
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 87	sevelamer hcl 400 MG 71	SKYRIZI PEN SOAJ 60
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 87	sevelamer hcl 800 MG 71	SKYRIZI PSKT 60
SELECT-OB+DHA MISC 87	SFROWASA ENEM 71	SKYRIZI SOCT 71
selegiline hcl CAPS 39	SIKLOS TABS 100 MG 73	SKYRIZI SOSY 60
selenium sulfide LOTN 2.5 % 60	SIKLOS TABS 1000 MG 73	SLYND 54
SELZENTRY SOLN 42	sildenafil citrate (pulmonary hypertension) SUSR 48	SOAANZ TABS 20 MG (torsemide) 66
SELZENTRY TABS (maraviroc) . . . 42	sildenafil citrate (pulmonary hypertension) TABS 48	sodium chloride (inhalant) NEBU 0.9 %, 3 % 55
SELZENTRY TABS 25 MG, 75 MG 42	sildenafil citrate 47	sodium chloride (inhalant) NEBU 7 % 55
SE-NATAL 19 CHEW 87	silodosin 4 MG 72	sodium citrate & citric acid 72
SE-NATAL 19 TABS 87	silodosin 8 MG 72	sodium fluoride (dental) SOLN 0.2 % 84
SENSIPAR (cinacalcet hcl) 68	SILVADENE (silver sulfadiazine) . 61	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG 82
SEREVENT DISKUS 14	silver sulfadiazine 61	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML 82
SEROQUEL TABS 200 MG (quetiapine fumarate) 40	simvastatin TABS 26	sodium fluoride TABS 0.5 MG 82
SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate) 40	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa) 39	sodium fluoride TABS 1 MG 82
SEROQUEL TABS 300 MG, 400 MG	SINGULAIR CHEW (montelukast sodium) 13	SODIUM OXYBATE SOLN 95
		sodium phenylbutyrate POWD 68

sodium phenylbutyrate TABS68	SPORANOX PULSEPAK CAPS (itraconazole)24	(nisoldipine)46
sodium polystyrene sulfonate POWD 84	SPORANOX SOLN (itraconazole) .24	sulfacetamide sodium (acne)57
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL57	SPRAVATO 56MG DOSE19	sulfacetamide sodium (ophth) OINT 91
sodium sulfate-potassium sulfate-magnesium sulfate75	SPRAVATO 84MG DOSE19	sulfacetamide sodium (ophth) SOLN .91
solifenacin succinate TABS 10 MG 109	SPRITAM TB3D17	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %57
solifenacin succinate TABS 5 MG 109	SPRYCEL37	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %57
SOLTAMOX SOLN34	STALEVO 50 (carbidopa-levodopa-entacapone)39	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %57
SOMA TABS 250 MG (carisoprodol) .88	stavudine CAPS42	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %57
SOMA TABS 350 MG (carisoprodol) .88	STELARA SOLN 45 MG/0.5ML ...60	sulfadiazine TABS105
SOOLANTRA (ivermectin (rosacea))64	STELARA SOSY 45 MG/0.5ML ...60	sulfamethoxazole-trimethoprim SUSP30
sorafenib tosylate37	STELARA SOSY 90 MG/ML60	sulfamethoxazole-trimethoprim TABS30
SORILUX FOAM60	STIMATE SOLN NA68	SULFAMYLON CREA61
sotalol hcl (afib/af)45	STIOLTO RESPIMAT14	sulfasalazine TABS71
sotalol hcl TABS45	STIVARGA37	sulfasalazine TBEC71
spinosad65	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)2	sulindac TABS 150 MG5
