

# *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 All previous versions are no longer in effect.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](http://www.healthnet.com). Refer to Evidence of Coverage for specific cost share information.

### **California Large Group members**

Go to

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

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

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

### *Hours of Operation*

*8:00am – 6:00pm Monday through Friday*



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# Welcome to Health Net

## What If I Have Questions Regarding My Pharmacy Benefit?

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

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

## What is the Drug List?

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

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

## How do I find a drug in the Drug List?

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

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

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

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

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

## How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

**Generic Drug Example:** *terbutaline sulfate tabs*

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

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

**How much will I pay for my drugs?**

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

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

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

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

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

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

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

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

### How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Are all contraceptives covered?**

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

### **What blood glucose supplies are covered?**

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

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

### **Are preventive drugs covered?**

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



## **What drugs are covered under my medical benefit?**

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

## **Can I go to any pharmacy?**

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

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

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

## **Can I use a mail order pharmacy?**

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

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

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

## **How can I save money on my prescription drugs?**

You can save time and money with these simple steps:

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

## *Definitions*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STRATTERA 60 MG, 80 MG, 100 MG <i>(atomoxetine hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl SOLN 10 MG/5ML</i>	3	
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG <i>(atomoxetine hcl)</i>	7	QL(2 ea daily)	<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
Stimulants - Misc.			<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
APTENSIO XR CP24 <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl TB24 54 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>armodafinil</i>	1	ST; PA	<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
CONCERTA TBCR 18 MG, 27 MG, 36 MG <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
CONCERTA TBCR 54 MG <i>(methylphenidate hcl)</i>	7	QL(2 ea daily)	<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
DAYTRANA PTCH <i>(methylphenidate)</i>	7		<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl CP24</i>	3	QL(1 ea daily)	<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
FOCALIN XR CP24 <i>(dexmethylphenidate hcl)</i>	7	QL(1 ea daily)	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	3	QL(1 ea daily)
FOCALIN TABS <i>(dexmethylphenidate hcl)</i>	7	QL(2 ea daily)	<i>methylphenidate PTCH</i>	3	
METADATE CD CPR <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	<i>modafinil</i>	3	QL(1 ea daily); ST
METHYLIN SOLN <i>(methylphenidate hcl)</i>	7		NUVIGIL <i>(armodafinil)</i>	7	ST; PA
<i>methylphenidate hcl CHEW</i>	3		PROVIGIL <i>(modafinil)</i>	7	QL(1 ea daily); ST
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	QUILLICHEW ER CHER	3	PA
<i>methylphenidate hcl CP24 60 MG</i>	3	QL(1 ea daily; 90 ea per fill retail)	QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	3		RELEXXII TBCR 72 MG	3	QL(1 ea daily)
<i>methylphenidate hcl CPR</i>	1	QL(1 ea daily)	RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	1		RELEXXII TBCR 54 MG	2	QL(2 ea daily)
			RITALIN LA CP24 <i>(methylphenidate hcl)</i>	7	
			RITALIN TABS 20 MG <i>(methylphenidate hcl)</i>	7	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
RITALIN TABS 5 MG, 10 MG ( <i>methylphenidate hcl</i> )	7	
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
ARIKAYCE	3	PA
BETHKIS NEBU ( <i>tobramycin</i> )	7	PA
HUMATIN	2	
KITABIS PAK NEBU ( <i>tobramycin</i> )	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>neomycin sulfate TABS</i>	1	
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
TOBI NEBU ( <i>tobramycin</i> )	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	3	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
RINVOQ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA
XELJANZ XR TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA
XELJANZ TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); 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
HADLIMA SOSY	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); 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
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	7		LODINE TABS ( <i>etodolac</i> )	7	
CELEBREX 400 MG ( <i>celecoxib</i> )	7	QL(2 ea daily); PA	<i>meclofenamate sodium</i> CAPS	1	
CELEBREX 50 MG, 100 MG, 200 MG ( <i>celecoxib</i> )	7	QL(2 ea daily)	<i>mefenamic acid</i> CAPS	3	
<i>celecoxib</i> 400 MG	1	QL(2 ea daily); PA	<i>meloxicam</i> TABS 7.5 MG	1	QL(2 ea daily)
<i>celecoxib</i> 50 MG, 100 MG, 200 MG	1	QL(2 ea daily)	<i>meloxicam</i> TABS 15 MG	1	QL(1 ea daily)
DAYPRO TABS ( <i>oxaprozin</i> )	7		<i>nabumetone</i> 750 MG	1	QL(3 ea daily)
<i>diclofenac potassium</i> TABs 50 MG	3		<i>nabumetone</i> 500 MG	1	QL(4 ea daily)
<i>diclofenac sodium</i> TB24	3		NALFON TABS ( <i>fenoprofen calcium</i> )	7	
<i>diclofenac sodium</i> TBEC	1		NAPROSYN SUSP ( <i>naproxen</i> )	7	
<i>diclofenac w/ misoprostol</i> TBEC	3		NAPROSYN TABS 500 MG ( <i>naproxen</i> )	7	
<i>etodolac</i> CAPS	1		<i>naproxen sodium</i> TABS 275 MG, 550 MG	1	
<i>etodolac</i> TABS	1		<i>naproxen</i> SUSP	1	
<i>etodolac</i> TB24	1	QL(2 ea daily)	<i>naproxen</i> TABS	1	
FELDENE CAPS 10 MG ( <i>piroxicam</i> )	7		<i>oxaprozin</i> TABS	1	
FELDENE CAPS 20 MG ( <i>piroxicam</i> )	7	QL(1 ea daily)	<i>piroxicam</i> CAPS 10 MG	1	
<i>fenoprofen calcium</i> TABS	1		<i>piroxicam</i> CAPS 20 MG	1	QL(1 ea daily)
<i>flurbiprofen</i> TABS	1		<i>sulindac</i> TABS 200 MG	1	
<i>ibuprofen</i> TABS 400 MG, 600 MG, 800 MG	1		<i>sulindac</i> TABS 150 MG	1	QL(2 ea daily)
INDOCIN SUSP ( <i>indomethacin</i> )	7		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>indomethacin</i> CAPS 25 MG, 50 MG	1		OTEZLA TABS	3	Must use AcariaHlth Sp Rx 1-844-538- 4661; QL(2 ea daily); PA
<i>indomethacin</i> CPCR	1		OTEZLA TBPK	3	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(55 ea per 365 days retail); PA
<i>indomethacin</i> SUPP	3		Pyrimidine Synthesis Inhibitors		
<i>indomethacin</i> SUSP	1		ARAVA 20 MG ( <i>leflunomide</i> )	7	QL(1 ea daily)
<i>ketoprofen</i> CP24	3		ARAVA 10 MG ( <i>leflunomide</i> )	7	QL(2 ea daily)
<i>ketorolac tromethamine</i> TABs	1	QL(20 ea per fill retail; 20 ea per 30 days retail)			

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Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA

**ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions**

Drug Name	Drug Tier	Requirements/Limits
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	3	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	3	
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<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		

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

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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 1600 MCG ( <i>fentanyl citrate</i> )	7	ST; QL(4 ea daily); PA	<i>methadone hcl TBSO</i>	1	
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG ( <i>fentanyl citrate</i> )	7	ST; PA	METHADOSE SUGAR- FREE CONC ( <i>methadone hcl</i> )	7	
<i>codeine sulfate TABS</i>	1		METHADOSE CONC ( <i>methadone hcl</i> )	7	
DILAUDID LIQD ( <i>hydromorphone hcl</i> )	7		METHADOSE TBSO ( <i>methadone hcl</i> )	2	
DILAUDID TABS ( <i>hydromorphone hcl</i> )	7		<i>morphine sulfate beads</i>	1	QL(1 ea daily)
<i>fentanyl citrate LPOP 1600 MCG</i>	1	ST; QL(4 ea daily); PA	<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 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 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>hydrocodone bitartrate CP12</i>	3	PA	<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
<i>hydrocodone bitartrate T24A</i>	3	PA	MS CONTIN TBCR ( <i>morphine sulfate</i> )	7	QL(3 ea daily)
<i>hydromorphone hcl LIQD</i>	1		OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)	<i>oxycodone hcl SOLN</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
<i>levorphanol tartrate TABS</i>	3	ST; PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	3	
			<i>oxymorphone hcl TABS 10 MG</i>	3	QL(8 ea daily)
			<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TABS 30 MG ( <i>oxycodone hcl</i> )	7	QL(4 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	
ROXICODONE TABS 5 MG, 15 MG ( <i>oxycodone hcl</i> )	7		<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</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)
<i>tramadol hcl TB24 200 MG</i>	3	QL(1 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
<i>tramadol hcl TB24 100 MG</i>	3	QL(3 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
ULTRAM TABS ( <i>tramadol hcl</i> )	7	QL(8 ea daily)	<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1	
Opioid Combinations			<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	3	
(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-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)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-7.5 MG	3	QL(4 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-7.5 MG</i>	3	QL(4 ea daily)
<i>acetaminophen w/ codeine SOLN</i>	1				
<i>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)			

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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)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
Anabolic Steroids		
<i>oxandrolone 2.5 MG</i>	1	
<i>oxandrolone 10 MG</i>	1	QL(2 ea daily)
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)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	3	ST; PA
CORTENEMA ( <i>hydrocortisone (intrarectal)</i> )	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
UCERIS ( <i>budesonide (intrarectal)</i> )	7	ST; PA
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX ( <i>hydrocortisone (rectal)</i> )	7	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	3	
RECTIV ( <i>nitroglycerin (intra-anal)</i> )	7	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
<i>albendazole</i>	3	
ALBENZA ( <i>albendazole</i> )	7	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE ( <i>praziquantel</i> )	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
STROMEKTOL ( <i>ivermectin</i> )	7	QL(5 ea per fill retail); PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)	<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
Leukotriene Modulators			PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)	PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 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(1.2 gm daily)
Steroid Inhalants			<i>albuterol sulfate AERS</i>	1	QL(0.47 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 0.25 MG/2ML</i>	1	QL(8 ml daily)			
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)			
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)			
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)			

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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	
<b>Xanthines</b>		
(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)
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)
XARELTO TABS 10 MG	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	3	QL(24 ml daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)
FYCOMPA TABS 4 MG	3	QL(3 ea daily)
FYCOMPA TABS 2 MG	3	QL(6 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily)
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam SUSP</i>	3	
<i>clobazam TABS 10 MG</i>	3	QL(1 ea daily)
<i>clobazam TABS 20 MG</i>	3	QL(2 ea daily)
<i>clonazepam TABS</i>	1	
<i>clonazepam TBDP</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>diazepam (anticonvulsant) GEL 20 MG</i>	3	QL(4 ea per fill retail; 4 ea per 30 days retail)
KLONOPIN TABS ( <i>clonazepam</i> )	7	
ONFI SUSP ( <i>clobazam</i> )	7	
ONFI TABS 10 MG ( <i>clobazam</i> )	7	QL(1 ea daily)
ONFI TABS 20 MG ( <i>clobazam</i> )	7	QL(2 ea daily)
<b>Anticonvulsants - Misc.</b>		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST

Drug Name	Drug Tier	Requirements/Limits
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)
APTIOM	3	QL(1 ea daily); ST
BANZEL SUSP ( <i>rufinamide</i> )	7	
BANZEL TABS 400 MG ( <i>rufinamide</i> )	7	QL(8 ea daily)
BANZEL TABS 200 MG ( <i>rufinamide</i> )	7	
BRIVIACT SOLN OR 10 MG/ML	3	ST; PA
BRIVIACT TABS 10 MG	3	ST; PA
BRIVIACT TABS 100 MG	3	ST; QL(2 ea daily); PA
BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
<i>carbamazepine CHEW</i>	1	
<i>carbamazepine CP12</i>	1	
<i>carbamazepine SUSP</i>	1	
<i>carbamazepine TABS</i>	1	
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
<i>carbamazepine TB12 100 MG</i>	1	
CARBATROL CP12 ( <i>carbamazepine</i> )	7	
DIACOMIT CAPS 500 MG	3	QL(6 ea daily); PA
DIACOMIT CAPS 250 MG	3	QL(12 ea daily); PA
DIACOMIT PACK 250 MG	3	QL(12 ea daily); PA

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TB24 450 MG</i>	3	QL(1 ea daily); ST	<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	3	QL(1 ea daily); ST	<i>fluoxetine hcl TABS 60 MG</i>	3	QL(1 ea daily); ST
WELLBUTRIN SR TB12 ( <i>bupropion hcl</i> )	7		<i>fluoxetine hcl TABS 20 MG</i>	1	QL(1 ea daily)
WELLBUTRIN XL TB24 ( <i>bupropion hcl</i> )	7	QL(1 ea daily)	<i>fluoxetine hcl TABS 10 MG</i>	1	
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 5 MG ( <i>escitalopram oxalate</i> )	7	QL(2 ea daily)
<i>tranylcypromine sulfate</i>	1		LEXAPRO TABS 10 MG, 20 MG ( <i>escitalopram oxalate</i> )	7	QL(1 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>paroxetine hcl SUSP</i>	1	
SPRAVATO 56MG DOSE	3	PA	<i>paroxetine hcl TABS</i>	1	
SPRAVATO 84MG DOSE	3	PA	<i>paroxetine hcl TB24</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			PAXIL CR TB24 ( <i>paroxetine hcl</i> )	7	
CELEXA TABS ( <i>citalopram hydrobromide</i> )	7	QL(1 ea daily)	PAXIL SUSP ( <i>paroxetine hcl</i> )	7	
<i>citalopram hydrobromide SOLN</i>	3	QL(20 ml daily)	PAXIL TABS ( <i>paroxetine hcl</i> )	7	
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)	PROZAC CAPS 10 MG, 20 MG ( <i>fluoxetine hcl</i> )	7	
<i>escitalopram oxalate SOLN</i>	1		PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )	7	QL(1 ea daily)
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)	<i>sertraline hcl CONC</i>	1	
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)	<i>sertraline hcl TABS</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		ZOLOFT CONC ( <i>sertraline hcl</i> )	7	
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)	ZOLOFT TABS ( <i>sertraline hcl</i> )	7	QL(2 ea daily)
<i>fluoxetine hcl CPDR</i>	3				

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Drug Name	Drug Tier	Requirements/Limits
<b>Serotonin Modulators</b>		
<i>nefazodone hcl</i>	3	
<i>trazodone hcl TABS</i>	1	
TRINTELLIX	3	ST
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS 20 MG ( <i>vilazodone hcl</i> )	7	QL(2 ea daily)
VIIBRYD TABS 10 MG, 40 MG ( <i>vilazodone hcl</i> )	7	
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
CYMBALTA CPEP ( <i>duloxetine hcl</i> )	7	QL(2 ea daily)
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG ( <i>venlafaxine hcl</i> )	7	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )	7	QL(1 ea daily)
FETZIMA TITRATION PACK C4PK	3	ST
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
PRISTIQ ( <i>desvenlafaxine succinate</i> )	7	QL(1 ea daily)
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)
<i>venlafaxine hcl TABS</i>	1	
<i>venlafaxine hcl TB24 225 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL ( <i>clomipramine hcl</i> )	7	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>imipramine pamoate</i>	3	
NORPRAMIN TABS 10 MG, 25 MG ( <i>desipramine hcl</i> )	7	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	2	
PAMELOR CAPS ( <i>nortriptyline hcl</i> )	7	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate CAPS</i>	3	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose</i>	1	
<i>miglitol</i>	3	
PRECOSE ( <i>acarbose</i> )	7	
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS 850 MG-15 MG ( <i>pioglitazone hcl-metformin hcl</i> )	7	
DUETACT ( <i>pioglitazone hcl-glimepiride</i> )	7	
<i>glipizide-metformin hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>glyburide-metformin</b>	1	
GLYXAMBI	2	
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)
<b>pioglitazone hcl-glimepiride</b>	1	
<b>pioglitazone hcl-metformin hcl TABS</b>	1	
<b>saxagliptin-metformin hcl</b>	1	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 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)
<b>Biguanides</b>		
<b>metformin hcl SOLN</b>	1	
<b>metformin hcl TABS 500 MG, 850 MG, 1000 MG</b>	1	
<b>metformin hcl TB24 500 MG, 750 MG</b>	1	
RIOMET SOLN ( <b>metformin hcl</b> )	7	
<b>Diabetic Other</b>		
<b>diazoxide</b>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	
PROGLYCEM ( <b>diazoxide</b> )	7	

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

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
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)

Drug Name	Drug Tier	Requirements/Limits
Insulin Sensitizing Agents		
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	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine TABS</i>	1	
LOMOTIL TABS ( <i>diphenoxylate w/ atropine</i> )	7	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
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
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
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 5 MG</i>	3	PA
<i>dronabinol CAPS 10 MG</i>	3	PA
<i>dronabinol CAPS 2.5 MG</i>	3	ST; 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 40 MG</i>	3	QL(2 ea per 30 days retail)
<i>aprepitant CAPS</i>	3	QL(3 ea per fill retail; 3 ea per 30 days retail)

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<i>aprepitant MISC</i>	3	QL(3 ea per fill retail; 3 ea per 30 days retail)	NOXAFIL TBEC ( <i>posaconazole</i> )	7	
EMEND TRIPACK CAPS ( <i>aprepitant</i> )	7	QL(3 ea per fill retail; 3 ea per 30 days retail)	<i>posaconazole SUSP</i>	3	
EMEND CAPS 80 MG ( <i>aprepitant</i> )	7	QL(1 ea per fill retail; 1 ea per 30 days retail)	<i>posaconazole TBEC</i>	3	
EMEND SUSR	3	QL(1 ea per 30 days retail)	SPORANOX PULSEPAK CAPS ( <i>itraconazole</i> )	7	ST; PA
VARUBI TBPK	3	QL(4 ea per fill retail)	SPORANOX CAPS ( <i>itraconazole</i> )	7	ST; PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>			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		<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
<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 12.5 MG, 25 MG	1	
<i>itraconazole SOLN</i>	1	PA	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)
<i>ketoconazole</i>	1		<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
NOXAFIL SUSP ( <i>posaconazole</i> )	7				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		COLESTID TABS ( <i>colestipol hcl</i> )	7	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1		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)
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>			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 130 MG, 200 MG</i>	1	QL(1 ea daily)
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 30 MG, 90 MG</i>	3	
<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)
COLESTID GRAN ( <i>colestipol hcl</i> )	7		TRICOR TABS 48 MG ( <i>fenofibrate</i> )	7	

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<b>Antihypertensive Combinations</b>		
ACCURETIC 25 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	7	QL(1 ea daily)
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	7	
<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-benazepril hcl 10 MG-2.5 MG</i>	1	
<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 &amp; chlorthalidone</i>	1	
AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )	7	
<i>benazepril &amp; 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 &amp; 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 &amp; 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 &amp; hydrochlorothiazide</i>	1	
HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	7	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	7	

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

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Drug Name	Drug Tier	Requirements/ Limits
NEBUPENT IN ( <i>pentamidine isethionate</i> )	7	
<i>pentamidine isethionate</i> IN	1	
<i>tinidazole</i>	3	ST; PA
<i>trimethoprim</i> TABS	1	
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
XIFAXAN 550 MG	3	QL(2 ea daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS ( <i>sulfamethoxazole-trimethoprim</i> )	7	
BACTRIM TABS ( <i>sulfamethoxazole-trimethoprim</i> )	7	
<i>sulfamethoxazole-trimethoprim</i> SUSP	1	
<i>sulfamethoxazole-trimethoprim</i> TABS	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</i> TABS	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</i> CAPS 125 MG	1	PA