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .12	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)1	sulindac TABS 200 MG5
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT13	STRIBILD42	sumatriptan 20 MG/ACT81
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT13	STRIVERDI RESPIMAT14	sumatriptan 5 MG/ACT81
spironolactone & hydrochlorothiazide66	STROMECTOL (ivermectin)11	sumatriptan succinate TABS81
spironolactone TABS66	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)10	sunitinib malate 12.5 MG, 37.5 MG, 50 MG37
SPORANOX CAPS (itraconazole) .24	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)10	sunitinib malate 25 MG37
	sucrafate SUSP108	SUPRAX CAPS (cefixime)48
	sucrafate TABS108	SUPRAX SUSR 100 MG/5ML (cefixime)48
	SULAR 8.5 MG, 17 MG, 34 MG	

SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	TAVALISSE 100 MG73 TAVALISSE 150 MG73
SUSTIVA CAPS (efavirenz)	42 SYPRINE (trientine hcl)	83 TAYTULLA CAPS (norethin acet & estradiol)
SUSTIVA TABS (efavirenz)	42 TABLOID	32 tazarotene CREA
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	37 TABRECTA	37 TAZAROTENE FOAM
SUTENT 25 MG (sunitinib malate)	37 TACLONEX OINT (calcipotriene- betamethasone dipropionate)	63 tazarotene GEL
SYMBICORT (budesonide- formoterol fumarate dihydrate)	14 TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	63 TAZORAC CREA (tazarotene)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl)	96 tacrolimus (topical) OINT 0.03 % ..	64 TAZORAC CREA
SYMDEKO 150 MG-100 MG	105 tacrolimus (topical) OINT 0.1 % ...	64 TAZORAC GEL (tazarotene)
SYMDEKO 75 MG-50 MG	105 tacrolimus CAPS	84 TAZVERIK
SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	42 TADALAFIL (pulmonary hypertension) TABS	48 TECFIDERA CPDR (dimethyl fumarate)
SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	43 TADALAFIL 2.5 MG	47 TECFIDERA STARTER PACK CDPK (dimethyl fumarate)
SYMTUZA	43 TADALAFIL 5 MG, 10 MG, 20 MG	47 TECHLITE INSULIN SYRINGE U- 100/1ML/31G X 15/64"
SYNALAR CREA (fluocinolone acetone)	63 TAFINLAR CAPS	37 TEGRETOL SUSP (carbamazepine) . 17
SYNALAR OINT (fluocinolone acetone)	63 tafluprost	94 TEGRETOL TABS (carbamazepine) . 17
SYNALAR SOLN (fluocinolone acetone)	63 TAGRISSO	33 TEGRETOL-XR TB12 100 MG (carbamazepine)
SYNAREL	67 TALZENNA 0.25 MG, 1 MG	37 TEGRETOL-XR TB12 200 MG (carbamazepine)
SYNJARDY TABS	21 TAMIFLU CAPS (oseltamivir phosphate)	44 TEGRETOL-XR TB12 400 MG (carbamazepine)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	21 TAMIFLU SUSP (oseltamivir phosphate)	44 TEKTURNA (aliskiren fumarate) ..
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	21 tamoxifen citrate TABS	34 TEKTURNA HCT
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	106 tamsulosin hcl	72 telmisartan 20 MG, 40 MG
SYNTHROID TABS 25 MCG, 50	TARCEVA (erlotinib hcl)	33 telmisartan 80 MG
	TARGRETIN (bexarotene (topical)) 59	59 telmisartan-amlodipine
	TARGRETIN (bexarotene)	38 telmisartan-hydrochlorothiazide ...
	TASIGNA	37
	TASMAR (tolcapone)	38

temazepam 15 MG	74	TETRACYCLINE HYDROCHLORIDE	TIMOPTIC-XE SOLG (timolol
temazepam 30 MG	74	TABS 250 MG	maleate (ophth))
temazepam 7.5 MG	74	TEXACORT SOLN 2.5 %	90
TEMODAR CAPS 100 MG, 140 MG,		63	tinidazole
180 MG, 250 MG (temozolomide) .	32	THALITONE	30
TEMOVATE CREA (clobetasol		67	tiopronin TABS
propionate)	63	THALOMID	72
TEMOVATE OINT (clobetasol		83	tiotropium bromide monohydrate
propionate)	63	THEO-24 CP24	CAPS
temozolomide CAPS	32	14	13
tenofovir disoproxil fumarate TABS		theophylline ELIX	TIROSINT CAPS 37.5 MCG, 44
43		14	MCG, 62.5 MCG
TENORETIC 100 (atenolol &		theophylline SOLN	106
chlorthalidone)	29	14	TIROSINT CAPS 75 MCG
TENORETIC 50 (atenolol &		theophylline TB24	106
chlorthalidone)	29	14	TIVICAY TABS
TENORMIN TABS (atenolol)	44	72	43
terazosin hcl 1 MG, 2 MG, 5 MG ..	27	THIOLA EC TBEC	tizanidine hcl CAPS
terazosin hcl 10 MG	27	72	88
terbinafine hcl TABS	24	THIOLA TABS (tiopronin)	88
terbutaline sulfate TABS	14	72	tizanidine hcl TABS 2 MG
terconazole vaginal CREA	110	thioridazine hcl 10 MG, 25 MG, 100	tizanidine hcl TABS 4 MG
terconazole vaginal SUPP	110	MG	88
teriflunomide	97	41	TOBI NEBU (tobramycin)
testosterone cypionate SOLN IM ..	10	thioridazine hcl 50 MG	3
testosterone enanthate SOLN IM ..	10	41	TOBI PODHALER CAPS
testosterone GEL TD 1.62 %, 20.25		thiothixene	3
MG/1.25GM, 40.5 MG/2.5GM	10	41	TOBRADEX OINT
tetrabenazine	96	THRIVITE RX TABS	92
tetracaine hcl (ophth)	92	87	TOBRADEX ST SUSP
tetracycline hcl CAPS	105	THYROID TABS 15 MG, 30 MG, 60	92
TETRACYCLINE HYDROCHLORID		MG, 90 MG, 120 MG	TOBRADEX SUSP (tobramycin-
TABS 500 MG	105	106	dexamethasone)
		18	92
		TIAZAC (diltiazem hcl extended	tobramycin (ophth) SOLN
		release beads)	91
		46	tobramycin NEBU
		TIBSOVO	3
		37	tobramycin-dexamethasone SUSP
		TIKOSYN (dofetilide)	92
		12	92
		timolol maleate (ophth) SOLG	TOBREX OINT
		90	91
		timolol maleate (ophth) SOLN	TODAY SPONGE MISC
		90	110
		timolol maleate TABS 10 MG	tolcapone
		45	38
		timolol maleate TABS 20 MG	TOLSURA CAPS
		45	24
		timolol maleate TABS 5 MG	tolterodine tartrate CP24
		45	109
		TIMOPTIC OCUDOSE SOLN (timolol	tolterodine tartrate TABS
		maleate (ophth))	109
		90	TOPAMAX SPRINKLE CPSP
		TIMOPTIC SOLN (timolol maleate	(topiramate)
		(ophth))	17
		90	TOPAMAX TABS 100 MG

(topiramate)	17	TOUJEO SOLOSTAR SOPN	22	TRESIBA FLEXTOUCH SOPN	22
TOPAMAX TABS 200 MG (topiramate)	17	TOVIAZ (fesoterodine fumarate)	109	TRESIBA SOLN	22
TOPAMAX TABS 25 MG (topiramate)	17	TPOXX (TECOVIRIMAT CAP 200 MG)	44	tretinoin (chemotherapy)	38
TOPAMAX TABS 50 MG (topiramate)	17	TPOXX CAPS	44	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	58
TOPAMAX TABS 50 MG (topiramate)	17	TPOXX SOLN	44	tretinoin GEL 0.01 %, 0.025 %	58
TOPICORT CREA (desoximetasone)	63	TRACLEER TABS 125 MG (bosentan)	47	tretinoin GEL 0.05 %	58