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

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	2	QL(0.8 ea daily)
MALARONE ( <i>atovaquone-proguanil hcl</i> )	7	
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
PLAQUENIL ( <i>hydroxychloroquine sulfate</i> )	7	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> )	7	
QUALAQUIN CAPS ( <i>quinine sulfate</i> )	7	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	3	QL(2 ea daily); PA
SOVUNA 200 MG	2	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
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	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
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	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
ALKERAN ( <i>melfalan</i> )	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	New commercial members to be referred to AcariaHealth; AC

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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 500 MG ( <i>capecitabine</i> )	7	AC
XELODA 150 MG ( <i>capecitabine</i> )	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LENVIMA 10 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

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		

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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 10 MG	2	PA; AC; QL(2 ea daily); AC; PA
VENCLEXTA TABS 100 MG	2	PA; AC; QL(4 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

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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	QL(1 ea daily); SP; 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		

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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	QL(1 ea daily); SP; 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	ICLUSIG 15 MG, 45 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 40 MG	2	QL(2 ea daily); AC; PA	IDHIFA	3	PA; AC; AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA	<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA			
CAPRELSA	2	PA; AC; AC; PA			
COMETRIQ KIT	3	PA; AC; AC; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA	NEXAVAR ( <i>sorafenib tosylate</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IMBRUVICA CAPS	2	PA; AC; AC; PA	NINLARO	2	PA; AC; Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA
IMBRUVICA TABS	2	PA; AC; QL(1 ea daily); AC; PA	<i>pazopanib hcl</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
INREBIC	3	PA; AC; AC; PA	PIQRAY 200MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
JAKAFI	2	PA; AC; QL(2 ea daily); AC; PA	PIQRAY 250MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
KISQALI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	PIQRAY 300MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
KOSELUGO	2	PA; AC; PA	QINLOCK	3	PA; AC Refer to PantheRx; AC; PA
<i>lapatinib ditosylate</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA	RETEVMO	3	PA; AC; AC; PA
LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RUBRACA	2	PA; AC; AC; PA
LYNPARZA TABS	2	QL(4 ea daily); SP; AC; PA	RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
MEKINIST TABS	2	PA; AC; AC; PA			
MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			
NERLYNX	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TALZENNA 0.25 MG, 1 MG	2	PA; AC; AC; PA
SPRYCEL	2	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
STIVARGA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TAZVERIK	3	PA
<i>sunitinib malate 25 MG</i>	1	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
SUTENT 25 MG ( <i>sunitinib malate</i> )	7	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 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	VERZENIO	3	QL(2 ea daily); AC; PA
TABRECTA	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	VITRAKVI CAPS	2	PA; AC; PA
TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; 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
			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

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Drug Name	Drug Tier	Requirements/Limits
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
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		

Drug Name	Drug Tier	Requirements/Limits
HYCANTIN CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
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	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBDP</i>	3	
DHIVY TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
KYNMOBI TITRATION KIT KIT	3	PA
KYNMOBI FILM	3	PA
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	
MIRAPEX ER TB24 3 MG ( <i>pramipexole dihydrochloride</i> )	7	QL(1 ea daily)
NEUPRO	3	
PARLODEL CAPS ( <i>bromocriptine mesylate</i> )	7	
PARLODEL TABS ( <i>bromocriptine mesylate</i> )	7	
<i>pramipexole dihydrochloride</i> TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
<i>pramipexole dihydrochloride</i> TABS 1 MG	1	QL(4 ea daily)
<i>pramipexole dihydrochloride</i> TABS 1.5 MG	1	QL(3 ea daily)
<i>pramipexole dihydrochloride</i> TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	3	
<i>pramipexole dihydrochloride</i> TB24 3 MG	3	QL(1 ea daily)
<i>ropinirole hydrochloride</i> TABS	1	
<i>ropinirole hydrochloride</i> TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
<i>ropinirole hydrochloride</i> TB24 12 MG	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
RYTARY CPR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>carbidopa-levodopa</i> )	7	
STALEVO 50 ( <i>carbidopa-levodopa-entacapone</i> )	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT ( <i>rasagiline mesylate</i> )	7	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i> CAPS	1	QL(2 ea daily)
ZELAPAR TBDP	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate</i> CAPS 300 MG	1	QL(6 ea daily)
<i>lithium carbonate</i> CAPS 150 MG, 600 MG	1	
<i>lithium carbonate</i> TABS	1	
<i>lithium carbonate</i> TBCR	1	
LITHOBID TBCR ( <i>lithium carbonate</i> )	7	
Antipsychotics - Misc.		
GEODON 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	7	QL(2 ea daily)
GEODON 20 MG, 40 MG ( <i>ziprasidone hcl</i> )	7	
LATUDA ( <i>lurasidone hcl</i> )	7	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	3	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	3	QL(1 ea daily); PA
VRAYLAR CAPS	3	

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VRAYLAR CPPK	3		<i>quetiapine fumarate</i> TABS 200 MG	1	QL(4 ea daily)
<i>ziprasidone hcl</i> 20 MG, 40 MG	1		<i>quetiapine fumarate</i> TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
<i>ziprasidone hcl</i> 60 MG, 80 MG	1	QL(2 ea daily)	<i>quetiapine fumarate</i> TB24 150 MG, 200 MG, 300 MG, 400 MG	3	PA
Benzisoxazoles			<i>quetiapine fumarate</i> TB24 50 MG	3	ST; PA
INVEGA ( <i>paliperidone</i> )	7		SAPHRIS 5 MG	3	
<i>paliperidone</i>	3		SAPHRIS ( <i>asenapine maleate</i> )	7	
RISPERDAL SOLN ( <i>risperidone</i> )	7		SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	7	PA
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG ( <i>risperidone</i> )	7		SEROQUEL XR TB24 50 MG ( <i>quetiapine fumarate</i> )	7	ST; PA
RISPERDAL TABS 3 MG ( <i>risperidone</i> )	7	QL(2 ea daily)	SEROQUEL TABS 25 MG, 50 MG, 100 MG ( <i>quetiapine fumarate</i> )	7	
<i>risperidone</i> SOLN	1		SEROQUEL TABS 200 MG ( <i>quetiapine fumarate</i> )	7	QL(4 ea daily)
<i>risperidone</i> TABS 3 MG	1	QL(2 ea daily)	SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	7	QL(2 ea daily)
<i>risperidone</i> TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1		VERSACLOZ SUSP	3	QL(18 ml daily)
<i>risperidone</i> TBDP	1		ZYPREXA ZYDIS TBDP ( <i>olanzapine</i> )	7	
Butyrophenones			ZYPREXA TABS 15 MG, 20 MG ( <i>olanzapine</i> )	7	QL(1 ea daily)
<i>haloperidol lactate</i> CONC	1		ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG ( <i>olanzapine</i> )	7	
<i>haloperidol</i> TABS	1		Phenothiazines		
Dibenzapines			(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>asenapine maleate</i>	3		<i>chlorpromazine hcl</i> TABS	1	
<i>clozapine</i> TABS	1		<i>fluphenazine hcl</i> CONC	3	
<i>clozapine</i> TBDP 12.5 MG, 25 MG, 100 MG	3		<i>fluphenazine hcl</i> ELIX	1	
CLOZARIL TABS ( <i>clozapine</i> )	7		<i>fluphenazine hcl</i> TABS	1	
<i>loxapine succinate</i>	1				
<i>olanzapine</i> TABS 15 MG, 20 MG	1	QL(1 ea daily)			
<i>olanzapine</i> TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1				
<i>olanzapine</i> TBDP	3				
<i>quetiapine fumarate</i> TABS 300 MG, 400 MG	1	QL(2 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine TABS</i>	1		CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
<i>prochlorperazine</i>	1	QL(2 ea daily)	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
<i>prochlorperazine maleate TABS</i>	1		CIMDUO	2	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1		COMBIVIR ( <i>lamivudine-zidovudine</i> )	7	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)	COMPLERA	2	
<i>trifluoperazine hcl TABS</i>	1		<i>darunavir TABS</i>	1	
Quinolinone Derivatives			DELSTRIGO	2	
ABILIFY TABS 20 MG ( <i>aripiprazole</i> )	7	QL(1 ea daily)	DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV
ABILIFY TABS 15 MG ( <i>aripiprazole</i> )	7	QL(2 ea daily)	DOVATO	2	
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG ( <i>aripiprazole</i> )	7		EDURANT	2	
<i>aripiprazole SOLN OR</i>	1		<i>efavirenz CAPS</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)	<i>efavirenz TABS</i>	1	
REXULTI	3		<i>emtricitabine CAPS</i>	1	
Thioxanthenes			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
<i>thiothixene</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>					
Antiretrovirals					
<i>abacavir sulfate-lamivudine</i>	1		EMTRIVA CAPS ( <i>emtricitabine</i> )	7	
<i>abacavir sulfate SOLN</i>	1		EMTRIVA SOLN	2	
<i>abacavir sulfate TABS</i>	1		EPIVIR SOLN ( <i>lamivudine</i> )	7	
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				

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Drug Name	Drug Tier	Requirements/ Limits
EPIVIR TABS <i>(lamivudine)</i>	7	
EPZICOM <i>(abacavir sulfate-lamivudine)</i>	7	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium</i> TABS	1	
GENVOYA	2	
INTELENCE <i>(etravirine)</i>	7	
INTELENCE 25 MG	2	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	
JULUCA	2	
KALETRA SOLN <i>(lopinavir-ritonavir)</i>	7	
KALETRA TABS <i>(lopinavir-ritonavir)</i>	7	
<i>lamivudine</i> SOLN	1	
<i>lamivudine</i> TABS	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA SUSP	2	
LEXIVA TABS <i>(fosamprenavir calcium)</i>	7	
<i>lopinavir-ritonavir</i> SOLN	1	
<i>lopinavir-ritonavir</i> TABS	1	
<i>maraviroc</i> TABS	1	
<i>nevirapine</i> SUSP	1	
<i>nevirapine</i> TABS	1	
<i>nevirapine</i> TB24	1	
NORVIR PACK	2	
NORVIR SOLN	2	
NORVIR TABS <i>(ritonavir)</i>	7	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA SUSP	2	
PREZISTA TABS 75 MG, 150 MG	2	
PREZISTA TABS <i>(darunavir)</i>	7	
RETROVIR CAPS <i>(zidovudine)</i>	7	
RETROVIR SYRP <i>(zidovudine)</i>	7	
REYATAZ CAPS 200 MG, 300 MG <i>(atazanavir sulfate)</i>	7	
REYATAZ PACK	2	
<i>ritonavir</i> TABS	1	
RUKOBIA	3	
SELZENTRY SOLN	2	
SELZENTRY TABS <i>(maraviroc)</i>	7	
SELZENTRY TABS 25 MG, 75 MG	2	
<i>stavudine</i> CAPS	1	
STRIBILD	2	
SUSTIVA CAPS <i>(efavirenz)</i>	7	
SUSTIVA TABS <i>(efavirenz)</i>	7	
SYMFI <i>(efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	7	
SYMFI LO <i>(efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	7	
SYMTUZA	2	
<i>tenofovir disoproxil fumarate</i> TABS	1	
TIVICAY TABS	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TRIZIVIR	2	

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Drug Name	Drug Tier	Requirements/Limits
TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	7	QL(1 ea daily)
TYBOST	2	
VIRACEPT TABS	2	
VIREAD POWD	2	
VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )	7	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
ZIAGEN SOLN ( <i>abacavir sulfate</i> )	7	
ZIAGEN TABS ( <i>abacavir sulfate</i> )	7	
<i>zidovudine CAPS</i>	1	
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV
CMV Agents		
VALCYTE SOLR ( <i>valganciclovir hcl</i> )	7	QL(21 ml daily)
VALCYTE TABS ( <i>valganciclovir hcl</i> )	7	
<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)
<i>valganciclovir hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Hepatitis Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABS ( <i>entecavir</i> )	7	
<i>entecavir TABS</i>	1	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplusa; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; 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	
<i>acyclovir TABS OR 400 MG</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<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)

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Drug Name	Drug Tier	Requirements/Limits
VALTREX 1 GM ( <i>valacyclovir hcl</i> )	7	QL(4 ea daily)
ZOVIRAX SUSP ( <i>acyclovir</i> )	7	
Influenza Agents		
<i>oseltamivir phosphate</i> CAPS	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate</i> SUSR	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	QL(20 ea per fill retail)
<i>rimantadine hydrochloride</i> TABS	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
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Alpha-Beta Blockers		
<i>carvedilol</i> 6.25 MG, 12.5 MG, 25 MG	1	
<i>carvedilol</i> 3.125 MG	1	QL(2 ea daily)
<i>carvedilol phosphate</i>	1	
COREG 6.25 MG, 12.5 MG, 25 MG ( <i>carvedilol</i> )	7	
COREG 3.125 MG ( <i>carvedilol</i> )	7	QL(2 ea daily)
COREG CR ( <i>carvedilol phosphate</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl</i> TABS	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC ( <i>nebivolol hcl</i> )	7	
LOPRESSOR TABS ( <i>metoprolol tartrate</i> )	7	
<i>metoprolol succinate</i> TB24	1	
<i>metoprolol tartrate</i> TABS	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS ( <i>atenolol</i> )	7	
TOPROL XL TB24 ( <i>metoprolol succinate</i> )	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF ( <i>sotalol hcl (afib/afll)</i> )	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )	7	
CORGARD TABS 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	7	
HEMANGEOL SOLN OR	3	PA
INDERAL LA CP24 ( <i>propranolol hcl</i> )	7	
<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	1	
<i>pindolol</i> TABS	1	
<i>propranolol hcl</i> CP24	1	
<i>propranolol hcl</i> SOLN OR 20 MG/5ML, 40 MG/5ML	1	
<i>propranolol hcl</i> TABS	1	
<i>sotalol hcl (afib/afll)</i>	1	
<i>sotalol hcl</i> TABS	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate TABS 5 MG</i>	1	QL(2 ea daily; 60 ea per fill retail)	CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> )	7	
<i>timolol maleate TABS 20 MG</i>	1	QL(60 ea per fill retail)	<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	<i>diltiazem hcl extended release beads</i>	1	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>					
Calcium Channel Blockers					
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>diltiazem hcl CP12</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>diltiazem hcl CP24</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>diltiazem hcl TABS</i>	1	
(Diltiazem Hcl) DILT-XR CP24	1		<i>diltiazem hcl TB24</i>	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	<i>felodipine 10 MG</i>	1	QL(1 ea daily)
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	<i>isradipine CAPS</i>	3	
CALAN SR TBCR 180 MG, 240 MG ( <i>verapamil hcl</i> )	7	QL(2 ea daily)	<i>nicardipine hcl CAPS</i>	3	
CALAN SR TBCR 120 MG ( <i>verapamil hcl</i> )	7		<i>nifedipine CAPS</i>	1	
CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )	7	QL(1 ea daily)	<i>nifedipine TB24</i>	1	QL(1 ea daily)
CARDIZEM LA TB24 ( <i>diltiazem hcl</i> )	7		<i>nifedipine TB24 30 MG, 60 MG</i>	1	
			<i>nimodipine CAPS</i>	1	
			<i>nisoldipine</i>	1	
			NORVASC TABS 2.5 MG ( <i>amlodipine besylate</i> )	7	QL(2 ea daily)
			NORVASC TABS 5 MG, 10 MG ( <i>amlodipine besylate</i> )	7	QL(1 ea daily)
			PROCARDIA XL TB24 ( <i>nifedipine</i> )	7	QL(1 ea daily)
			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	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl TBCR 120 MG</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
VERAPAMIL HYDROCHLORIDE ER CP24 ( <i>verapamil hcl</i> )	7	
VERELAN PM CP24 ( <i>verapamil hcl</i> )	7	
VERELAN CP24 120 MG, 240 MG ( <i>verapamil hcl</i> )	7	
VERELAN CP24 180 MG ( <i>verapamil hcl</i> )	7	QL(2 ea daily)
VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	2	QL(1 ea daily)
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
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	
<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	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	3	PA
BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
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
<i>sildenafil citrate</i>	3	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	3	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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>ambrisentan</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); 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	<i>bosentan TABS 62.5 MG</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Prostaglandin Vasodilators			<i>bosentan TABS 125 MG</i>	1	ST
ORENITRAM TBCR 5 MG	3	PA	LETAIRIS ( <i>ambrisentan</i> )	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA	OPSUMIT	3	ST; PA
TYVASO DPI INSTITUTIONALKIT POWD	3	QL(4 ea daily); PA	TRACLEER TABS 62.5 MG ( <i>bosentan</i> )	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(8 ea daily); PA	TRACLEER TABS 125 MG ( <i>bosentan</i> )	7	ST
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 ea daily); PA	TRACLEER TBSO	2	ST; PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 ea daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI TITRATION KIT POWD	3	QL(7 ea daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 ea daily); PA
TYVASO REFILL SOLN IN	3	PA	ADCIRCA TABS ( <i>tadalafil pulmonary hypertension</i> )	7	QL(2 ea daily); PA
TYVASO STARTER SOLN IN	3	PA	REVATIO SUSR ( <i>sildenafil citrate pulmonary hypertension</i> )	7	PA
TYVASO SOLN IN	3	PA	REVATIO TABS ( <i>sildenafil citrate pulmonary hypertension</i> )	7	QL(3 ea daily); PA
VENTAVIS	3	PA	<i>sildenafil citrate pulmonary hypertension</i> ) SUSR	3	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists					

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Drug Name	Drug Tier	Requirements/Limits
<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 TBPK	3	ST; PA
UPTRAVI TABS 200 MCG	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
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
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 750 MG</i>	3	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		

Drug Name	Drug Tier	Requirements/Limits
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	
<b>CHEMICALS</b>		
Bulk Chemicals - C's		
CALCITRIOL	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS	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
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV
(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 MG-20 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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 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-0.5 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-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

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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	MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )	5	Grand Fathered Plans at Tier 2; PV
BEYAZ ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</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>desogestrel &amp; ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	NATAZIA	5	Grand Fathered Plans at Tier 2; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV
<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet &amp; estrad-fe CAPS</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet &amp; estrad-fe CHEW</i>	5	Grand Fathered Plans at Tier 2; PV
<i>ethynodiol diacet &amp; eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet &amp; 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
GENERESS FE ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone &amp; ethinyl estradiol-fe 35 MCG-0.4 MG</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
<i>levonorgestrel &amp; eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone &amp; ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acet &amp; eth estra</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 acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV			
LOSEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	5	Grand Fathered Plans at Tier 2; PV			

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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 &amp; 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	<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV
Combination Contraceptives - Vaginal			OPILL	5	Grandfather Plans at Tier 2; PV
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV			
ANNOVERA	5	Grand Fathered Plans at Tier 2; PV			
<i>etonogestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV			

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Drug Name	Drug Tier	Requirements/Limits
SLYND	5	Grand Fathered Plans at Tier 2; PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
Glucocorticosteroids		
<i>budesonide CPEP</i>	1	QL(3 ea daily)
<i>budesonide TB24</i>	3	PA
CORTEF TABS ( <i>hydrocortisone</i> )	7	
<i>deflazacort TABS</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 ( <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	
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	

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPK 5 MG</i>	3	
<i>prednisone TBPK 10 MG</i>	1	
UCERIS TB24 ( <i>budesonide</i> )	7	PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate 100 MG, 200 MG</i>	1	
<i>benzonatate 150 MG</i>	3	
HYCODAN SOLN ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )	7	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	

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Drug Name	Drug Tier	Requirements/Limits
(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 &amp; phenylephrine SYRP</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine</i>	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	3	
HYPERSAL NEBU	3	
HYPERSAL NEBU ( <i>sodium chloride (inhalant)</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1	
<i>sodium chloride (inhalant) NEBU 7 %</i>	3	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
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)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3		AZELEX	3	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )	7	QL(2 gm daily)
(Tretinoin) AVITA CREA 0.025 %	1		<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)
(Tretinoin) AVITA GEL 0.025 %	1		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	
ABSORICA 20 MG ( <i>isotretinoin</i> )	7	QL(5 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) LOTN</i>	1	
ACZONE 7.5 % ( <i>dapsone (topical)</i> )	7	ST; QL(2 gm daily); PA	<i>clindamycin phosphate (topical) SOLN</i>	1	
ACZONE 5 % ( <i>dapsone (topical)</i> )	7	ST; PA	<i>clindamycin phosphate (topical) SWAB</i>	3	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<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 GEL 5 %-1 %</i>	3	
<i>adapalene CREA</i>	1	QL(45 gm per fill retail)	<i>clindamycin phosphate-tretinoin</i>	3	QL(1 gm daily)
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	<i>dapsone (topical) 5 %</i>	3	ST; PA
<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC	<i>dapsone (topical) 7.5 %</i>	3	ST; QL(2 gm daily); PA
ATRALIN GEL ( <i>tretinoin</i> )	7	Limit 45gms per month; QL(1.5 gm daily)	DIFFERIN CREA ( <i>adapalene</i> )	7	QL(45 gm per fill retail)
			DIFFERIN GEL 0.3 % ( <i>adapalene</i> )	7	QL(45 gm per fill retail; 135 per fill mail)
			DIFFERIN GEL 0.1 % ( <i>adapalene</i> )	7	QL(45 gm per fill retail); RX/OTC
			DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ml daily)

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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 2 % ( <i>naftifine hcl</i> )	7	
NAFTIN GEL 1 %	3	
<i>nystatin (topical) CREA</i>	1	
<i>nystatin (topical) OINT</i>	1	
<i>nystatin (topical) POWD EX</i>	1	
<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>oxiconazole nitrate CREA</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
OXISTAT CREA ( <i>oxiconazole nitrate</i> )	7	
OXISTAT LOTN	3	
Anti-inflammatory Agents - Topical		
(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, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	3	QL(4 gm daily); PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)
PENNSAID SOLN EX 2 % ( <i>diclofenac sodium (topical)</i> )	7	QL(4 gm daily); PA
PENNSAID SOLN EX	3	QL(4 gm daily); PA
VOLTAREN ARTHRITIS PAIN GEL EX ( <i>diclofenac sodium (topical)</i> )	7	RX/OTC
Antineoplastic or Premalignant Lesion Agents -		

Drug Name	Drug Tier	Requirements/Limits
Topical		
<i>bexarotene (topical)</i>	1	
CARAC CREA ( <i>fluorouracil (topical)</i> )	2	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses) EX</i>	3	PA
EFUDEX CREA ( <i>fluorouracil (topical)</i> )	7	
<i>fluorouracil (topical) CREA 5 %</i>	1	
<i>fluorouracil (topical) SOLN</i>	1	
PANRETIN	3	PA
TARGRETIN ( <i>bexarotene (topical)</i> )	7	
VALCHLOR	3	ST; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	QL(3 gm daily)
PRUDOXIN ( <i>doxepin hcl (antipruritic)</i> )	3	QL(3 gm daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
<i>acitretin 10 MG</i>	3	QL(1 ea daily)
<i>acitretin 17.5 MG</i>	3	
<i>acitretin 25 MG</i>	3	QL(2 ea daily)
<i>calcipotriene CREA</i>	1	QL(5 gm daily)
<i>calcipotriene FOAM</i>	3	QL(4 gm daily)
CALCIPOTRIENE FOAM	3	QL(4 gm daily)
<i>calcipotriene OINT</i>	1	QL(5 gm daily)
<i>calcipotriene SOLN</i>	1	
COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA

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COSENTYX UNOREADY SOAJ	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); SP; PA
COSENTYX SOSY 150 MG/ML	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); SP; 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		
STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage; SP; PA	<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
			ZOVIRAX OINT ( <i>acyclovir topical</i> )	7	QL(1 gm daily)
			Burn Products		

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(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		<i>clobetasol propionate LIQD</i>	3	
APEXICON E CREA	2		<i>clobetasol propionate LOTN</i>	3	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1				
<i>betamethasone dipropionate (topical) OINT</i>	1				

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<i>clobetasol propionate SHAM</i>	1		<i>desoximetasone OINT 0.25 %</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>diflorasone diacetate CREA</i>	1	
CLOBEX LIQD ( <i>clobetasol propionate</i> )	7		<i>diflorasone diacetate OINT</i>	1	
CLOBEX LOTN 0.05 % ( <i>clobetasol propionate</i> )	7		DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> )	7	
CLOBEX SHAM ( <i>clobetasol propionate</i> )	7		EPIFOAM FOAM	3	
<i>clocortolone pivalate</i>	3		<i>fluocinolone acetonide CREA</i>	1	
CLODERM ( <i>clocortolone pivalate</i> )	3		<i>fluocinolone acetonide OIL</i>	1	
CORDRAN CREA 0.025 %	3		<i>fluocinolone acetonide OINT</i>	1	
CORDRAN CREA ( <i>flurandrenolide</i> )	7		<i>fluocinolone acetonide SOLN</i>	1	
CORDRAN LOTN ( <i>flurandrenolide</i> )	7	PA	<i>fluocinonide emulsified base</i>	1	
CORDRAN OINT	3	PA	<i>fluocinonide CREA</i>	1	
CORDRAN TAPE	3		<i>fluocinonide GEL</i>	1	
CUTIVATE LOTN ( <i>fluticasone propionate</i> )	7		<i>fluocinonide OINT</i>	1	
DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )	7		<i>fluocinonide SOLN</i>	1	
DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> )	7		<i>flurandrenolide CREA</i>	3	
<i>desonide CREA</i>	1		<i>flurandrenolide LOTN</i>	3	PA
<i>desonide GEL</i>	3		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide LOTN</i>	1		<i>fluticasone propionate LOTN</i>	3	
<i>desonide OINT</i>	1		<i>fluticasone propionate OINT</i>	1	
DESOWEN CREA ( <i>desonide</i> )	7		<i>halobetasol propionate CREA</i>	1	
<i>desoximetasone CREA</i>	1		<i>halobetasol propionate OINT</i>	1	
<i>desoximetasone GEL</i>	1		HALOG SOLN	3	
<i>desoximetasone LIQD</i>	3	PA	<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desoximetasone OINT 0.05 %</i>	3		<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		SYNALAR SOLN ( <i>fluocinolone acetonide</i> )	7	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	3		TACLONEX OINT ( <i>calcipotriene-betamethasone dipropionate</i> )	7	QL(2 gm daily); ST
<i>hydrocortisone butyrate CREA</i>	1		TACLONEX SUSP ( <i>calcipotriene-betamethasone dipropionate</i> )	3	QL(2 gm daily); ST
<i>hydrocortisone butyrate LOTN</i>	3	PA	TEMOVATE CREA ( <i>clobetasol propionate</i> )	7	
<i>hydrocortisone butyrate OINT</i>	1		TEMOVATE OINT ( <i>clobetasol propionate</i> )	7	
<i>hydrocortisone butyrate SOLN</i>	3		TEXACORT SOLN 2.5 %	3	
<i>hydrocortisone valerate CREA</i>	3		TOPICORT CREA ( <i>desoximetasone</i> )	7	
<i>hydrocortisone valerate OINT</i>	3		TOPICORT GEL ( <i>desoximetasone</i> )	7	
KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	7		TOPICORT LIQD ( <i>desoximetasone</i> )	7	PA
LOCOID LIPOCREAM	3		TOPICORT OINT ( <i>desoximetasone</i> )	7	
LOCOID LOTN ( <i>hydrocortisone butyrate</i> )	7	PA	<i>triamcinolone acetonide (topical) AERS</i>	1	
LUXIQ FOAM ( <i>betamethasone valerate</i> )	7		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>mometasone furoate CREA</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>mometasone furoate OINT</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>mometasone furoate SOLN</i>	1		TRIDESILON CREA 0.05 % ( <i>desonide</i> )	7	
NUCORT LOTN	3		ULTRAVATE LOTN	3	ST; PA
OLUX-E ( <i>clobetasol propionate emulsion</i> )	7		Immunomodulating Agents - Topical		
OLUX FOAM ( <i>clobetasol propionate</i> )	7		ALDARA ( <i>imiquimod</i> )	7	
PRAMOSONE LOTN	3		<i>imiquimod 5 %</i>	1	
PRAMOSONE OINT	3		Immunosuppressive Agents - Topical		
<i>prednicarbate OINT</i>	3		ELIDEL ( <i>pimecrolimus</i> )	7	QL(60 gm per fill retail)
SYNALAR CREA ( <i>fluocinolone acetonide</i> )	7				
SYNALAR OINT ( <i>fluocinolone acetonide</i> )	7				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus</i>	3	QL(60 gm per fill retail)	<i>doxycycline (rosacea)</i>	3	ST; QL(1 ea daily); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)	FINACEA FOAM	3	
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)	FINACEA GEL ( <i>azelaic acid</i> )	7	
Keratolytic/Antimitotic/Vesicant Agents			<i>ivermectin (rosacea)</i>	3	QL(1.5 gm daily); PA
(Salicylic Acid) KERALYT SHAM 6 %	1		METROCREAM CREA ( <i>metronidazole (topical)</i> )	7	
CONDYLOX GEL ( <i>podofilox</i> )	7		METROGEL GEL 1 % ( <i>metronidazole (topical)</i> )	7	
PODOCON-25 SOLN	3		METROLOTION LOTN ( <i>metronidazole (topical)</i> )	7	QL(60 ml per fill retail)
<i>podofilox GEL</i>	1		<i>metronidazole (topical) CREA</i>	1	
<i>podofilox SOLN</i>	1		<i>metronidazole (topical) GEL 1 %</i>	1	
<i>salicylic acid SHAM 6 %</i>	1		<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
Local Anesthetics - Topical			<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)
(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 %	1	QL(3 ea daily)	MIRVASO ( <i>brimonidine tartrate (topical)</i> )	7	ST; PA
<i>lidocaine-prilocaine CREA</i>	3		ORACEA ( <i>doxycycline (rosacea)</i> )	3	ST; QL(1 ea daily); PA
<i>lidocaine PTCH 5 %</i>	1	QL(3 ea daily)	RHOFADE	3	ST; PA
LIDODERM PTCH ( <i>lidocaine</i> )	7	QL(3 ea daily)	SOOLANTRA ( <i>ivermectin (rosacea)</i> )	7	QL(1.5 gm daily); PA
Misc. Topical			Scabicides & Pediculicides		
DRYSOL SOLN	2		(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	3	RX/OTC
XERAC AC	3		<i>ivermectin (pediculicide)</i>	3	RX/OTC
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>malathion</i>	3	
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA	NATROBA ( <i>spinosad</i> )	3	AL(At least 4 yrs old)
Rosacea Agents			OVIDE ( <i>malathion</i> )	7	
(Metronidazole (Topical)) ROSADAN CREA	1		<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)	SKLICE ( <i>ivermectin (pediculicide)</i> )	7	RX/OTC
<i>azelaic acid GEL</i>	1		<i>spinosad</i>	3	AL(At least 4 yrs old)
<i>brimonidine tartrate (topical)</i>	3	ST; PA			

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Drug Name	Drug Tier	Requirements/Limits
Wound Care Products		
REGRANEX	3	QL(15 gm per fill retail)
<b>DIAGNOSTIC PRODUCTS</b>		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
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)

Drug Name	Drug Tier	Requirements/Limits
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>methazolamide TABS</i>	1	
Diuretic Combinations		

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Drug Name	Drug Tier	Requirements/Limits
ALDACTAZIDE ( <i>spironolactone &amp; hydrochlorothiazide</i> )	7	
ALDACTAZIDE	2	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	7	QL(2 ea daily)
MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	7	QL(1 ea daily)
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
<i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
Loop Diuretics		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
BUMEX TABS 0.5 MG ( <i>bumetanide</i> )	7	
EDECIN ( <i>ethacrynic acid</i> )	7	ST
<i>ethacrynic acid</i>	3	ST
<i>furosemide SOLN OR 10 MG/ML</i>	1	
<i>furosemide SOLN OR 40 MG/5ML</i>	3	
<i>furosemide TABS</i>	1	
LASIX TABS ( <i>furosemide</i> )	7	
SOANZ TABS 20 MG ( <i>torseamide</i> )	7	
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily)
Potassium Sparing Diuretics		
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 12.5 MG</i>	3	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		
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 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily)
BONIVA TABS ( <i>ibandronate sodium</i> )	7	QL(0.04 ea daily)
<i>calcitonin (salmon) NA</i>	1	

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FOSAMAX TABS 70 MG <i>(alendronate sodium)</i>	7	QL(0.15 ea daily)	<b>Suppressants</b>		
<i>ibandronate sodium TABS</i>	1	QL(0.04 ea daily)	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
<i>risedronate sodium TABS 5 MG, 30 MG</i>	3	QL(1 ea daily)	SYNAREL	2	
<i>risedronate sodium TABS 35 MG</i>	3	QL(0.15 ea daily)	<b>Metabolic Modifiers</b>		
<i>risedronate sodium TABS 150 MG</i>	3	QL(0.04 ea daily)	(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	Specialty Drug refer to Caremark SP RX
<b>Fertility Regulators</b>			(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	Specialty Drug refer to Caremark SP RX
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)	<i>betaine</i>	3	
<i>clomiphene citrate TABS</i>	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)	BUPHENYL POWD <i>(sodium phenylbutyrate)</i>	7	
<b>Growth Hormones</b>			BUPHENYL TABS <i>(sodium phenylbutyrate)</i>	7	
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA	<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA	<i>calcitriol CAPS 0.25 MCG</i>	1	
<b>Hormone Receptor Modulators</b>			<i>calcitriol SOLN OR</i>	1	
EVISTA <i>(raloxifene hcl)</i>	5	Grand Fathered Plans at Tier 2; PV	CARNITOR SF SOLN OR <i>(levocarnitine (metabolic modifiers))</i>	7	
OSPHENA	3	QL(1 ea daily)	CARNITOR SOLN OR 1 GM/10ML <i>(levocarnitine (metabolic modifiers))</i>	7	
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV	CARNITOR TABS <i>(levocarnitine (metabolic modifiers))</i>	7	
<b>LHRH/GnRH Agonist Analog Pituitary</b>			<i>cinacalcet hcl</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
			CYSTADANE <i>(betaine)</i>	7	
			<i>doxercalciferol CAPS</i>	3	
			GALAFOLD	3	QL(0.5 ea daily)

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KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX	DDAVP TABS 0.1 MG ( <i>desmopressin acetate</i> )	7	
KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX	DDAVP TABS 0.2 MG ( <i>desmopressin acetate</i> )	7	QL(6 ea daily)
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	3		<i>desmopressin acetate spray</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	3		<i>desmopressin acetate spray refrigerated</i>	1	
<i>nitisinone CAPS</i>	3	PA	DESMOPRESSIN ACETATE SOLN NA	3	
ORFADIN CAPS ( <i>nitisinone</i> )	7	PA	<i>desmopressin acetate TABS 0.1 MG</i>	1	
ORFADIN SUSP	3	PA	<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
<i>paricalcitol CAPS</i>	1		STIMATE SOLN NA	3	
RAVICTI	3	PA	Progesterone Receptor Antagonists		
ROCALTROL CAPS 0.25 MCG ( <i>calcitriol</i> )	7		MIFEPREX ( <i>mifepristone</i> )	5	Grand Fathered Plans at Tier 2; PV
ROCALTROL CAPS 0.5 MCG ( <i>calcitriol</i> )	7	QL(4 ea daily)	<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV
ROCALTROL SOLN OR ( <i>calcitriol</i> )	7		Prolactin Inhibitors		
<i>sapropterin dihydrochloride PACK</i>	1	Specialty Drug refer to Caremark SP RX	<i>cabergoline</i>	1	
<i>sapropterin dihydrochloride TABS</i>	1	Specialty Drug refer to Caremark SP RX	ESTROGENS - Hormone Replacement/Modifying Drugs		
SENSIPAR ( <i>cinacalcet hcl</i> )	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	Estrogen Combinations		
<i>sodium phenylbutyrate POWD</i>	3		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
<i>sodium phenylbutyrate TABS</i>	3		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>paricalcitol</i> )	7		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
Posterior Pituitary Hormones			(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	

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ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	7		<i>estradiol PTWK</i>	1	QL(4 ea per fill retail; 4 ea per 30 days retail)
ANGELIQ	3		<i>estradiol TABS</i>	1	
CLIMARA PRO	2	Limit 4 patches per month; QL(0.143 ea daily)	ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
COMBIPATCH PTTW	3		EVAMIST SOLN	3	
DUAVEE	3		MENEST	2	
<i>estradiol &amp; norethindrone acetate TABS</i>	1		MENOSTAR PTWK	3	QL(4 ea per 30 days retail)
FEMHRT ( <i>norethindrone acetate-ethinyl estradiol</i> )	7		MINIVELLE PTTW ( <i>estradiol</i> )	7	QL(0.29 ea daily)
<i>norethindrone acetate-ethinyl estradiol</i>	1		PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
ORIAHNN	3	PA	PREMARIN TABS 0.9 MG	2	
PREFEST	3		VIVELLE-DOT PTTW ( <i>estradiol</i> )	7	QL(0.29 ea daily)
PREMPHASE	2		<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)	Fluoroquinolones		
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2		<i>ciprofloxacin hcl TABS</i>	1	
<b>Estrogens</b>			<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)	CIPRO SUSR	2	
ALORA PTTW	2	QL(0.29 ea daily)	CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	7	
CLIMARA PTWK ( <i>estradiol</i> )	7	QL(4 ea per fill retail; 4 ea per 30 days retail)	<i>levofloxacin SOLN OR</i>	1	
DELESTROGEN ( <i>estradiol valerate</i> )	7	QL(5 ml per fill retail)	<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
DIVIGEL GEL ( <i>estradiol</i> )	7		<i>moxifloxacin hcl TABS</i>	1	
ELESTRIN GEL	3		<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail)
ESTRACE TABS ( <i>estradiol</i> )	7		<i>ofloxacin 300 MG</i>	1	
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)	<b>GASTROINTESTINAL AGENTS - MISC. -</b>		
<i>estradiol GEL</i>	3		<b>Miscellaneous Gastrointestinal Drugs</b>		
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)	Farnesoid X Receptor (FXR) Agonists		
			OCALIVA 10 MG	3	QL(1 ea daily); PA