TOPICORT GEL (desoximetasone) 63		TRACLEER TABS 62.5 MG (bosentan)	47	tretinoin microsphere 0.04 %, 0.1 % 58	
TOPICORT LIQD (desoximetasone) . 63		TRACLEER TBSO	47	tretinoin microsphere 0.08 %	57
TOPICORT OINT (desoximetasone) . 63		tramadol hcl TABS 100 MG	9	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	32
topiramate CP24 200 MG	17	tramadol hcl TABS 50 MG	9	triamcinolone acetonide (mouth) ..	84
topiramate CP24 25 MG	17	tramadol hcl TB24 100 MG	9	triamcinolone acetonide (nasal) AERO	90
topiramate CP24 50 MG, 100 MG .	17	tramadol hcl TB24 200 MG	9	triamcinolone acetonide (topical) AERS	63
topiramate CPSP	17	tramadol hcl TB24	9	triamcinolone acetonide (topical) CREA	63
topiramate CS24 100 MG, 150 MG, 200 MG	17	tramadol-acetaminophen	10	triamcinolone acetonide (topical) LOTN	63
topiramate CS24 25 MG, 50 MG ..	17	trandolapril	27	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	63
topiramate TABS 100 MG	17	trandolapril-verapamil hcl	29	triamcinolone acetonide (topical) TABS 25 MG-37.5 MG	66
topiramate TABS 200 MG	17	tranexamic acid TABS	74	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	66
topiramate TABS 25 MG	17	TRANSDERM-SCOP (scopolamine) 23		triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	66
topiramate TABS 50 MG	17	TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	12	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	66
TOPROL XL TB24 (metoprolol succinate)	44	tranylcypromine sulfate	19	triamterene CAPS	66
toremifene citrate	34	TRAVATAN Z SOLN (travoprost) ..	94	triazolam 0.125 MG	74
toremide TABS 100 MG	66	travoprost SOLN	94	triazolam 0.25 MG	74
toremide TABS 5 MG, 10 MG, 20 MG	66	trazodone hcl TABS	20	TRIBENZOR (olmesartan medoxomil-amlodipine-	
TOUJEO MAX SOLOSTAR SOPN 22		TRECATOR	31	TREMFYA SOPN	60
		TRELEGY ELLIPTA	14	TREMFYA SOSY	60

hydrochlorothiazide) 29	TRINTELLIX 20	STRENGTH MISC 78
TRICOR TABS 145 MG (fenofibrate) . 25	TRISTART DHA 87	TRUSTEX LUBRICATED/SPERMICIDE MISC 78
TRICOR TABS 48 MG (fenofibrate) 26	TRISTART ONE 87	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC 78
TRIDESILON CREA 0.05 % (desonide) 63	TRIUMEQ PD TBSO 43	TRUSTEX NON-LUBRICATED MISC 78
trientine hcl 250 MG 83	TRIUMEQ TABS 43	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC 78
trientine hcl 500 MG 83	TRI-VI-FLOR 85	TRUSTEX/RIA LUBRICATED MISC . 78
trifluoperazine hcl TABS 41	TRI-VI-FLORO 85	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC 78
trifluridine 91	TRIZIVIR 43	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 78
trihexyphenidyl hcl SOLN 38	TROKENDI XR CP24 200 MG (topiramate) 17	TRUSTEX/RIA NON-LUBRICATED MISC 79
trihexyphenidyl hcl TABS 38	TROKENDI XR CP24 25 MG (topiramate) 17	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate) 43
TRIJARDY XR 21	TROKENDI XR CP24 50 MG, 100 MG (topiramate) 17	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) 43
TRIKAFTA TBPK 100 MG-50 MG 105	tropicamide SOLN 91	TUKYSA 33