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OCALIVA 5 MG	3	ST; QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	3	PA
URSO 250 TABS ( <i>ursodiol</i> )	7	
URSO FORTE TABS ( <i>ursodiol</i> )	7	
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA ( <i>lubiprostone</i> )	7	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	3	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	3	
REGLAN TABS ( <i>metoclopramide hcl</i> )	7	
Inflammatory Bowel Agents		
APRISO CP24 ( <i>mesalamine</i> )	7	QL(4 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>mesalamine TBEC 800 MG</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)
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>alosetron hcl</i>	3	
LINZESS	2	QL(1 ea daily)
LOTRONEX ( <i>alosetron hcl</i> )	7	
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	3	
ENTEREG ( <i>alvimopan</i> )	7	
MOVANTIK	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Phosphate Binder Agents</b>		
(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
FOSRENOL CHEW 500 MG ( <i>lanthanum carbonate</i> )	7	
FOSRENOL CHEW 1000 MG ( <i>lanthanum carbonate</i> )	7	QL(3 ea daily)
FOSRENOL CHEW 750 MG ( <i>lanthanum carbonate</i> )	7	QL(4 ea daily)
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
<i>lanthanum carbonate CHEW 500 MG</i>	1	
PHOSLYRA SOLN	3	
RENAGEL ( <i>sevelamer hcl</i> )	7	QL(16 ea daily); PA
RENVELA PACK 0.8 GM ( <i>sevelamer carbonate</i> )	7	
RENVELA PACK 2.4 GM ( <i>sevelamer carbonate</i> )	7	QL(5 ea daily)
RENVELA 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

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer hcl 400 MG</i>	3	ST; PA
<b>Tryptophan Hydroxylase Inhibitors</b>		
XERMELO	3	ST; PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Acidifiers</b>		
K-PHOS NO 2	2	
<b>Alkalinizers</b>		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
ORACIT	3	
ORAL CITRATE	3	
<i>pot &amp; sod citrates w/citric ac SOLN</i>	3	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate &amp; citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR ( <i>potassium citrate (alkalinizer)</i> )	7	
UROCIT-K 15 TBCR ( <i>potassium citrate (alkalinizer)</i> )	7	
UROCIT-K 5 TBCR ( <i>potassium citrate (alkalinizer)</i> )	7	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	

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Drug Name	Drug Tier	Requirements/Limits
PROCYSBI CPDR	3	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG	3	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART ( <i>dutasteride</i> )	7	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX ( <i>tamsulosin hcl</i> )	7	QL(2 ea daily)
JALYN ( <i>dutasteride-tamsulosin hcl</i> )	7	
PROSCAR ( <i>finasteride</i> )	7	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 4 MG ( <i>silodosin</i> )	3	
RAPAFLO 8 MG ( <i>silodosin</i> )	7	QL(1 ea daily)
<i>silodosin 8 MG</i>	3	QL(1 ea daily)
<i>silodosin 4 MG</i>	3	
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL ( <i>alfuzosin hcl</i> )	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC ( <i>tiopronin</i> )	7	
THIOLA TABS ( <i>tiopronin</i> )	7	
<i>tiopronin TABS</i>	3	
<i>tiopronin TBEC</i>	3	

#### GOUT AGENTS - Drugs to Treat Gout

Drug Name	Drug Tier	Requirements/Limits
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine CAPS</i>	3	
<i>colchicine TABS</i>	1	
COLCRYS TABS ( <i>colchicine</i> )	7	
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
MITIGARE CAPS ( <i>colchicine</i> )	3	
ULORIC 80 MG ( <i>febuxostat</i> )	7	QL(1 ea daily)
ULORIC 40 MG ( <i>febuxostat</i> )	7	QL(2 ea daily)
ZYLOPRIM 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	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Complement Inhibitors		
FABHALTA	3	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 100 MG	3	ST; PA
TAVALISSE 150 MG	3	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG ( <i>anagrelide hcl</i> )	7	
<i>anagrelide hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
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 400 MCG, 800 MCG	5	Grand Fathered Plans at Tier 2; PV

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

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Drug Name	Drug Tier	Requirements/Limits
<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)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )	7	QL(1 ea daily)
AMBIEN TABS ( <i>zolpidem tartrate</i> )	7	QL(1 ea daily)
<i>estazolam</i>	1	
<i>eszopiclone</i>	3	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
HALCION 0.25 MG ( <i>triazolam</i> )	7	QL(1 ea daily)
LUNESTA ( <i>eszopiclone</i> )	7	QL(1 ea daily)
RESTORIL 15 MG ( <i>temazepam</i> )	7	QL(2 ea daily)
RESTORIL 7.5 MG ( <i>temazepam</i> )	7	
RESTORIL 30 MG ( <i>temazepam</i> )	7	QL(1 ea daily)
<i>temazepam 30 MG</i>	1	QL(1 ea daily)
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<i>temazepam 7.5 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	3	QL(1 ea daily)
Orexin Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
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
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	Grand Fathered Plans at Tier 2; PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
NULYTELY ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	5	Grand Fathered Plans at Tier 2; PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV
<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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	Grand Fathered Plans at Tier F	(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
SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	5	Grand Fathered Plans at Tier F			
Laxatives - Miscellaneous			(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
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1				
<i>lactulose SOLN</i>	1				
Saline Laxatives					
OSMOPREP	5	Grand Fathered Plans at Tier 2; PV			
Stimulant Laxatives					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
			<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<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	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	
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	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)
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	Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> )	7	
			ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )	7	
			ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )	7	
			<i>erythromycin base CPEP</i>	1	
			<i>erythromycin base TABS</i>	1	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>					
Azithromycin					
<i>azithromycin PACK</i>	1				

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

Drug Name	Drug Tier	Requirements/Limits
KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	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)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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)	TRUSTEX/RIA NON-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)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	Grand Fathered Plans at Tier 2; PV

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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 NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	Grand Fathered Plans at Tier 2; PV	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Diabetic Supplies			BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	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/ULTRA-FINE/32G X 4MM	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/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); 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	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			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
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

### MIGRAINE PRODUCTS - Drugs to Treat Migraine

Drug Name	Drug Tier	Requirements/Limits
<b>Headaches</b>		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	4	PA
AJOVY SOSY	4	PA
EMGALITY SOAJ	4	PA
EMGALITY SOSY 120 MG/ML	4	PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>ergotamine w/ caffeine</i> )	7	
<i>ergotamine w/ caffeine</i> TABS	1	
<b>Migraine Products</b>		
<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)
<b>Serotonin Agonists</b>		
<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)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMITREX 5 MG/ACT ( <i>sumatriptan</i> )	7	QL(6 ea per fill retail; 6 ea per 30 days retail)	ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
IMITREX 20 MG/ACT ( <i>sumatriptan</i> )	7	Limit 6 sprayers per month; QL(2 ea daily)	ZOMIG TABS 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	7	QL(0.2 ea daily)
IMITREX TABS ( <i>sumatriptan succinate</i> )	7	QL(2 ea daily)	<b>MINERALS &amp; ELECTROLYTES</b>		
MAXALT-MLT TBDP 10 MG ( <i>rizatriptan benzoate</i> )	7	Limit 12 per month; QL(0.4 ea daily)	Calcium		
MAXALT TABS 10 MG ( <i>rizatriptan benzoate</i> )	7	QL(0.6 ea daily)	CALCIFOL	3	
<i>naratriptan hcl</i>	1	QL(9 ea per fill retail; 9 ea per 30 days retail)	CALCIUM-FOLIC ACID PLUS D	3	
RELPAK ( <i>eletriptan hydrobromide</i> )	7	QL(0.2 ea daily)	MAGNEBIND 400	3	
<i>rizatriptan benzoate TABS</i>	1	QL(0.6 ea daily)	Fluoride		
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 ea daily)	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sumatriptan 5 MG/ACT</i>	1	QL(6 ea per fill retail; 6 ea per 30 days retail)	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)	FLORIVA	3	
<i>sumatriptan succinate TABS</i>	1	QL(2 ea daily)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>zolmitriptan SOLN</i>	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
<i>zolmitriptan TABS</i>	3	QL(0.2 ea daily)	<i>sodium fluoride TABS 0.5 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>zolmitriptan TBDP</i>	3	Limit 6 per month; QL(0.2 ea daily)	<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
ZOMIG SOLN ( <i>zolmitriptan</i> )	7	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	Iodine Products		
			<i>iodine strong (lugol's)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Phosphate			(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 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-PHOS NEUTRAL ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	7		K-TAB TBCR 10 MEQ, 20 MEQ ( <i>potassium chloride</i> )	7	
K-PHOS TABS ( <i>potassium phosphate monobasic</i> )	7		K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1		<i>potassium chloride microencapsulated crystals er</i>	1	
Potassium			<i>potassium chloride CPCR</i>	1	
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		<i>potassium chloride PACK OR 20 MEQ</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1		<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1		<i>potassium chloride TBCR</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		Zinc		
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1		GALZIN	3	
			WILZIN	3	
			<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
			Chelating Agents		
			CUPRIMINE CAPS ( <i>penicillamine</i> )	7	PA
			DEPEN TITRATABS TABS ( <i>penicillamine</i> )	7	
			<i>penicillamine CAPS</i>	1	PA
			<i>penicillamine TABS</i>	1	
			SYPRINE ( <i>trientine hcl</i> )	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
			<i>trientine hcl 500 MG</i>	3	PA
			<i>trientine hcl 250 MG</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
			Immunomodulators		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>mycophenolate mofetil SUSR</i>	1	
THALOMID	3	AC; Must use Exactus Specialty Rx 1-866-458-9246; AC	<i>mycophenolate mofetil TABS</i>	1	
Immunosuppressive Agents			<i>mycophenolate sodium</i>	3	
(Azathioprine) AZASAN TABS 75 MG, 100 MG	3		MYFORTIC ( <i>mycophenolate sodium</i> )	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		NEORAL SOLN ( <i>cyclosporine modified (for microemulsion)</i> )	7	
ASTAGRAF XL CP24	3	PA	PROGRAF CAPS ( <i>tacrolimus</i> )	7	
<i>azathioprine TABS 50 MG</i>	1		PROGRAF PACK	3	PA
<i>azathioprine TABS 75 MG, 100 MG</i>	3		RAPAMUNE SOLN ( <i>sirolimus</i> )	7	
CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )	7		RAPAMUNE TABS ( <i>sirolimus</i> )	7	
CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )	7		SANDIMMUNE CAPS ( <i>cyclosporine</i> )	7	
CELLCEPT TABS ( <i>mycophenolate mofetil</i> )	7		SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	2	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		<i>sirolimus TABS</i>	3	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		<i>tacrolimus CAPS</i>	1	
<i>cyclosporine CAPS</i>	1		ZORTRESS ( <i>everolimus (immunosuppressant)</i> )	7	
<i>everolimus (immunosuppressant)</i>	1		Potassium Removing Agents		
IMURAN TABS ( <i>azathioprine</i> )	7		(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
<i>mycophenolate mofetil CAPS</i>	1		LOKELMA	3	QL(1 ea daily); PA
			<i>sodium polystyrene sulfonate POWD</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>					
Anesthetics Topical Oral					
			<i>lidocaine hcl (mouth-throat) 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Anti-infectives - Throat			(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
<i>clotrimazole</i>	1				
<i>nystatin (mouth-throat)</i>	1				
ORAVIG	3		Dental Products		
NAFRINSE DAILY/NEUTRAL SOLR	3		(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
NAFRINSE WEEKLY SOLR	3				
PREVIDENT RINSE SOLN	3				
<i>sodium fluoride (dental) SOLN 0.2 %</i>	3				
Steroids - Mouth/Throat/Dental			(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	1	RX/OTC
(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)	POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)
EVOXAC ( <i>cevimeline hcl</i> )	7	QL(3 ea daily)	QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)	Ped MV w/ Fluoride		
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
SALAGEN 7.5 MG ( <i>pilocarpine hcl (oral)</i> )	7	QL(4 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
SALAGEN 5 MG ( <i>pilocarpine hcl (oral)</i> )	7	QL(6 ea daily)			
<b>MULTIVITAMINS</b>					
Ped Multi Vitamins w/FI & FE					

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(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC SOLN	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	TRI-VI-FLOR	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	TRI-VI-FLORO	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	FLORIVA	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	Prenatal Vitamins		
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(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
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	ATABEX EC TBEC	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	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	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL BLOOM	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL BLOOM DHA	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL DHA	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CITRANATAL ESSENCE	2		OBSTETRIX DHA MISC	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OBSTETRIX ONE 30 MG- 15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG- 225 MG	3	
CITRANATAL MEDLEY	3		OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
C-NATE DHA CAPS	3		PNV-DHA+DOCUSATE	3	
COMPLETENATE CHEW	2		PNV-OMEGA	3	
CONCEPT DHA	2		PREMESISRX	3	
CONCEPT OB	2		PRENA 1 TRUE	2	
CVS WOMENS PRENATAL+DHA MISC	3		PRENA1 CHEW	3	
DUET DHA 400 MISC	3		PRENA1 PEARL	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		PRENAISSANCE	3	
ENBRACE HR	3		PRENAISSANCE PLUS CAPS	3	
FOLIVANE-OB	2		PRENATAL 19 CHEW	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		PRENATAL 19 TABS	3	RX/OTC
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		PRENATAL MULTIVITAMIN PLUS DHA MISC	3	
NESTABS	3		PRENATAL+DHA MISC	3	
NESTABS DHA	2		PRENATAL-U CAPS	2	
NESTABS ONE	3		PRENATE	3	
OB COMPLETE ONE	3		PRENATE AM	3	
OB COMPLETE PETITE	3		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	
OB COMPLETE PREMIER	3		PRENATE ELITE 75 MG- 21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG- 40 UNIT-600 MCG-20 MG	3	
OB COMPLETE/DHA	3		PRENATE ENHANCE	3	

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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		VITAFOL-ONE CAPS	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		VITAMEDMD ONE RX/QUATREFOLIC	3	
PRENATE PIXIE	3		VITAMEDMD REDICHEW RX	3	
PRENATE RESTORE	3		VITAPEARL	3	
PROVIDA OB	2		VITATRUE	2	
RELNATE DHA CAPS	3		VIVA DHA CAPS	3	
SELECT-OB+DHA MISC	3		VP-PNV-DHA CAPS	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		WESCAP-C DHA	2	
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		WESNATE DHA CAPS	3	
SE-NATAL 19 CHEW	2		WESTGEL DHA	3	
SE-NATAL 19 TABS	3	RX/OTC	ZATEAN-PN DHA	3	
THRIVITE RX TABS	2	RX/OTC	<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
TRINATAL RX 1 TABS	2		<b>Central Muscle Relaxants</b>		
TRISTART DHA	3		(Carisoprodol) VANADOM TABS 350 MG	1	
TRISTART ONE	3		(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	3	
VINATE DHA RF	3		<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
VINATE ONE TABS	2		<i>baclofen TABS 5 MG</i>	1	
VIRT-C DHA	2		<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
VIRT-NATE DHA CAPS	3		<i>carisoprodol TABS 350 MG</i>	1	
VIRT-PN DHA	3		<i>carisoprodol TABS 250 MG</i>	3	Use 350mg or 500mg
VITAFOL GUMMIES	3		<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	3	
VITAFOL-NANO	3		<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
			<i>metaxalone 800 MG</i>	3	QL(4 ea daily)
			<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
			<i>orphenadrine citrate TB12</i>	1	
			SOMA TABS 250 MG ( <i>carisoprodol</i> )	7	Use 350mg or 500mg

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SOMA TABS 350 MG ( <i>carisoprodol</i> )	7	
<i>tizanidine hcl CAPS</i>	3	
<i>tizanidine hcl TABS 2 MG</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
ZANAFLEX CAPS ( <i>tizanidine hcl</i> )	7	
ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )	7	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG ( <i>dantrolene sodium</i> )	7	
<i>dantrolene sodium CAPS</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
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 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	3	
PATANASE ( <i>olopatadine hcl (nasal)</i> )	7	
Nasal Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
<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 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 SUSP	1	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC

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(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-SYMP TOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)
FONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>fluticasone propionate (nasal)</i> )	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
FONASE ALLERGY RELIEF SUSP ( <i>fluticasone propionate (nasal)</i> )	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(32 gm per fill retail; 32 gm per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
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 50 MCG/ACT ( <i>mometasone furoate (nasal)</i> )	7	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC

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
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
RILUTEK TABS ( <i>riluzole</i> )	7	
<i>riluzole TABS</i>	3	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	2	PA
<b>NUTRIENTS</b>		
Lipids		
DOJOLVI	3	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	3	
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	3	
<i>carteolol hcl (ophth)</i>	3	
COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> )	7	
COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )	7	
COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	

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<i>dorzolamide hcl-timolol maleate</i>	3		MYDRIACYL SOLN ( <i>tropicamide</i> )	7	
ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )	7		<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	3	
<i>levobunolol hcl 0.5 %</i>	1		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	3		<i>tropicamide SOLN</i>	3	
<i>timolol maleate (ophth) SOLN</i>	1		<b>Miotics</b>		
<i>timolol maleate (ophth) SOLN</i>	3		ISOPTO CARPINE SOLN 1 %, 2 % ( <i>pilocarpine hcl</i> )	7	QL(0.5 ml daily)
TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> )	7		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	7		<b>Ophthalmic Adrenergic Agents</b>		
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	7		ALPHAGAN P ( <i>brimonidine tartrate</i> )	7	
<b>Cycloplegic Mydriatics</b>			<i>apraclonidine hcl</i>	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3		<i>brimonidine tartrate</i>	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1		IOPIDINE	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1		<b>Ophthalmic Anti-infectives</b>		
<i>atropine sulfate (ophthalmic) SOLN</i>	1		(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN	1	
ATROPINE SULFATE SOLN 1 %	2		(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
ATROPINE SULFATE SOLN 1 % ( <i>atropine sulfate (ophthalmic)</i> )	7		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN	1	
CYCLOGYL ( <i>cyclopentolate hcl</i> )	7		AZASITE	3	Use Klarity-A 71384-0220-03; QL(6 ml per 30 days retail)
CYCLOGYL	2		<i>bacitracin (ophthalmic)</i>	1	
CYCLOMYDRIL	3		<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>cyclopentolate hcl</i>	1		BESIVANCE	3	
ISOPTO ATROPINE SOLN	2		BETADINE OPHTHALMIC PREP	3	
			BLEPH-10 SOLN ( <i>sulfacetamide sodium (ophth)</i> )	7	
			CILOXAN OINT	2	

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CILOXAN SOLN ( <i>ciprofloxacin hcl (ophth)</i> )	7	
<i>ciprofloxacin hcl (ophth)</i> SOLN	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i> SOLN	1	
KLARITY-A	3	Use Klarity-A 71384-0220- 03; QL(6 ml per 30 days retail)
<i>levofloxacin (ophth) 1.5 %</i>	3	
<i>moxifloxacin hcl (ophth)</i> SOLN OP	1	QL(3 ml per fill retail)
NATACYN	2	
<i>neomycin-bacitracin zn- polymyxin</i>	1	
<i>neomycin-polymyxin- gramicidin</i>	1	
OCUFLOX ( <i>ofloxacin (ophth)</i> )	7	QL(5 ml per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM ( <i>polymyxin b- trimethoprim</i> )	7	
POVIDONE IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBEX OINT	2	
<i>trifluridine</i>	1	
VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> )	7	QL(3 ml per fill retail)
ZIRGAN GEL	3	
ZYMAXID ( <i>gatifloxacin (ophth)</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth)</i> EMUL	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 ( <i>loteprednol etabonate</i> )	7	
<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)</i> SUSP	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	

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LOTEMAX SUSP ( <i>loteprednol etabonate</i> )	7	Limit 1 bottle per month; QL(0.2 ml daily)	ZYLET	3	QL(5 ml per fill retail)
<i>loteprednol etabonate GEL</i>	3		Ophthalmics - Misc.		
<i>loteprednol etabonate SUSP 0.5 %</i>	3	Limit 1 bottle per month; QL(0.2 ml daily)	(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>loteprednol etabonate SUSP 0.2 %</i>	3		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESS RELIEF, 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
MAXIDEX SUSP OP	2		ACULAR ( <i>ketorolac tromethamine (ophth)</i> )	7	
MAXITROL OINT ( <i>neomycin-polymyx-dexameth</i> )	7		ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )	7	
MAXITROL SUSP ( <i>neomycin-polymyx-dexameth</i> )	7		ACUVAIL	3	
<i>neomycin-polymyx-dexameth OINT</i>	1		ALOCIL	3	
<i>neomycin-polymyx-dexameth SUSP</i>	1		ALOMIDE	2	
<i>neomycin-polymyxin-hc (ophth)</i>	1		<i>azelastine hcl (ophth)</i>	1	
PRED MILD	2		AZOPT ( <i>brinzolamide</i> )	7	Limit 10mls per month; QL(0.4 ml daily)
PRED-G S.O.P. OINT	3		<i>bepotastine besilate</i>	3	Limit 10ml per month; QL(0.34 ml daily); ST
PRED-G SUSP	3		BEPREVE ( <i>bepotastine besilate</i> )	7	Limit 10ml per month; QL(0.34 ml daily); ST
<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)			

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Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	3	
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
BROMSITE ( <i>bromfenac sodium (ophth)</i> )	7	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	3	Limit 4 bottles per month; QL(2.15 ml daily)
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	
DORZOLAMIDE HCL	2	
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
PAREMYD	3	
PATADAY 0.2 % ( <i>olopatadine hcl</i> )	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
PATADAY 0.1 % ( <i>olopatadine hcl</i> )	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PATADAY EXTRA STRENGTH	3	Limit 2.5mls per month; QL(0.084 ml daily); ST

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)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
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)

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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	
<b>Otic Steroids</b>		
(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)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	7	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
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)

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Drug Name	Drug Tier	Requirements/Limits
PROVERA 10 MG ( <i>medroxyprogesterone acetate</i> )	7	QL(1 ea daily)
PROVERA 2.5 MG, 5 MG ( <i>medroxyprogesterone acetate</i> )	7	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	3	ST; PA
XYREM SOLN	3	ST; PA
Antidementia Agents		
ARICEPT TABS ( <i>donepezil hydrochloride</i> )	7	QL(1 ea daily)
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
EXELON ( <i>rivastigmine</i> )	7	
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24 7 MG</i>	3	ST; PA
<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	3	PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
<i>memantine hcl TABS</i>	1	
NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )	7	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG ( <i>memantine hcl</i> )	7	PA
NAMENDA XR CP24 7 MG ( <i>memantine hcl</i> )	7	ST; PA
NAMENDA TABS 10 MG ( <i>memantine hcl</i> )	7	QL(2 ea daily)
NAMENDA TABS 5 MG ( <i>memantine hcl</i> )	7	QL(4 ea daily)
NAMZARIC C4PK	3	PA
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	3	PA
NAMZARIC CP24 7 MG-10 MG	3	ST; PA
RAZADYNE ER CP24 ( <i>galantamine hydrobromide</i> )	7	QL(1 ea daily)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>olanzapine-fluoxetine hcl</i>	3	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG ( <i>olanzapine-fluoxetine hcl</i> )	7	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
SAVELLA TABS	3	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS 6 MG	3	ST; QL(2 ea daily); PA
AUSTEDO TABS 12 MG	3	QL(4 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 9 MG	3	QL(2 ea daily); PA
INGREZZA CAPS 40 MG, 80 MG	3	QL(1 ea daily); PA
INGREZZA CAPS 60 MG	3	QL(1 ea daily); PA
INGREZZA CPPK	3	PA
<b>tetrabenazine</b>	3	
XENAZINE ( <b>tetrabenazine</b> )	7	
Multiple Sclerosis Agents		
AMPYRA ( <b>dalfampridine</b> )	7	PA
AUBAGIO ( <b>teriflunomide</b> )	7	QL(1 ea daily)
<b>dalfampridine</b>	1	PA
<b>dimethyl fumarate CDPK</b>	3	QL(60 ea per 365 days retail)
<b>dimethyl fumarate CPDR</b>	3	QL(2 ea daily)
<b> fingolimod hcl</b>	1	QL(1 ea daily)
GILENYA 0.5 MG	2	QL(1 ea daily)
GILENYA ( <b>fingolimod hcl</b> )	7	QL(1 ea daily)
KESIMPTA	3	Check plan documents for coverage; QL(0.0143 ml daily); PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA
MAYZENT STARTER PACK TBPK	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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) 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		

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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		

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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		

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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		

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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		
			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

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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
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Cystic Fibrosis Agents		
KALYDECO PACK	3	PA
KALYDECO TABS	3	PA
ORKAMBI PACK 94 MG-75 MG	3	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	PA
ORKAMBI TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO 150 MG-100 MG	3	PA
SYMDEKO 75 MG-50 MG	3	PA
TRIKAFTA TBPK 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
<b>SULFONAMIDES - Drugs to Treat Bacterial</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Infections</b>		
Sulfonamides		
<i>sulfadiazine TABS</i>	3	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
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 100 MG</i>	1	
<i>doxycycline hyclate TABS 20 MG</i>	3	
<i>minocycline hcl CAPS</i>	1	
<i>tetracycline hcl CAPS</i>	1	
TETRACYCLINE HYDROCHLORIDE TABS	2	
TETRACYCLINE HYDROCHLORID TABS	2	
VIBRAMYCIN CAPS ( <i>doxycycline hyclate</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN SUSR ( <i>doxycycline monohydrate</i> )	7	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
Antithyroid Agents		
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG ( <i>liothyronine sodium</i> )	2	
<i>levothyroxine sodium</i> CAPS 125 MCG	1	QL(1 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> 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 25 MCG, 50 MCG	1	QL(2 ea daily)
<i>liothyronine sodium</i> TABS 5 MCG	1	
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 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ( <i>levothyroxine sodium</i> )	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <i>levothyroxine sodium</i> )	2	QL(1 ea daily)
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	

**ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions**

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	1	QL(4 ea daily); RX/OTC
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	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				
LEVBIID 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				
H-2 Antagonists			<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	1	
			<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
			<i>cimetidine TABS 300 MG, 800 MG</i>	1	
			<i>famotidine SUSR</i>	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits								
<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	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 20.6 MG	1	QL(1 ea daily)							
<i>nizatidine CAPS</i>	1				(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>nizatidine SOLN</i>	1					ACIPHEX TBEC ( <i>rabeprazole sodium</i> )	7	ST; QL(1 ea daily); PA					
PEPCID AC MAXIMUM STRENGTH TABS ( <i>famotidine</i> )	7	QL(4 ea daily); RX/OTC					FIRST-OMEPRAZOLE SUSP	3					
PEPCID AC TABS 20 MG ( <i>famotidine</i> )	7	QL(4 ea daily); RX/OTC						<i>lansoprazole CPDR</i>	1	QL(1 ea daily)			
PEPCID 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 40 MG ( <i>famotidine</i> )	7	QL(2 ea daily)								<i>lansoprazole TBDD 15 MG</i>	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	
Misc. Anti-Ulcer											OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
CARAFATE SUSP ( <i>sucralfate</i> )	7												
CARAFATE TABS ( <i>sucralfate</i> )	7	QL(4 ea daily)											
<i>sucralfate SUSP</i>	1												
<i>sucralfate TABS</i>	1	QL(4 ea daily)											
Proton Pump Inhibitors													
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC											
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC											

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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 15 MG ( <i>lansoprazole</i> )	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
PREVACID SOLUTAB TBDD 30 MG ( <i>lansoprazole</i> )	7	QL(1 ea daily); AL(Up to 12 yrs old)
PREVACID CPDR 30 MG ( <i>lansoprazole</i> )	7	QL(1 ea daily)
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	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
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	
<b>VACCINES</b>		
Viral Vaccines		
COVID VACCINES	5	

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Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUADRIVALENT	5	Grand Fathered Plans at Tier 2; PV
<b>VAGINAL AND RELATED PRODUCTS</b>		
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	
VANAZOLE	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
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	4	QL(2 ea per fill retail; 4 ea per 30 days retail)
<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)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	3	PA
NORTHERA ( <i>droxidopa</i> )	7	PA
Vasopressors		
<i>midodrine hcl</i>	3	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
DRISDOL CAPS ( <i>ergocalciferol</i> )	7	

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

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(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 .....	75
(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 .....	90	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG .....	6
		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC .....	91	(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 .....	87
				(Chlorzoxazone) LORZONE TABS	

375 MG, 750 MG ..... 87	ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ... 48	CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG ..... 45
(Cholestyramine Light) PREVALITE POWD ..... 25	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA ..... 49	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .45
(Ciclopirox) CICLODAN SOLN .... 58	(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN T ..... 49	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ..... 45
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB ..... 55	(Desonide) DESRX GEL ..... 61	(Diltiazem Hcl) DILT-XR CP24 .... 45
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM ..... 55	(Dextroamphetamine Sulfate) PROCENTRA SOLN ..... 1	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ..... 45
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ... 55	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG ..... 1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG ..... 104
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % ..... 61	(Diazepam) DIAZEPAM INTENSOL CONC ..... 12	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 104
(Clobetasol Propionate Emulsion) TOVET ..... 61	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG ..... 4	(Doxycycline Hyclate) LYMEPAK TABS 100 MG ..... 104
(Clobetasol Propionate) CLODAN SHAM ..... 61	(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, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX ..... 59	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG ..... 49
(Clomiphene Citrate) CLOMID TABS 67		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG ..... 49
(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH SOLN .... 58		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG ..... 49
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG ..... 83		(Erythromycin (Acne Aid)) ERY PADS ..... 55
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 83	(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG ..... 46	(Erythromycin Base) ERY-TAB TBEC ..... 76
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ... 48	(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG ..... 46	(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG ..... 76
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE,	(Diltiazem Hcl Coated Beads)	

(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG .....	68	STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG .....	106	(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 .....	73
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS .....	68			(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 .....	73
(Estradiol Vaginal) YUVAFEM TABS . 109		(Fluocinolone Acetonide (Otic)) FLAC .....	94	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG .....	73
(Estradiol) DOTTI, LYLLANA PTTW . 69		(Flurandrenolide) NOLIX CREA ...	61	(Gentamicin Sulfate (Ophth)) GENTAK OINT .....	90
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG .....	49	(Flurandrenolide) NOLIX LOTN ...	61	(Glipizide) GLIPIZIDE XL TB24 ...	22
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG .....	49	(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 SUSP .....	88	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML .....	54
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE .....	53	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	13	(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP .....	54
(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				(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 54	
				(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % .....	11
				(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG .....	106
				(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG .....	106
				(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG .....	106
				(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG .....	4

(Indomethacin) INDOCIN SUPP . . . . 4	LANSOPRAZOLE TBDD 15 MG . 107	CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE . . . . . 50
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG . . 55	(Levetiracetam) ROWEEPRA TABS 500 MG . . . . . 15	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG . . . . 50
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG . . 55	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 49	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE . . . . . 50
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG . . 55	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG . . 49	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEUX . . . . . 50
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG . . . . . 55	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG . 49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG . . . . . 105
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 64	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG . . . . . 105	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG . . . . . 105
(Ketoconazole (Topical)) KETODAN FOAM . . . . . 58	(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 . . . . . 53	(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 % . . . . . 64
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC . . . . . 70	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 . . . . . 49	(Lorazepam) LORAZEPAM INTENSOL CONC . . . . . 12
(Lactulose) CONSTULOSE SOLN 10 GM/15ML . . . . . 75	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA,	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC . . . . . 8
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT . . . . . 15	(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 . 107	(Methylergonovine Maleate) METHERGINE TABS . . . . . 94
(Lamotrigine) SUBVENITE TABS . 15	(Lansoprazole) CVS LANSOPRAZOLE, GOODSSENSE	

(Metronidazole (Topical)) ROSADAN CREA .....	64	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 .....	97	QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 98
(Metronidazole (Topical)) ROSADAN GEL 0.75 % .....	64			
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG ..	109			(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 98
(Miglustat) YARGESA .....	73			
(Nabumetone) RELAFEN 500 MG ..	4			
(Nabumetone) RELAFEN 750 MG ..	4			
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....	90	(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 ..	96	
(Niacin (Antihyperlipidemic)) NIACOR TABS .....	26			
(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 .....	97			
(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		(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 .....	98	
		(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM 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 .....	101	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 ..	102	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY .....	53	(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) 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	(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
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(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG .....	51	OMEPRAZOLE MAGNESIUM CPDR 20 MG .....	107
(Norethindrone & Ethinyl Estradiol-Fe) WYMZYA FE 35 MCG-0.4 MG 51		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....	107
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA .....	53	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR .....	107
(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	(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 1.5 MG-30 MCG .....	51	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG ..	9
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI .....	68	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...	9
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG .....	68	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-7.5 MG ..	9
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE .....	51	(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
(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		(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ...	84
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO ..	51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC	
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA .....	51		
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG .....	51		
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ...	58		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % .....	92		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % .....	92		

MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML .....84	(Phenytoin) PHENYTOIN INFATABS CHEW .....18	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS .....85
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 84	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....71	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .85
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 85	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL .....82	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT .....85
(Pediatric Multivitamins W/FI) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 85	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..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 85
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML .....85	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ .....82	(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 85
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN .....85	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ .....82	(Prochlorperazine) COMPRO .....40
(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 20 MEQ .....82	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG .....24
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM .....74	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ .....82	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG .....24
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 % .....90	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ .....82	(Salicylic Acid) KERALYT SHAM 6 % .....64
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % .....90	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ .....82	(Sapropterin Dihydrochloride) JAVYGTOR PACK .....67
(Phenylephrine-Brompheniramine- DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML .....55	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK .....71	(Sapropterin Dihydrochloride) JAVYGTOR TABS .....67
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....18	(Potassium Citrate-Citric Acid) CYTRA-K SOLN .....71	(Silver Sulfadiazine) SSD .....61
	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS .....82	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 55
	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F .91	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 55
		(Sodium Citrate & Citric Acid) CYTRA-2 .....71

(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP .....	81	HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO .....	89	ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide) ....	28
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG .....	81	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % .....	61	acebutolol hcl CAPS .....	44
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML .....	83	(Vigabatrin) VIGADRONE TABS ..	18	acetaminophen w/ codeine SOLN ..	9
(Sotalol Hcl) SORINE TABS .....	44	(Vigabatrin) VIGADRONE, VIGPODER PACK .....	18	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG .....	9
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % .....	56	(Warfarin Sodium) JANTOVEN TABS .....	14	acetaminophen w/ codeine TABS 60 MG-300 MG .....	9
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % .....	56	abacavir sulfate SOLN .....	41	acetazolamide CP12 .....	65
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	30	abacavir sulfate TABS .....	41	acetazolamide TABS 125 MG .....	65
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS .....	47	abacavir sulfate-lamivudine .....	41	acetazolamide TABS 250 MG .....	65
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM .....	10	ABILIFY TABS 15 MG (aripiprazole) .	41	acetic acid (otic) .....	93
(Tetracaine Hcl (Ophth)) ALTACAINE .....	91	ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) .....	41	acetylcysteine SOLN .....	55
(Theophylline) ELIXOPHYLLIN ELIX .	14	ABILIFY TABS 20 MG (aripiprazole) .	41	ACIPHEX TBEC (rabeprazole sodium) .....	107
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 % .....	89	abiraterone acetate .....	33	acitretin 10 MG .....	59
(Tretinoin) AVITA CREA 0.025 % ..	56	ABSORICA 10 MG, 25 MG (isotretinoin) .....	56	acitretin 17.5 MG .....	59
(Tretinoin) AVITA GEL 0.025 % ...	56	ABSORICA 20 MG (isotretinoin) ..	56	acitretin 25 MG .....	59
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE .....	84	ABSORICA 30 MG (isotretinoin) ..	56	ACTIQ LPOP 1600 MCG (fentanyl citrate) .....	8
(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		ABSORICA 35 MG, 40 MG (isotretinoin) .....	56	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate) .....	8
		acamprosate calcium .....	95	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate)	69
		acarbose .....	20	ACTONEL TABS 150 MG (risedronate sodium) .....	66
		ACCUPRIL (quinapril hcl) .....	26	ACTONEL TABS 35 MG (risedronate sodium) .....	66
		ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide) .....	28	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl)	20
				ACTOS 15 MG (pioglitazone hcl) ..	22

ACTOS 30 MG, 45 MG (pioglitazone hcl) .....	22	ADEMPAS .....	48	ALECENSA .....	35
ACULAR (ketorolac tromethamine (ophth)) .....	92	ADIPEX-P CAPS (phentermine hcl) 1		alendronate sodium SOLN .....	66
ACULAR LS (ketorolac tromethamine (ophth)) .....	92	ADTHYZA TABS .....	105	alendronate sodium TABS 35 MG, 70 MG .....	66
ACUVAIL .....	92	ADVAIR DISKUS AEPB (fluticasone-salmeterol) .....	13	alendronate sodium TABS 5 MG, 10 MG .....	66
acyclovir CAPS .....	43	AFINITOR DISPERZ TBSO (everolimus) .....	34	alfuzosin hcl .....	72
acyclovir SUSP .....	43	AFINITOR TABS (everolimus) .....	34	ALINIA SUSR .....	30
acyclovir TABS OR 400 MG .....	43	AGRYLIN 0.5 MG (anagrelide hcl) 72		ALINIA TABS (nitazoxanide) .....	30
acyclovir TABS OR 800 MG .....	43	AIMSCO LUBRICATED MISC .....	77	aliskiren fumarate .....	29
acyclovir topical CREA .....	60	AJOVY SOAJ .....	80	ALKERAN (melphalan) .....	31
acyclovir topical OINT .....	60	AJOVY SOSY .....	80	allopurinol 100 MG .....	72
ACZONE 5 % (dapsone (topical)) .	56	AKTEN .....	91	allopurinol 300 MG .....	72
ACZONE 7.5 % (dapsone (topical))	56	AKYNZEO .....	23	almotriptan malate .....	80
ADALIMUMAB-ADAZ SOAJ .....	3	albendazole .....	11	ALOCRIAL .....	92
ADALIMUMAB-ADAZ SOSY .....	3	ALBENZA (albendazole) .....	11	alogliptin benzoate 25 MG .....	21
adapalene CREA .....	56	albuterol sulfate AERS .....	13	alogliptin benzoate 6.25 MG, 12.5 MG .....	21
adapalene GEL 0.1 % .....	56	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	14	ALOMIDE .....	92
adapalene GEL 0.3 % .....	56	ALBUTEROL SULFATE NEBU ...	14	ALORA PTTW .....	69
adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	56	albuterol sulfate SYRP .....	14	alose tron hcl .....	70
adapalene-benzoyl peroxide GEL 2.5 %-0.3 % .....	56	albuterol sulfate TABS .....	14	ALPHAGAN P (brimonidine tartrate) 90	
ADCIRCA TABS (tadalafil (pulmonary hypertension)) .....	47	ALCAINE (proparacaine hcl) .....	91	ALPRAZOLAM INTENSOL CONC 12	
ADDERALL TABS (amphetamine-dextroamphetamine) .....	1	alclometasone dipropionate CREA	61	alprazolam TABS .....	12
ADDERALL XR CP24 (amphetamine-dextroamphetamine) .	1	alclometasone dipropionate OINT .	61	alprazolam TBDP .....	12
adefovir dipivoxil .....	43	ALDACTAZIDE (spironolactone & hydrochlorothiazide) .....	66	ALREX SUSP (loteprednol etabonate) .....	91
		ALDACTAZIDE .....	66	ALTABAX .....	58
		ALDACTONE TABS (spironolactone) .....	66	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril) .....	26
		ALDARA (imiquimod) .....	63	ALUNBRIG TABS .....	35