TRIKAFTA TBPK 50 MG-25 MG . 105	tropium chloride CP24 109	TURALIO 200 MG 37
TRILEPTAL SUSP (oxcarbazepine) 17	tropium chloride TABS 109	TWIRLA 53
TRILEPTAL TABS 150 MG (oxcarbazepine) 17	TRULICITY 21	TYBLUME CHEW 53
TRILEPTAL TABS 300 MG (oxcarbazepine) 17	TRUSOPT (dorzolamide hcl) 94	TYBOST 43
TRILEPTAL TABS 600 MG (oxcarbazepine) 17	TRUSTEX COLOR CONDOMS + LUBE MISC 78	TYKERB (lapatinib ditosylate) 37
TRILIPIX 135 MG (choline fenofibrate) 26	TRUSTEX LUBRICATED EXTRALARGE MISC 78	TYVASO DPI MAINTENANCE KIT POWD 47
TRILIPIX 45 MG (choline fenofibrate) 26	TRUSTEX LUBRICATED EXTRASTRENGTH MISC 78	TYVASO DPI TITRATION KIT POWD 47
trimethobenzamide hcl CAPS 23	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC 78	
trimethoprim TABS 30	TRUSTEX LUBRICATED/SPERMICIDE EXTRA	
trimipramine maleate CAPS 20		
TRINATAL RX 1 TABS 87		

TYVASO REFILL SOLN IN47	valacyclovir hcl 500 MG 44	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ... 29
TYVASO SOLN IN47	VALCHLOR 59	VASOTEC TABS (enalapril maleate) 27
TYVASO STARTER SOLN IN47	VALCYTE SOLR (valganciclovir hcl) . 43	VCF VAGINAL CONTRACEPTIVE FILM FILM 110
UBRELVY 80	VALCYTE TABS (valganciclovir hcl) . 43	VCF VAGINAL CONTRACEPTIVEGEL GEL110
UCERIS (budesonide (intrarectal)) 11	valganciclovir hcl SOLR43	VECAMYL29
UCERIS TB24 (budesonide)54	valganciclovir hcl TABS43	VELTIN (clindamycin phosphate-tretinoin)58
ULORIC 40 MG (febuxostat)73	VALIUM TABS 10 MG (diazepam) 12	VEMLIDY43
ULORIC 80 MG (febuxostat)73	VALIUM TABS 2 MG, 5 MG (diazepam) 12	VENCLEXTA STARTING PACK TBPK33
ULTRACET (tramadol-acetaminophen)10	valproate sodium SOLN OR 250 MG/5ML18	VENCLEXTA TABS 10 MG33
ULTRAM TABS (tramadol hcl)9	valproic acid CAPS 18	VENCLEXTA TABS 100 MG 33
ULTRAVATE LOTN63	valsartan TABS 160 MG27	VENCLEXTA TABS 50 MG33
UPTRAVI TABS 200 MCG 48	valsartan TABS 40 MG, 80 MG, 320 MG 27	venlafaxine hcl CP24 150 MG20
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG 48	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG29	venlafaxine hcl CP24 37.5 MG, 75 MG 20
UPTRAVI TITRATION PACK TBPK 48	valsartan-hydrochlorothiazide 25 MG-160 MG29	venlafaxine hcl TABS20
UROCIT-K 10 TBCR (potassium citrate (alkalinizer))72	VALTREX 1 GM (valacyclovir hcl) .44	venlafaxine hcl TB24 225 MG 20
UROCIT-K 15 TBCR (potassium citrate (alkalinizer))72	VALTREX 500 MG (valacyclovir hcl) . 44	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG 20
UROCIT-K 5 TBCR (potassium citrate (alkalinizer))72	VANCOCIN CAPS 125 MG (vancomycin hcl)30	VENTAVIS 47
UROXATRAL (alfuzosin hcl)72	vancomycin hcl CAPS 125 MG30	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ... 46
URSO 250 TABS (ursodiol)70	vancomycin hcl SOLR OR 25 MG/ML30	verapamil hcl CP24 180 MG46
URSO FORTE TABS (ursodiol) ... 70	VANDAZOLE110	verapamil hcl CP24 360 MG46
ursodiol CAPS 70	varenicline tartrate TABS105	verapamil hcl TABS46