ALUNBRIG TBPK .....	35	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	ANAFRANIL (clomipramine hcl) ..	20
alvimopan .....	70		anagrelide hcl .....	72
amantadine hcl CAPS .....	38		ANALPRAM-HC LOTN EX .....	11
amantadine hcl TABS .....	38	amlodipine besylate-valsartan 10 MG-160 MG .....	ANAPROX DS TABS (naproxen sodium) .....	4
AMARYL (glimepiride) .....	22		ANASPAZ TBDP (hyoscyamine sulfate) .....	106
AMBIEN CR TBCR (zolpidem tartrate) .....	74	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG .....	anastrozole .....	33
AMBIEN TABS (zolpidem tartrate) 74		amlodipine-valsartan- hydrochlorothiazide .....	ANCOBON (flucytosine) .....	24
ambrisentan .....	47		ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone) .....	10
amcinonide CREA .....	61	amoxapine .....	ANDROGEL PUMP GEL TD 1.62 % (testosterone) .....	10
amcinonide LOTN .....	61	amoxicillin & pot clavulanate CHEW . 94	ANGELIQ .....	69
amcinonide OINT .....	61	amoxicillin & pot clavulanate SUSR 94	ANNOVERA .....	53
AMERGE (naratriptan hcl) .....	80	amoxicillin & pot clavulanate TABS 94	ANORO ELLIPTA .....	14
AMICAR SOLN OR (aminocaproic acid) .....	73	amoxicillin & pot clavulanate TB12 94	ANTARA 30 MG .....	25
AMICAR TABS 1000 MG (aminocaproic acid) .....	73	amoxicillin CAPS .....	ANUSOL-HC EX (hydrocortisone (rectal)) .....	11
amiloride & hydrochlorothiazide ..	66	amoxicillin CHEW 125 MG, 250 MG . 94	ANZEMET TABS 50 MG .....	23
amiloride hcl TABS .....	66	amoxicillin SUSR .....	APEXICON E CREA .....	61
aminocaproic acid SOLN OR 0.25 GM/ML .....	73	amoxicillin TABS .....	APO-VARENICLINE TABS .....	103
aminocaproic acid TABS 1000 MG 74		amoxicillin-clarithromycin w/ lansoprazole THPK .....	apraclonidine hcl .....	90
amiodarone hcl TABS .....	12		aprepitant CAPS 40 MG .....	23
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 .....	aprepitant CAPS 80 MG, 125 MG .23	
amitriptyline hcl TABS .....	20		aprepitant CAPS .....	23
amlodipine besylate TABS 2.5 MG 45		amphetamine-dextroamphetamine TABS .....	aprepitant MISC .....	24
amlodipine besylate TABS 5 MG, 10 MG .....	45		APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .....	41
amlodipine besylate-atorvastatin calcium .....	46	ampicillin CAPS 500 MG .....	APRISO CP24 (mesalamine) .....	70
amlodipine besylate-benazepril hcl 10 MG-2.5 MG .....	28	AMPYRA (dalfampridine) .....	APTENSIO XR CP24 (methylphenidate hcl) .....	2

APTIOM .....	15	ATACAND 32 MG (candesartan cilexetil) .....	27	AUSTEDO TABS 12 MG .....	95
APTIVUS CAPS .....	41	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil) .....	27	AUSTEDO TABS 6 MG .....	95
ARAVA 10 MG (leflunomide) .....	5	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) .....	28	AUSTEDO TABS 9 MG .....	96
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) .....	94
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 .....	90
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 .....	105	atropine sulfate (ophthalmic) OINT 90	90	azelastine hcl (ophth) .....	92
ARNUITY ELLIPTA .....	13	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic)) .....	90	azelastine hcl 0.1 %, 137 MCG/SPRAY .....	88
AROMASIN (exemestane) .....	33	ATROPINE SULFATE SOLN 1 % .....	90	azelastine hcl 0.15 %, 205.5 MCG/SPRAY .....	88
ARTHROTEC 50 TBEC (diclofenac w/ misoprostol) .....	4	ATROVENT HFA .....	12	azelastine hcl-fluticasone propionate SUSP .....	88
ARTHROTEC 75 TBEC (diclofenac w/ misoprostol) .....	5	AUBAGIO (teriflunomide) .....	96	AZELEX .....	56
ASACOL HD TBEC (mesalamine) .....	70	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate) .....	94	AZILECT (rasagiline mesylate) ...	39
asenapine maleate .....	40	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	94	azithromycin PACK .....	76
aspirin CHEW .....	7	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate) .....	94	azithromycin SUSR .....	76
aspirin TBEC 81 MG .....	7	AURYXIA .....	71	azithromycin TABS 250 MG .....	76
aspirin-dipyridamole .....	73			azithromycin TABS 500 MG .....	76
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64" .....	79			azithromycin TABS 600 MG .....	76
ASTAGRAF XL CP24 .....	83			AZOPT (brinzolamide) .....	92
ATABEX EC TBEC .....	85				

AZULFIDINE EN-TABS TBEC (sulfasalazine) .....	70	GEN/32G X 5/32" .....	79	bepotastine besilate .....	92
AZULFIDINE TABS (sulfasalazine) 70		BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM .....	79	BEPREVE (bepotastine besilate) .	92
bacitracin (ophthalmic) .....	90	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM .....	79	BESIVANCE .....	90
bacitracin-polymyxin b (ophth) ....	90	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM .....	79	BETADINE OPHTHALMIC PREP	90
bacitracin-poly-neomycin-hc .....	91	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....	79	betaine .....	67
baclofen TABS 10 MG .....	87	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM .....	79	betamethasone dipropionate (topical) CREA .....	61
baclofen TABS 20 MG .....	87	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ...	79	betamethasone dipropionate (topical) LOTN .....	61
baclofen TABS 5 MG .....	87	BELSOMRA .....	74	betamethasone dipropionate (topical) OINT .....	61
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	30	benazepril & hydrochlorothiazide .	28	betamethasone dipropionate augmented CREA .....	61
BACTRIM TABS (sulfamethoxazole- trimethoprim) .....	30	benazepril hcl .....	26	betamethasone dipropionate augmented GEL 0.05 % .....	61
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) .....	52	BENICAR 40 MG (olmesartan medoxomil) .....	27	betamethasone dipropionate augmented LOTN .....	61
balsalazide disodium CAPS .....	70	BENICAR 5 MG, 20 MG (olmesartan medoxomil) .....	27	betamethasone dipropionate augmented OINT .....	61
BALVERSA .....	35	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide) .....	28	betamethasone valerate CREA ...	61
BANZEL SUSP (rufinamide) .....	15	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide) .....	28	betamethasone valerate FOAM ...	61
BANZEL TABS 200 MG (rufinamide) .	15	BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....	56	betamethasone valerate LOTN ....	61
BANZEL TABS 400 MG (rufinamide) .	15	BENZNIDAZOLE .....	11	betamethasone valerate OINT ....	61
BARACLUDE TABS (entecavir) ...	43	benzonatate 100 MG, 200 MG ....	54	BETAPACE AF (sotalol hcl (afib/afll)) .....	44
BD AUTOSHIELD DUO 30G X 5MM .....	79	benzonatate 150 MG .....	54	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) .....	44
BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2" .....	79	benzoyl peroxide-erythromycin GEL .	56	betaxolol hcl (ophth) SOLN .....	89
BD NEEDLE/30G X 1/2" .....	79	benztropine mesylate TABS .....	38	betaxolol hcl .....	44
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM .....	79			bethanechol chloride .....	108
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM .....	79			BETHKIS NEBU (tobramycin) .....	3
BD PEN NEEDLE/NANO 2ND				BETIMOL .....	89
				BETOPTIC-S SUSP .....	89

bexarotene (topical) .....	59	89	phenylbutyrate) .....	67
bexarotene .....	38	brinzolamide .....	BUPHENYL TABS (sodium	
BEYAZ (drospirenone-ethinyl		BRIVIACT SOLN OR 10 MG/ML ..	phenylbutyrate) .....	67
estradiol-levomefolate calcium) ....	52	BRIVIACT TABS 10 MG .....	buprenorphine hcl SUBL 2 MG ....	10
bicalutamide .....	33	BRIVIACT TABS 100 MG .....	buprenorphine hcl SUBL 8 MG ....	10
BIDIL (isosorbide dinitrate-		BRIVIACT TABS 25 MG, 50 MG, 75	buprenorphine hcl-naloxone hcl	
hydralazine hcl) .....	46	MG .....	dihydrate FILM SL 0.5 MG-2 MG, 1	
BIKTARVY 200 MG-50 MG-25 MG		bromfenac sodium (ophth) 0.07 %,	MG-4 MG, 2 MG-8 MG .....	10
41		0.075 % .....	buprenorphine hcl-naloxone hcl	
BILTRICIDE (praziquantel) .....	11	0.075 % .....	dihydrate FILM SL 3 MG-12 MG ...	10
bimatoprost SOLN .....	93	bromfenac sodium (ophth) 0.09 %	buprenorphine hcl-naloxone hcl	
BIO-DTUSS DMX LIQD .....	55	bromocriptine mesylate CAPS ....	dihydrate SUBL .....	10
bisacodyl SUPP .....	76	bromocriptine mesylate TABS 2.5	buprenorphine PTWK .....	10
bisacodyl TBEC .....	76	MG .....	bupropion hcl (smoking deterrent)	
bisoprolol & hydrochlorothiazide ..	28	BROMSITE (bromfenac sodium	103	
bisoprolol fumarate .....	44	(ophth)) .....	bupropion hcl TABS .....	18
BLEPH-10 SOLN (sulfacetamide		BROVANA (arformoterol tartrate) .	bupropion hcl TB12 .....	18
sodium (ophth)) .....	90	BRUKINSA .....	bupropion hcl TB24 150 MG, 300 MG	
BLEPHAMIDE S.O.P. OINT .....	91	budesonide (inhalation) SUSP 0.25	.....	18
BLEPHAMIDE SUSP .....	91	MG/2ML .....	bupropion hcl TB24 450 MG .....	19
BONIVA TABS (ibandronate sodium)		budesonide (inhalation) SUSP 0.5	buspirone hcl .....	11
66		MG/2ML .....	butalbital-acetaminophen CAPS 50	
bosentan TABS 125 MG .....	47	budesonide (inhalation) SUSP 1	MG-300 MG .....	6
bosentan TABS 62.5 MG .....	47	MG/2ML .....	butalbital-acetaminophen TABS 50	
BOSULIF CAPS .....	35	budesonide (intrarectal) .....	MG-300 MG, 50 MG-325 MG .....	6
BOSULIF TABS .....	35	budesonide CPEP .....	butalbital-acetaminophen-caffeine	
BRAFTOVI 75 MG .....	35	budesonide TB24 .....	CAPS 40 MG-50 MG-300 MG, 40	
BREZTRI AEROSPHERE .....	14	budesonide-formoterol fumarate	MG-50 MG-325 MG .....	6
BRILINTA .....	73	dihydrate .....	butalbital-acetaminophen-caffeine	
brimonidine tartrate (topical) .....	64	bumetanide TABS 0.5 MG, 1 MG .	TABS 40 MG-50 MG-325 MG .....	6
brimonidine tartrate .....	90	.66	butalbital-acetaminophen-caffeine w/	
brimonidine tartrate-timolol maleate .		bumetanide TABS 2 MG .....	codeine .....	9
		.66	butalbital-aspirin-caffeine CAPS ....	6
		BUMEX TABS 0.5 MG (bumetanide) .	butalbital-aspirin-caffeine w/cod ...	9
		66		
		BUPHENYL POWD (sodium		



butorphanol tartrate NA 10 MG/ML 10	calcipotriene-betamethasone dipropionate SUSP .....61	carbamazepine TABS .....15
BUTRANS PTWK (buprenorphine) 10	calcitonin (salmon) NA .....66	carbamazepine TB12 100 MG .....15
BYSTOLIC (nebivolol hcl) .....44	CALCITRIOL .....48	carbamazepine TB12 200 MG .....15
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER) .....41	calcitriol CAPS 0.25 MCG .....67	carbamazepine TB12 400 MG .....15
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER) .....41	calcitriol CAPS 0.5 MCG .....67	CARBATROL CP12 (carbamazepine) .....15
cabergoline .....68	calcitriol SOLN OR .....67	carbidopa .....38
CABOMETYX TABS 20 MG, 60 MG . 35	calcium acetate (phosphate binder) CAPS .....71	carbidopa-levodopa TABS .....38
CABOMETYX TABS 40 MG .....35	calcium acetate (phosphate binder) TABS .....71	carbidopa-levodopa TBCR 100 MG- 25 MG .....38
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) .....46	CALCIUM-FOLIC ACID PLUS D .81	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
CAFERGOT TABS (ergotamine w/ caffeine) .....80	CALQUENCE .....35	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
caffeine citrate SOLN OR .....1	CANASA SUPP (mesalamine) .....70	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
CALAN SR TBCR 120 MG (verapamil hcl) .....45	candesartan cilexetil 32 MG .....27	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
CALAN SR TBCR 180 MG, 240 MG (verapamil hcl) .....45	candesartan cilexetil 4 MG, 8 MG, 16 MG .....27	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
CALCIFOL .....81	candesartan cilexetil- hydrochlorothiazide .....28	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
calcipotriene CREA .....59	CAPCOF SYRP .....55	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
calcipotriene FOAM .....59	capecitabine 150 MG .....32	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
CALCIPOTRIENE FOAM .....59	capecitabine 500 MG .....32	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
calcipotriene OINT .....59	CAPEX SHAM .....61	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
calcipotriene SOLN .....59	CAPRELSA .....35	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
calcipotriene-betamethasone dipropionate OINT .....61	captopril .....26	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
	CARAC CREA (fluorouracil (topical)) 59	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
	CARAFATE SUSP (sucralfate) ...107	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
	CARAFATE TABS (sucralfate) ...107	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
	carbamazepine CHEW .....15	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
	carbamazepine CP12 .....15	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
	carbamazepine SUSP .....15	carbidopa-levodopa TBCR 200 MG- 50 MG .....38
		carbidopa-levodopa TBCR 200 MG- 50 MG .....38
		CARBINOXAMINE MALEATE TABS . 24
		CARDIZEM CD CP24 (diltiazem hcl coated beads) .....45
		CARDIZEM LA TB24 (diltiazem hcl) 45
		CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....45
		CARDURA (doxazosin mesylate) .27
		CARDURA XL .....72
		CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" .....80
		carisoprodol TABS 250 MG .....87
		carisoprodol TABS 350 MG .....87
		CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 67

CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 67	celecoxib 50 MG, 100 MG, 200 MG 5	CIALIS 5 MG, 10 MG, 20 MG (tadalafil) ..... 46
CARNITOR TABS (levocarnitine (metabolic modifiers)) ..... 67	CELEXA TABS (citalopram hydrobromide) ..... 19	ciclopirox GEL ..... 58
carteolol hcl (ophth) ..... 89	CELLCEPT CAPS (mycophenolate mofetil) ..... 83	ciclopirox olamine CREA ..... 58
carvedilol 3.125 MG ..... 44	CELLCEPT SUSR (mycophenolate mofetil) ..... 83	ciclopirox olamine SUSP ..... 58
carvedilol 6.25 MG, 12.5 MG, 25 MG 44	CELLCEPT TABS (mycophenolate mofetil) ..... 83	ciclopirox SHAM ..... 58
carvedilol phosphate ..... 44	CELONTIN (methsuximide) ..... 18	ciclopirox SOLN ..... 58
CASODEX (bicalutamide) ..... 33	CENTANY OINT ..... 58	cilostazol ..... 73
CAYA DPRH ..... 77	cephalexin CAPS 250 MG, 500 MG 48	CILOXAN OINT ..... 90
cefaclor CAPS ..... 48	cephalexin CAPS 750 MG ..... 48	CILOXAN SOLN (ciprofloxacin hcl (ophth)) ..... 91
CEFACLOR ER TB12 ..... 48	cephalexin SUSR ..... 48	CIMDUO ..... 41
cefaclor SUSR 125 MG/5ML, 375 MG/5ML ..... 48	CERDELGA ..... 73	cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML ..... 106
cefadroxil CAPS ..... 48	CETRAXAL (ciprofloxacin hcl (otic)) . 93	cimetidine TABS 300 MG, 800 MG 106
cefadroxil SUSR ..... 48	cevimeline hcl ..... 84	cimetidine TABS 400 MG ..... 106
cefadroxil TABS ..... 48	CHEMET ..... 23	cinacalcet hcl ..... 67
cefdinir CAPS ..... 48	CHENODAL ..... 70	CIPRO HC ..... 93
cefdinir SUSR ..... 48	chlordiazepoxide hcl CAPS ..... 12	CIPRO SUSR ..... 69
cefixime CAPS ..... 48	chloroquine phosphate TABS ..... 31	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) ..... 69
cefixime SUSR ..... 48	chlorpromazine hcl TABS ..... 40	CIPRODEX (ciprofloxacin- dexamethasone) ..... 93
cefpodoxime proxetil SUSR ..... 48	chlorthalidone 25 MG, 50 MG ..... 66	ciprofloxacin hcl (ophth) SOLN .... 91
cefpodoxime proxetil TABS ..... 48	chlorzoxazone TABS 375 MG, 500 MG, 750 MG ..... 87	ciprofloxacin hcl (otic) ..... 93
cefprozil SUSR ..... 48	cholestyramine light POWD ..... 25	ciprofloxacin hcl TABS ..... 69
cefprozil TABS ..... 48	cholestyramine POWD ..... 25	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML ..... 69
cefuroxime axetil TABS ..... 48	choline fenofibrate 135 MG ..... 25	ciprofloxacin-dexamethasone ..... 94
CELEBREX 400 MG (celecoxib) .... 5	choline fenofibrate 45 MG ..... 25	citalopram hydrobromide SOLN ... 19
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib) ..... 5	CIALIS 2.5 MG (tadalafil) ..... 46	citalopram hydrobromide TABS ... 19
celecoxib 400 MG ..... 5		