ursodiol TABS70	VARUBI TBPK24	verapamil hcl TBCR 120 MG 46
VAGIFEM TABS (estradiol vaginal) 110	VASCEPA (icosapent ethyl) 25	verapamil hcl TBCR 180 MG, 240 MG 46
valacyclovir hcl 1 GM, 1000 MG ...44		

VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl)	46	hcl)	20	VITATRUE	88
VEREGEN	58	vilazodone hcl TABS 10 MG, 40 MG .	20	VITRAKVI CAPS	37
VERELAN CP24 120 MG, 240 MG (verapamil hcl)	46	vilazodone hcl TABS 20 MG	20	VITRAKVI SOLN	37
VERELAN CP24 180 MG (verapamil hcl)	46	VIMPAT SOLN OR 10 MG/ML (lacosamide)	17	VIVA DHA CAPS	88
VERELAN CP24 360 MG (verapamil hcl)	46	VIMPAT TABS (lacosamide)	17	VIVELLE-DOT PTTW (estradiol) ..	70
VERELAN PM CP24 (verapamil hcl) .	46	VINATE DHA RF	87	VIZIMPRO	33
VERELAN PM CP24 (verapamil hcl) .	46	VINATE ONE TABS	87	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) .	59
VERSACLOZ SUSP	40	VIRACEPT TABS	43	voriconazole SUSR	24
VERZENIO	37	VIRAMUNE XR TB24 400 MG (nevirapine)	43	voriconazole TABS	24
VESICARE TABS 10 MG (solifenacin succinate)	109	VIREAD POWD	43	VOSEVI	43
VESICARE TABS 5 MG (solifenacin succinate)	109	VIREAD TABS (tenofovir disoproxil fumarate)	43	VOTRIENT (pazopanib hcl)	37
VFEND SUSR (voriconazole)	24	VIREAD TABS 150 MG, 200 MG, 250 MG	43	VOTRIENT	37
VFEND TABS (voriconazole)	24	VIRT-C DHA	87	VP-PNV-DHA CAPS	88
VIAGRA (sildenafil citrate)	47	VIRT-NATE DHA CAPS	87	VRAYLAR CAPS	40
VIBERZI	71	VIRT-PN DHA	87	VRAYLAR CPPK	40
VIBRAMYCIN CAPS (doxycycline hyclate)	106	VIRT-PN PLUS	87	VYNDAMAX	48
VIBRAMYCIN SUSR (doxycycline monohydrate)	106	VIRTUSSIN DAC SOLN	55	VYNDAQEL	48
VICTOZA	21	VISTARIL CAPS (hydroxyzine pamoate)	11	VYTORIN (ezetimibe-simvastatin) 25	
vigabatrin PACK	18	VISTOGARD	23	warfarin sodium TABS	14
vigabatrin TABS	18	VITAFOL GUMMIES	87	WELCHOL PACK (colesevelam hcl) .	25
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	91	VITAFOL-NANO	88	WELCHOL TABS (colesevelam hcl) .	25
VIIBRYD STARTER PACK KIT	20	VITAFOL-ONE CAPS	88	WELLBUTRIN SR TB12 (bupropion hcl)	19
VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	20	VITAMEDMD ONE RX/QUATREFOLIC	88	WELLBUTRIN XL TB24 (bupropion hcl)	19
VIIBRYD TABS 20 MG (vilazodone		VITAMEDMD REDICHEW RX	88	WESCAP-C DHA	88
		VITAPEARL	88	WESNATE DHA CAPS	88
				WESTGEL DHA	88
				WIDE-SEAL SILICONE	

DIAPHRAGM KIT 60	79	XHANCE EXHU	90	ZEJULA TABS	38
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	79	XIFAXAN 200 MG	30	ZELAPAR TBDP	39
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	79	XIFAXAN 550 MG	30	ZELBORAF	38
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	79	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	21	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	68
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	79	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	21	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	66
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	79	XOPENEX (levalbuterol hcl)	14	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	29
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	79	XOPENEX CONCENTRATE (levalbuterol hcl)	14	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ..	29
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	79	XOSPATA	38	ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	27
WILZIN	83	XPOVIO	34	ZESTRIL TABS 40 MG (lisinopril) .	27
XALATAN SOLN (latanoprost)	94	XPOVIO 80 MG TWICE WEEKLY 34	34	ZETIA (ezetimibe)	26
XALKORI CAPS	38	XTANDI CAPS	34	ZIAC (bisoprolol & hydrochlorothiazide)	29
XANAX TABS (alprazolam)	12	XTANDI TABS	34	ZIAGEN SOLN (abacavir sulfate) .	43
XARELTO STARTER PACK TBPK 14	14	XYREM SOLN	95	ZIAGEN TABS (abacavir sulfate) .	43
XARELTO SUSR	14	YASMIN 28 (drospirenone-ethinyl estradiol)	53	ZIANA (clindamycin phosphate- tretinoin)	58
XARELTO TABS	14	YAZ (drospirenone-ethinyl estradiol) 53	53	zidovudine CAPS	43
XATMEP SOLN	32	YONSA	34	zidovudine SYRP	43
XELJANZ SOLN	3	zaleplon	74	zidovudine TABS	43
XELJANZ TABS	3	ZANAFLEX CAPS (tizanidine hcl) .	88	zileuton TB12	13
XELJANZ XR TB24	3	ZANAFLEX TABS 4 MG (tizanidine hcl)	88	ZIOPTAN (tafluprost)	94
XELODA 150 MG (capecitabine) ..	32	ZARONTIN CAPS (ethosuximide) .	18		
XELODA 500 MG (capecitabine) ..	32	ZARONTIN SOLN (ethosuximide) .	18		
XENAZINE (tetrabenazine)	96	ZATEAN-PN DHA	88		
XENICAL (orlistat)	1	ZATEAN-PN PLUS	88		
XERAC AC	64	ZAVESCA (miglustat)	73		
XERMELO	71	ZEJULA CAPS	38		

ziprasidone hcl 20 MG, 40 MG	40	zonisamide CAPS 100 MG	17
ziprasidone hcl 60 MG, 80 MG	40	zonisamide CAPS 25 MG, 50 MG .	17
ZIRGAN GEL	91	ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (everolimus (immunosuppressant))	84
ZITHROMAX PACK (azithromycin) 76		ZOVIRAX CREA (acyclovir topical) 60	
ZITHROMAX SUSR (azithromycin) 76		ZOVIRAX OINT (acyclovir topical) .	61
ZITHROMAX TABS 250 MG (azithromycin)	76	ZOVIRAX SUSP (acyclovir)	44
ZITHROMAX TABS 500 MG (azithromycin)	76	ZYDELIG	38
ZITHROMAX TRI-PAK TABS (azithromycin)	76	ZYKADIA TABS	38
ZITHROMAX Z-PAK TABS (azithromycin)	76	ZYLET	93
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (simvastatin)	26	ZYLOPRIM 100 MG (allopurinol) ..	73
ZOLINZA	38	ZYLOPRIM 300 MG (allopurinol) ..	73
zolmitriptan SOLN	81	ZYMAXID (gatifloxacin (ophth)) ...	91
zolmitriptan TABS	81	ZYPREXA TABS 15 MG, 20 MG (olanzapine)	41
zolmitriptan TBDP	81	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	41
ZOLOFT CONC (sertraline hcl)	19	ZYPREXA ZYDIS TBDP (olanzapine)	40
ZOLOFT TABS (sertraline hcl)	19	ZYTIGA (abiraterone acetate)	34
zolpidem tartrate TABS	74	ZYVOX SUSR (linezolid)	30
zolpidem tartrate TBCR	74	ZYVOX TABS (linezolid)	30
ZOMIG SOLN (zolmitriptan)	81		
ZOMIG SOLN 2.5 MG	81		
ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	81		
ZONEGRAN CAPS 100 MG (zonisamide)	17		
ZONEGRAN CAPS 25 MG (zonisamide)	17		