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 .....	85	CLINDAGEL GEL (clindamycin phosphate (topical)) .....	56	clobetasol propionate LOTN .....	61
CITRANATAL ASSURE .....	85	clindamycin hcl .....	30	clobetasol propionate OINT 0.05 %	61
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	85	clindamycin palmitate hydrochloride .	30	clobetasol propionate SHAM .....	62
CITRANATAL BLOOM .....	85	clindamycin phosphate (topical) FOAM .....	56	clobetasol propionate SOLN 0.05 % .	62
CITRANATAL BLOOM DHA .....	85	clindamycin phosphate (topical) GEL	56	CLOBEX LIQD (clobetasol propionate) .....	62
CITRANATAL DHA .....	85	clindamycin phosphate (topical) LOTN .....	56	CLOBEX LOTN 0.05 % (clobetasol propionate) .....	62
CITRANATAL ESSENCE .....	86	clindamycin phosphate (topical) SOLN .....	56	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 (topical) SWAB .....	56	clocortolone pivalate .....	62
CITRANATAL MEDLEY .....	86	clindamycin phosphate vaginal CREA .....	109	CLODERM (clocortolone pivalate)	62
clarithromycin SUSR .....	76	clindamycin phosphate benzoyl peroxide (refrigerate) .....	56	clomiphene citrate TABS .....	67
clarithromycin TABS .....	76	clindamycin phosphate benzoyl peroxide GEL 5 %-1 % .....	56	clomipramine hcl .....	20
clarithromycin TB24 .....	76	clindamycin phosphate-tretinoin ..	56	clonazepam TABS .....	15
clemastine fumarate SYRP .....	24	CLINDESSE .....	109	clonazepam TBDP .....	15
clemastine fumarate TABS 2.68 MG .	24	clobazam SUSP .....	15	clonidine hcl TABS .....	27
CLEOCIN (clindamycin hcl) .....	30	clobazam TABS 10 MG .....	15	clonidine hcl TB24 .....	27
CLEOCIN CREA (clindamycin phosphate vaginal) .....	109	clobazam TABS 20 MG .....	15	clopidogrel bisulfate .....	73
CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride) .....	30	clobetasol propionate CREA 0.05 % .	61	clorazepate dipotassium TABS ....	12
CLEOCIN SUPP .....	109	clobetasol propionate emollient base 0.05 % .....	61	clotrimazole (topical) SOLN .....	58
CLEOCIN-T LOTN (clindamycin phosphate (topical)) .....	56	clobetasol propionate emulsion ..	61	clotrimazole .....	84
CLIMARA PRO .....	69	clobetasol propionate FOAM .....	61	clotrimazole w/ betamethasone CREA .....	58
CLIMARA PTWK (estradiol) .....	69	clobetasol propionate GEL 0.05 %	61	clotrimazole w/ betamethasone LOTN .....	58
		clobetasol propionate LIQD .....	61	clozapine TABS .....	40
				clozapine TBDP 12.5 MG, 25 MG, 100 MG .....	40
				CLOZARIL TABS (clozapine) .....	40

C-NATE DHA CAPS .....	86	CONCERTA TBCR 54 MG (methylphenidate hcl) .....	2	maleate) .....	89
COARTEM .....	31	CONDOMS .....	77	COSOPT PF (dorzolamide hcl- timolol maleate) .....	89
codeine sulfate TABS .....	8	CONDYLOX GEL (podofilox) .....	64	COTELLIC .....	35
CODITUSSIN AC LIQD .....	55	CONTRAVE .....	1	COVID VACCINES .....	108
COLAZAL CAPS (balsalazide disodium) .....	70	COPIKTRA .....	35	COVID-19 AT HOME TEST KITS .....	65
colchicine CAPS .....	72	CORDRAN CREA (flurandrenolide) 62		COZAAR (losartan potassium) ...	27
colchicine TABS .....	72	CORDRAN CREA 0.025 % .....	62	CREON CPEP .....	65
colchicine w/ probenecid .....	72	CORDRAN LOTN (flurandrenolide) 62		CRESEMBA CAPS 186 MG .....	24
COLCRYS TABS (colchicine) .....	72	CORDRAN OINT .....	62	CRESTOR TABS (rosuvastatin calcium) .....	26
colesevelam hcl PACK .....	25	CORDRAN TAPE .....	62	CRINONE GEL 8 % .....	109
colesevelam hcl TABS .....	25	COREG 3.125 MG (carvedilol) ...	44	cromolyn sodium (ophth) .....	93
COLESTID FLAVORED GRAN (colestipol hcl) .....	25	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol) .....	44	cromolyn sodium NEBU .....	12
COLESTID GRAN (colestipol hcl) ..	25	COREG CR (carvedilol phosphate) 44		CUPRIMINE CAPS (penicillamine) 82	
COLESTID TABS (colestipol hcl) ..	25	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol) .....	44	CUTIVATE LOTN (fluticasone propionate) .....	62
colestipol hcl GRAN .....	25	CORLANOR SOLN .....	48	CUVPOSA SOLN OR (glycopyrrolate) .....	106
colestipol hcl TABS .....	25	CORLANOR TABS .....	48	CVS WOMENS PRENATAL+DHA MISC .....	86
COMBIGAN (brimonidine tartrate- timolol maleate) .....	89	CORTEF TABS (hydrocortisone) ..	54	cyclobenzaprine hcl TABS 5 MG, 10 MG .....	87
COMBIPATCH PTTW .....	69	CORTENEMA (hydrocortisone (intrarectal)) .....	10	CYCLOGYL (cyclopentolate hcl) ..	90
COMBIVENT RESPIMAT AERS ..	14	CORTIFOAM EX 10 % .....	10	CYCLOGYL .....	90
COMBIVIR (lamivudine-zidovudine) .	41	CORTISPORIN-TC .....	94	CYCLOMYDRIL .....	90
COMETRIQ KIT .....	35	COSENTYX SENSOREADY PEN SOAJ .....	59	cyclopentolate hcl .....	90
COMPLERA .....	41	COSENTYX SOSY 150 MG/ML ...	60	cyclophosphamide CAPS .....	31
COMPLETENATE CHEW .....	86	COSENTYX SOSY 75 MG/0.5ML ..	60	CYCLOPHOSPHAMIDE TABS ....	31
COMTAN (entacapone) .....	38	COSENTYX UNOREADY SOAJ ..	60	cycloserine .....	31
CONCEPT DHA .....	86	CONCEPT OB .....	86	cyclosporine (ophth) EMUL .....	91
CONCERTA TBCR 18 MG, 27 MG, 36 MG (methylphenidate hcl) .....	2				

cyclosporine CAPS .....	83	(methylphenidate) .....	2	desipramine hcl TABS .....	20
cyclosporine modified (for microemulsion) CAPS .....	83	DDAVP TABS 0.1 MG (desmopressin acetate) .....	68	DESMOPRESSIN ACETATE SOLN NA .....	68
cyclosporine modified (for microemulsion) SOLN .....	83	DDAVP TABS 0.2 MG (desmopressin acetate) .....	68	desmopressin acetate spray .....	68
CYMBALTA CPEP (duloxetine hcl) 20		deferasirox PACK .....	23	desmopressin acetate spray refrigerated .....	68
cyproheptadine hcl SYRP .....	25	deferasirox TABS .....	23	desmopressin acetate TABS 0.1 MG 68	
cyproheptadine hcl TABS .....	25	deferiprone TABS 500 MG .....	23	desmopressin acetate TABS 0.2 MG 68	
CYSTADANE (betaine) .....	67	deflazacort TABS .....	54	desogestrel & ethinyl estradiol .....	52
CYSTAGON CAPS .....	71	DELESTROGEN (estradiol valerate) 69		desogestrel-ethinyl estradiol (biphasic) .....	52
CYSTARAN .....	93	DELSTRIGO .....	41	desonide CREA .....	62
CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) .....	105	DELZICOL CPDR (mesalamine) ..	70	desonide GEL .....	62
CYTOMEL TABS 5 MCG (liothyronine sodium) .....	105	demeclocycline hcl TABS .....	104	desonide LOTN .....	62
CYTOTEC (misoprostol) .....	108	DEMSEER (metyrosine) .....	27	desonide OINT .....	62
dalfampridine .....	96	DEPAKOTE ER TB24 (divalproex sodium) .....	18	DESOWEN CREA (desonide) .....	62
DALIRESP (roflumilast) .....	13	DEPAKOTE SPRINKLES CSDR (divalproex sodium) .....	18	desoximetasone CREA .....	62
danazol CAPS .....	10	DEPAKOTE TBEC (divalproex sodium) .....	18	desoximetasone GEL .....	62
DANTRIUM CAPS 25 MG (dantrolene sodium) .....	88	DEPEN TITRATABS TABS (penicillamine) .....	82	desoximetasone LIQD .....	62
dantrolene sodium CAPS .....	88	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) .....	53	desoximetasone OINT 0.05 % .....	62
dapsone (topical) 5 % .....	56	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) .....	62	desoximetasone OINT 0.25 % .....	62
dapsone (topical) 7.5 % .....	56	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) .....	62	DESOXYN (methamphetamine hcl) . 1	
dapsone 100 MG .....	30	DERMOTIC (fluocinolone acetonide (otic)) .....	94	desvenlafaxine succinate .....	20
dapsone 25 MG .....	30	DESCOVY 200 MG-25 MG .....	41	DETROL LA CP24 (tolterodine tartrate) .....	108
darifenacin hydrobromide .....	108			DETROL TABS (tolterodine tartrate) . 108	
darunavir TABS .....	41			dexamethasone ELIX .....	54
DAURISMO .....	33			DEXAMETHASONE INTENSOL CONC .....	54
DAYPRO TABS (oxaprozin) .....	5				
DAYTRANA PTCH					

dexamethasone SOLN .....	54	diclofenac sodium (topical) GEL EX 59	extended) .....	18
dexamethasone TABS .....	54	diclofenac sodium (topical) SOLN EX 1.5 % .....	DILANTIN 30 MG .....	18
DEXEDRINE CP24 (dextroamphetamine sulfate) .....	1	diclofenac sodium (topical) SOLN EX 2 % .....	DILANTIN INFATABS CHEW (phenytoin) .....	18
dexmethylphenidate hcl CP24 .....	2	diclofenac sodium TB24 .....	DILANTIN-125 SUSP (phenytoin) .	18
dexmethylphenidate hcl TABS .....	2	diclofenac sodium TBEC .....	DILAUDID LIQD (hydromorphone hcl) .....	8
dextroamphetamine sulfate CP24 ...	1	diclofenac sodium TBEC .....	DILAUDID TABS (hydromorphone hcl) .....	8
dextroamphetamine sulfate SOLN ..	1	diclofenac w/ misoprostol TBEC ....	diltiazem hcl coated beads CP24 ..	45
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	dicloxacin sodium .....	diltiazem hcl CP12 .....	45
DHIVY TABS .....	38	dicyclomine hcl CAPS .....	diltiazem hcl CP24 .....	45
DIACOMIT CAPS 250 MG .....	15	dicyclomine hcl SOLN OR .....	diltiazem hcl extended release beads .....	45
DIACOMIT CAPS 500 MG .....	15	dicyclomine hcl TABS .....	diltiazem hcl TABS .....	45
DIACOMIT PACK 250 MG .....	15	DIFFERIN CREA (adapalene) .....	diltiazem hcl TB24 .....	45
DIACOMIT PACK 500 MG .....	16	DIFFERIN GEL 0.1 % (adapalene) 56	dimethyl fumarate CDPK .....	96
DIASTAT ACUDIAL GEL 20 MG (diazepam (anticonvulsant)) .....	15	DIFFERIN GEL 0.3 % (adapalene) 56	dimethyl fumarate CPDR .....	96
diazepam (anticonvulsant) GEL 20 MG .....	15	DIFFERIN LOTN .....	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 CONC .....	12	DIFICID TABS .....	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ....	28
diazepam SOLN OR 5 MG/5ML ...	12	diflorasone diacetate CREA .....	DIOVAN TABS 160 MG (valsartan) 27	
diazepam TABS 10 MG .....	12	diflorasone diacetate OINT .....	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan) .....	27
diazepam TABS 2 MG, 5 MG .....	12	DIFLUCAN SUSR (fluconazole) ...	DIPENTUM .....	70
diazoxide .....	21	DIFLUCAN TABS (fluconazole) ...	diphenoxylate w/ atropine LIQD ...	22
DIBENZYLIN (phenoxybenzamine hcl) .....	27	diflunisal TABS .....	diphenoxylate w/ atropine TABS ...	23
DICLEGIS TBEC (doxylamine- pyridoxine) .....	23	difluprednate .....	DIPROLENE OINT (betamethasone dipropionate augmented) .....	62
diclofenac potassium TABS 50 MG .5		digoxin SOLN OR 0.05 MG/ML ...	dipyridamole .....	73
diclofenac sodium (actinic keratoses) EX .....	59	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....		
diclofenac sodium (ophth) .....	93	dihydroergotamine mesylate SOLN NA 4 MG/ML .....		
		DILANTIN (phenytoin sodium		

disopyramide phosphate CAPS ... 12	MG, 75 MG, 100 MG ..... 104	glimepiride) ..... 20
disulfiram ..... 95	doxycycline (rosacea) ..... 64	DULCOLAX PINK LAXATIVE TBEC (bisacodyl) ..... 76
DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride) ..... 108	doxycycline hyclate CAPS ..... 104	DULCOLAX SUPP (bisacodyl) .... 76
divalproex sodium CSDR ..... 18	doxycycline hyclate TABS 100 MG 104	DULCOLAX TBEC (bisacodyl) .... 76
divalproex sodium TB24 ..... 18	doxycycline hyclate TABS 20 MG 104	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG ..... 20
divalproex sodium TBEC ..... 18	doxylamine-pyridoxine TBEC ..... 23	DUOPA SUSP ..... 39
DIVIGEL GEL (estradiol) ..... 69	DRISDOL CAPS (ergocalciferol) . 109	DUREX EXTRA SENSITIVE THIN DEVI ..... 77
dofetilide ..... 12	dronabinol CAPS 10 MG ..... 23	DUREZOL (difluprednate) ..... 91
DOJOLVI ..... 89	dronabinol CAPS 2.5 MG ..... 23	dutasteride ..... 72
donepezil hydrochloride TABS .... 95	dronabinol CAPS 5 MG ..... 23	dutasteride-tamsulosin hcl ..... 72
donepezil hydrochloride TBDP .... 95	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" ..... 80	DYMISTA SUSP (azelastine hcl-fluticasone propionate) ..... 88
dorzolamide hcl ..... 93	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" ..... 80	DYRENIUM CAPS (triamterene) .. 66
DORZOLAMIDE HCL ..... 93	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML ..... 80	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) ..... 76
DORZOLAMIDE HCL/TIMOLOL MALEATE ..... 89	drospirenone-ethinyl estradiol .... 52	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" ..... 80
dorzolamide hcl-timolol maleate .. 89	drospirenone-ethinyl estradiol-levomefolate calcium ..... 52	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" ..... 80
dorzolamide hcl-timolol maleate .. 90	DROXIA CAPS ..... 73	econazole nitrate CREA ..... 58
DOVATO ..... 41	droxidopa ..... 109	ECOZA FOAM ..... 58
DOVONEX CREA (calcipotriene) . 60	DRYSOL SOLN ..... 64	EDARBI 40 MG ..... 27
doxazosin mesylate ..... 27	DUAVEE ..... 69	EDARBI 80 MG ..... 27
doxepin hcl (antipruritic) ..... 59	DUET DHA 400 MISC ..... 86	EDARBYCLOR ..... 28
doxepin hcl CAPS ..... 20	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	EDECIN (ethacrynic acid) ..... 66
doxepin hcl CONC ..... 20		EDURANT ..... 41
doxercalciferol CAPS ..... 67		efavirenz CAPS ..... 41
doxycycline (monohydrate) CAPS 50 MG, 100 MG ..... 104		efavirenz TABS ..... 41
doxycycline (monohydrate) SUSR 104		efavirenz-emtricitabine-tenofovir disoproxil fumarate ..... 41
doxycycline (monohydrate) TABS 150 MG ..... 104		
doxycycline (monohydrate) TABS 50		

efavirenz-lamivudine-tenofovir disoproxil fumarate .....	41	EMTRIVA CAPS (emtricitabine) ...	41	EPIVIR HBV TABS (lamivudine (hbv)) .....	43
EFFER-K .....	82	EMTRIVA SOLN .....	41	EPIVIR SOLN (lamivudine) .....	41
EFFEXOR XR CP24 150 MG (venlafaxine hcl) .....	20	enalapril maleate & hydrochlorothiazide .....	28	EPIVIR TABS (lamivudine) .....	42
EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl) .....	20	enalapril maleate TABS .....	26	eplerenone .....	29
EFFIENT (prasugrel hcl) .....	73	ENBRACE HR .....	86	EPZICOM (abacavir sulfate- lamivudine) .....	42
EFUDEX CREA (fluorouracil (topical)) .....	59	ENBREL MINI SOCT .....	6	ergocalciferol CAPS .....	110
ELESTRIN GEL .....	69	ENBREL SOLN .....	6	ergoloid mesylates TABS .....	96
eletriptan hydrobromide .....	80	ENBREL SOLR .....	6	ERGOMAR SUBL .....	80
ELIDEL (pimecrolimus) .....	63	ENBREL SOSY 25 MG/0.5ML .....	6	ergotamine w/ caffeine TABS .....	80
ELIQUIS STARTER PACK TBPK .	14	ENBREL SOSY 50 MG/ML .....	6	ERIVEDGE .....	33
ELIQUIS TABS .....	14	ENBREL SURECLICK SOAJ .....	6	ERLEADA 240 MG .....	33
ELLA .....	53	ENCARE SUPP 100 MG .....	109	ERLEADA 60 MG .....	33
ELMIRON CAPS .....	72	ENDOMETRIN INST .....	109	erlotinib hcl .....	33
EMCYT .....	33	entacapone .....	38	ERTACZO .....	58
EMEND CAPS 80 MG (aprepitant) .	24	entecavir TABS .....	43	ERYGEL GEL (erythromycin (acne aid)) .....	57
EMEND SUSR .....	24	ENTEREG (alvimopan) .....	70	ERYPED 200 SUSR (erythromycin ethylsuccinate) .....	76
EMEND TRIPACK CAPS (aprepitant) .....	24	ENTRESTO .....	46	ERYPED 400 SUSR (erythromycin ethylsuccinate) .....	76
EMFLAZA SUSP .....	54	EPCLUSA PACK .....	43	erythromycin (acne aid) GEL .....	57
EMFLAZA TABS (deflazacort) ....	54	EPCLUSA TABS 100 MG-400 MG	43	erythromycin (acne aid) SOLN ....	57
EMGALITY SOAJ .....	80	EPCLUSA TABS 50 MG-200 MG .	43	erythromycin (ophth) .....	91
EMGALITY SOSY 120 MG/ML ....	80	EPIDIOLEX .....	16	ERYTHROMYCIN .....	91
EMSAM .....	19	EPIDUO FORTE GEL (adapalene- benzoyl peroxide) .....	57	erythromycin base CPEP .....	76
emtricitabine CAPS .....	41	EPIDUO GEL (adapalene-benzoyl peroxide) .....	57	erythromycin base TABS .....	76
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG .....	41	EPIFOAM FOAM .....	62	erythromycin base TBEC .....	77
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	41	epinastine hcl (ophth) .....	93	erythromycin ethylsuccinate SUSR 77	
		epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML .....	109	ESBRIET CAPS (pirfenidone) ....	104
		epinephrine (anaphylaxis) SOAJ .	109		



ESBRIET TABS (pirfenidone) . . . . .	104	etonogestrel-ethinyl estradiol . . . . .	53	famciclovir . . . . .	43
escitalopram oxalate SOLN . . . . .	19	etoposide CAPS . . . . .	38	famotidine SUSR . . . . .	106
escitalopram oxalate TABS 10 MG, 20 MG . . . . .	19	etravirine . . . . .	42	famotidine TABS 20 MG . . . . .	107
escitalopram oxalate TABS 5 MG . . . . .	19	EUCRISA . . . . .	64	famotidine TABS 40 MG . . . . .	107
ESGIC TABS (butalbital- acetaminophen-caffeine) . . . . .	6	EULEXIN . . . . .	33	FANTASY LUBRICATED MISC . . . . .	77
estazolam . . . . .	74	EVAMIST SOLN . . . . .	69	FANTASY LUBRICATED/SPERMICIDE MISC 77	
ESTRACE CREA (estradiol vaginal) . 109		everolimus (immunosuppressant) .83		FARESTON (toremifene citrate) . . .33	
ESTRACE TABS (estradiol) . . . . .	69	everolimus TABS . . . . .	35	FARXIGA . . . . .	22
estradiol & norethindrone acetate TABS . . . . .	69	everolimus TBSO . . . . .	35	FARYDAK . . . . .	35
estradiol GEL . . . . .	69	EVISTA (raloxifene hcl) . . . . .	67	FARYDAK . . . . .	35
estradiol PTTW . . . . .	69	EVOCLIN FOAM (clindamycin phosphate (topical)) . . . . .	57	FC2 FEMALE CONDOM . . . . .	77
estradiol PTWK . . . . .	69	EVOTAZ . . . . .	42	febuxostat 40 MG . . . . .	72
estradiol TABS . . . . .	69	EVOXAC (cevimeline hcl) . . . . .	84	febuxostat 80 MG . . . . .	72
estradiol vaginal CREA . . . . .	109	EVRYSDI . . . . .	89	felbamate SUSP . . . . .	18
estradiol vaginal TABS . . . . .	109	EXELON (rivastigmine) . . . . .	95	felbamate TABS . . . . .	18
estradiol valerate . . . . .	69	exemestane . . . . .	33	FELBATOL SUSP (felbamate) . . . .18	
ESTRING RING . . . . .	109	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) . . .28		FELBATOL TABS (felbamate) . . . .18	
ESTROGEL GEL . . . . .	69	EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) . . . . .	28	FELDENE CAPS 10 MG (piroxicam) . 5	
eszopiclone . . . . .	74	EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) . . . . .	28	FELDENE CAPS 20 MG (piroxicam) . 5	
ethacrynic acid . . . . .	66	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide) . . . .28		felodipine 10 MG . . . . .	45
ethambutol hcl TABS . . . . .	31	EXODERM . . . . .	58	felodipine 2.5 MG, 5 MG . . . . .	45
ethosuximide CAPS . . . . .	18	EXTINA FOAM (ketoconazole (topical)) . . . . .	58	FEMARA (letrozole) . . . . .	33
ethosuximide SOLN . . . . .	18	ezetimibe . . . . .	26	FEMCAP DEVI . . . . .	77
ethynodiol diacet & eth estrad . . . . .	52	EZETIMIBE/ATORVASTATIN . . . . .	25	FEMHRT (norethindrone acetate- ethinyl estradiol) . . . . .	69
etodolac CAPS . . . . .	5	ezetimibe-simvastatin . . . . .	25	FEMRING . . . . .	109
etodolac TABS . . . . .	5	FABHALTA . . . . .	72	fenofibrate CAPS . . . . .	25
etodolac TB24 . . . . .	5	FABIOR FOAM . . . . .	57	fenofibrate micronized 130 MG, 200 MG . . . . .	25

fenofibrate micronized 30 MG, 90 MG .....25	acetaminophen-caffeine) .....6	fluocinonide CREA .....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	fluocinonide emulsified base .....62
fenofibrate TABS 145 MG, 160 MG 25	FIRDAPSE .....31	fluocinonide GEL .....62
fenofibrate TABS 48 MG .....25	FIRST-OMEPRAZOLE SUSP ....107	fluocinonide OINT .....62
fenofibrate TABS 54 MG .....25	FIRVANQ SOLR OR 25 MG/ML (vancomycin hcl) .....30	fluocinonide SOLN .....62
FENOFIBRATE TABS .....25	FLAGYL CAPS (metronidazole) ...29	fluorometholone (ophth) SUSP ....91
fenopropfen calcium TABS .....5	FLAREX .....91	fluorouracil (topical) CREA 5 % ....59
fentanyl citrate LPOP 1600 MCG ...8	flavoxate hcl .....108	fluorouracil (topical) SOLN .....59
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....8	flecainide acetate .....12	fluoxetine hcl CAPS 10 MG, 20 MG 19
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....8	FLOMAX (tamsulosin hcl) .....72	fluoxetine hcl CAPS 40 MG .....19
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....8	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal)) .....89	fluoxetine hcl CPDR .....19
FERRIPROX SOLN .....23	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ...89	fluoxetine hcl SOLN .....19
FERRIPROX TABS 500 MG (deferiprone) .....23	FLORIVA .....81	fluoxetine hcl TABS 10 MG .....19
fesoterodine fumarate .....108	FLORIVA .....85	fluoxetine hcl TABS 20 MG .....19
FETZIMA CP24 20 MG .....20	FLORIVA PLUS SOLN .....85	fluoxetine hcl TABS 60 MG .....19
FETZIMA CP24 40 MG, 80 MG, 120 MG .....20	fluconazole SUSR .....24	FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl) .....19
FETZIMA TITRATION PACK C4PK 20	fluconazole TABS .....24	fluphenazine hcl CONC .....40
FIBRICOR (fenofibric acid) .....25	flucytosine .....24	fluphenazine hcl ELIX .....40
FINACEA FOAM .....64	fludrocortisone acetate TABS .....54	fluphenazine hcl TABS .....40
FINACEA GEL (azelaic acid) .....64	FLUMIST QUADRIVALENT .....109	flurandrenolide CREA .....62
finasteride .....72	fluocinolone acetonide (otic) .....94	flurandrenolide LOTN .....62
fingolimod hcl .....96	fluocinolone acetonide CREA .....62	flurazepam hcl 15 MG .....74
FIORICET CAPS (butalbital-	fluocinolone acetonide OIL .....62	flurazepam hcl 30 MG .....74
	fluocinolone acetonide OINT .....62	flurbiprofen sodium .....93
	fluocinolone acetonide SOLN .....62	flurbiprofen TABS .....5
		flutamide .....33
		fluticasone furoate-vilanterol .....14
		fluticasone propionate (inhalation) AEPB 100 MCG/ACT .....13

fluticasone propionate (inhalation) AEPB 250 MCG/ACT .....	13	FOCALIN XR CP24 (dexmethylphenidate hcl) .....	2	BLOOD GLUCOSE TEST STRIPS STRP .....	65
fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....	13	folic acid TABS 1 MG .....	73	FREESTYLE TEST STRIPS STRP 65	
fluticasone propionate (nasal) SUSP . 89		folic acid TABS 400 MCG, 800 MCG . 73		FROVA (frovatriptan succinate) ...	80
fluticasone propionate CREA 0.05 % 62		FOLIVANE-OB .....	86	frovatriptan succinate .....	80
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	13	FORFIVO XL TB24 (bupropion hcl) 19		furosemide SOLN OR 10 MG/ML ..	66
fluticasone propionate hfa 44 MCG/ACT .....	13	formoterol fumarate NEBU .....	14	furosemide SOLN OR 40 MG/5ML	66
fluticasone propionate LOTN .....	62	FOSAMAX TABS 70 MG (alendronate sodium) .....	67	furosemide TABS .....	66
fluticasone propionate OINT .....	62	fosamprenavir calcium TABS .....	42	FYCOMPA SUSP .....	15
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	14	fosfomycin tromethamine .....	30	FYCOMPA TABS 2 MG .....	15
fluticasone-salmeterol AERO .....	14	fosinopril sodium & hydrochlorothiazide .....	28	FYCOMPA TABS 4 MG .....	15
fluvastatin sodium CAPS .....	26	fosinopril sodium .....	26	FYCOMPA TABS 6 MG .....	15
fluvastatin sodium TB24 .....	26	FOSRENOL CHEW 1000 MG (lanthanum carbonate) .....	71	FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	15
fluvoxamine maleate CP24 100 MG 19		FOSRENOL CHEW 500 MG (lanthanum carbonate) .....	71	gabapentin CAPS .....	16
fluvoxamine maleate CP24 150 MG 19		FOSRENOL CHEW 750 MG (lanthanum carbonate) .....	71	gabapentin SOLN .....	16
fluvoxamine maleate TABS 100 MG . 19		FOSRENOL PACK .....	71	gabapentin TABS 600 MG, 800 MG 16	
fluvoxamine maleate TABS 25 MG, 50 MG .....	19	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP .....	65	GABITRIL (tiagabine hcl) .....	18
FML FORTE SUSP .....	91	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT .....	79	GALAFOLD .....	67
FML LIQUIFILM SUSP (fluorometholone (ophth)) .....	91	FREESTYLE LITE TEST STRIPS STRP .....	65	galantamine hydrobromide CP24 ..	95
FML OINT .....	91	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT .....	79	galantamine hydrobromide SOLN .	95
FOCALIN TABS (dexmethylphenidate hcl) .....	2	FREESTYLE PRECISION NEO		galantamine hydrobromide TABS .	95
				GALZIN .....	82
				gatifloxacin (ophth) .....	91
				gefitinib .....	33
				gemfibrozil TABS .....	25
				GENERESS FE (norethindrone & ethinyl estradiol-fe) .....	52
				gentamicin sulfate (ophth) SOLN ..	91
				gentamicin sulfate (topical) CREA .	58

gentamicin sulfate (topical) OINT ..58	griseofulvin microsize SUSP .....24	HUMALOG SOCT ..... 22
GENVOYA ..... 42	griseofulvin microsize TABS ..... 24	HUMALOG SOLN IJ ..... 22
GEODON 20 MG, 40 MG (ziprasidone hcl) ..... 39	griseofulvin ultramicrosize ..... 24	HUMATIN ..... 3
GEODON 60 MG, 80 MG (ziprasidone hcl) ..... 39	guaifenesin-codeine SOLN ..... 55	HUMATROPE CART IJ ..... 67
GILENYA (fingolimod hcl) ..... 96	guanfacine hcl (adhd) ..... 1	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML ..... 3
GILENYA 0.5 MG ..... 96	guanfacine hcl ..... 27	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT .3
GILOTRIF ..... 33	GYNAZOLE-1 ..... 109	HUMIRA PEN PNKT 40 MG/0.4ML .4
GLEOSTINE 10 MG, 40 MG, 100 MG ..... 31	HADLIMA PUSHTOUCH SOAJ .... 3	HUMIRA PEN PNKT 40 MG/0.8ML .4
glimepiride ..... 22	HADLIMA SOSY ..... 3	HUMIRA PEN PNKT 80 MG/0.8ML .4
glipizide TABS ..... 22	HALCION 0.25 MG (triazolam) .... 74	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML ..... 4
glipizide TB24 ..... 22	halobetasol propionate CREA ..... 62	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML ..... 4
glipizide-metformin hcl ..... 20	halobetasol propionate OINT ..... 62	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT ..... 4
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" ..... 80	HALOG SOLN ..... 62	HUMIRA PSKT 40 MG/0.8ML ..... 4
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR ..... 21	haloperidol lactate CONC ..... 40	HUMIRA PSKT ..... 4
GLUCOTROL XL TB24 (glipizide) .22	haloperidol TABS ..... 40	HUMULIN 70/30 KWIKPEN SUPN 22
glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 22	HELIDAC THERAPY ..... 108	HUMULIN 70/30 SUSP ..... 22
glyburide TABS ..... 22	HEMANGEOL SOLN OR ..... 44	HUMULIN N KWIKPEN SUPN .... 22
glyburide-metformin ..... 21	HEPSERA (adefovir dipivoxil) .... 43	HUMULIN N SUSP ..... 22
glycopyrrolate SOLN OR 1 MG/5ML . 106	HIPREX (methenamine hippurate) 30	HUMULIN R SOLN IJ ..... 22
glycopyrrolate TABS 1 MG, 2 MG 106	HUMALOG JUNIOR KWIKPEN SOPN ..... 21	HUMULIN R U-500 (CONCENTRATED) SOLN SC .... 22
GLYNASE (glyburide micronized) 22	HUMALOG KWIKPEN SOPN 100 UNIT/ML ..... 21	HUMULIN R U-500 KWIKPEN SOPN SC ..... 22
GLYXAMBI ..... 21	HUMALOG KWIKPEN SOPN 200 UNIT/ML ..... 21	HYCANTIN CAPS ..... 38
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 74	HUMALOG MIX 50/50 KWIKPEN SUPN ..... 21	HYCODAN SOLN (hydrocodone
granisetron hcl TABS ..... 23	HUMALOG MIX 50/50 SUSP ..... 21	
	HUMALOG MIX 75/25 KWIKPEN SUPN ..... 21	
	HUMALOG MIX 75/25 SUSP ..... 21	

bitartrate-homatropine methylobromide) .....54	62	106
hydralazine hcl TABS .....29	63	HYPERSAL NEBU (sodium chloride (inhalant)) ..... 55
HYDREA (hydroxyurea) .....38	hydrocortisone butyrate CREA .... 63	HYPERSAL NEBU .....55
hydrochlorothiazide CAPS .....66	hydrocortisone butyrate hydrophilic lipo base .....63	HYPODERMIC NEEDLE 30GX1/2" . 80
hydrochlorothiazide TABS 12.5 MG 66	hydrocortisone butyrate LOTN .... 63	HYSINGLA ER T24A .....8
hydrochlorothiazide TABS 25 MG, 50 MG ..... 66	hydrocortisone butyrate OINT ..... 63	HYZAAR (losartan potassium & hydrochlorothiazide) ..... 28
hydrocodone bitartrate CP12 ..... 8	hydrocortisone butyrate SOLN .... 63	ibandronate sodium TABS .....67
hydrocodone bitartrate T24A .....8	hydrocortisone TABS ..... 54	IBRANCE CAPS ..... 35
hydrocodone bitartrate-homatropine methylobromide SOLN .....54	hydrocortisone valerate CREA .... 63	IBRANCE TABS ..... 35
hydrocodone polistirex- chlorpheniramine polistirex SUER .55	hydrocortisone valerate OINT ..... 63	ibuprofen TABS 400 MG, 600 MG, 800 MG .....5
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 w/acetic acid ..... 94	ICLUSIG 10 MG, 30 MG .....35
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG .....9	HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid) ..... 94	ICLUSIG 15 MG, 45 MG .....35
hydrocodone-acetaminophen TABS 300 MG-7.5 MG .....9	hydromorphone hcl LIQD ..... 8	icosapent ethyl ..... 25
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....9	hydromorphone hcl TABS .....8	IDHIFA ..... 35
hydrocodone-ibuprofen 5 MG-200 MG .....9	hydromorphone hcl TB24 32 MG ... 8	ILEVRO .....93
hydrocodone-ibuprofen 7.5 MG-200 MG .....9	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....8	imatinib mesylate 100 MG ..... 36
hydrocortisone (intrarectal) .....11	hydroxychloroquine sulfate 200 MG 31	imatinib mesylate 400 MG .....35
hydrocortisone (rectal) EX 2.5 % .. 11	hydroxyurea ..... 38	IMBRUVICA CAPS ..... 36
hydrocortisone (topical) CREA 2.5 % 62	hydroxyzine hcl SYRP ..... 11	IMBRUVICA TABS .....36
hydrocortisone (topical) LOTN 2.5 % .	hydroxyzine hcl TABS ..... 11	imipramine hcl TABS 10 MG, 25 MG . 20
	hydroxyzine pamoate CAPS .....11	imipramine hcl TABS 50 MG ..... 20
	hyoscyamine sulfate SUBL 0.125 MG .....106	imipramine pamoate ..... 20
	hyoscyamine sulfate TABS 0.125 MG .....106	imiquimod 5 % ..... 63
	hyoscyamine sulfate TB12 0.375 MG 106	IMITREX 20 MG/ACT (sumatriptan) 81
	hyoscyamine sulfate TBDF 0.125 MG	IMITREX 5 MG/ACT (sumatriptan) 81
		IMITREX TABS (sumatriptan

succinate) ..... 81	ipratropium-albuterol SOLN ..... 14	ivermectin ..... 11
IMURAN TABS (azathioprine) ..... 83	irbesartan ..... 27	JADENU SPRINKLE PACK (deferasirox) ..... 23
INBRIJA CAPS ..... 39	irbesartan-hydrochlorothiazide ... 28	JADENU TABS (deferasirox) ..... 23
INCRUSE ELLIPTA ..... 12	IRESSA (gefitinib) ..... 33	JAKAFI ..... 36
indapamide TABS 1.25 MG, 2.5 MG . 66	ISENTRESS CHEW ..... 42	JALYN (dutasteride-tamsulosin hcl) . 72
INDERAL LA CP24 (propranolol hcl) . 44	ISENTRESS HD TABS ..... 42	JANUMET TABS ..... 21
INDOCIN SUSP (indomethacin) .... 5	ISENTRESS PACK ..... 42	JANUMET XR TB24 1000 MG-100 MG ..... 21
indomethacin CAPS 25 MG, 50 MG 5	ISENTRESS TABS ..... 42	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG ..... 21
indomethacin CPR ..... 5	isoniazid SYRP ..... 31	JANUVIA ..... 21
indomethacin SUPP ..... 5	isoniazid TABS ..... 31	JARDIANCE ..... 22
indomethacin SUSP ..... 5	ISOPTO ATROPINE SOLN ..... 90	JULUCA ..... 42
INGREZZA CAPS 40 MG, 80 MG .96	ISOPTO CARPINE SOLN 1 %, 2 % (pilocarpine hcl) ..... 90	JUXTAPID 10 MG, 20 MG ..... 26
INGREZZA CAPS 60 MG ..... 96	ISORDIL TITRADOSE TABS (isosorbide dinitrate) ..... 11	JUXTAPID 30 MG ..... 26
INGREZZA CPPK ..... 96	isosorbide dinitrate TABS ..... 11	JUXTAPID 5 MG ..... 26
INLYTA ..... 32	isosorbide dinitrate-hydralazine hcl 46	KALETRA SOLN (lopinavir-ritonavir) . 42
INQOVI ..... 34	isosorbide mononitrate TABS ..... 11	KALETRA TABS (lopinavir-ritonavir) . 42
INREBIC ..... 36	isosorbide mononitrate TB24 ..... 11	KALYDECO PACK ..... 104
INSPIRA (eplerenone) ..... 29	isotretinoin 10 MG, 25 MG ..... 57	KALYDECO TABS ..... 104
INSULIN LISPRO PROTAMINE/INSULIN LISPRO	isotretinoin 20 MG ..... 57	KAMELEON LUBRICATED MISC .77
KWIKPEN SUPN ..... 22	isotretinoin 30 MG ..... 57	KENALOG AERS (triamcinolone acetone (topical)) ..... 63
INTELENCE (etravirine) ..... 42	isotretinoin 35 MG, 40 MG ..... 57	KEPPRA SOLN OR 100 MG/ML (levetiracetam) ..... 16
INTELENCE 25 MG ..... 42	isradipine CAPS ..... 45	KEPPRA TABS 1000 MG (levetiracetam) ..... 16
INTUNIV (guanfacine hcl (adhd)) ...1	ISTALOL SOLN (timolol maleate (ophth)) ..... 90	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam) ..... 16
INVEGA (paliperidone) ..... 40	itraconazole CAPS ..... 24	
iodine strong (lugol's) ..... 81	itraconazole SOLN ..... 24	
IOPIDINE ..... 90	ivermectin (pediculicide) ..... 64	
ipratropium bromide (nasal) ..... 88	ivermectin (rosacea) ..... 64	
ipratropium bromide SOLN 0.02 % 12		

KEPPRA XR TB24 (levetiracetam) 16	SPERMICIDE LUBRICATED MISC 77	KYNMOBI TITRATION KIT KIT ... 39
KESIMPTA ..... 96	KIMONO SPECIAL DEVI ..... 77	labetalol hcl TABS ..... 44
ketoconazole (topical) CREA ..... 58	KISQALI ..... 36	lacosamide SOLN OR 10 MG/ML . 16
ketoconazole (topical) FOAM ..... 58	KISQALI FEMARA 200 DOSE .... 34	lacosamide TABS ..... 16
ketoconazole (topical) SHAM 2 % .58	KISQALI FEMARA 400 DOSE .... 34	lactulose (encephalopathy) ..... 70
ketoconazole ..... 24	KISQALI FEMARA 600 DOSE .... 34	lactulose SOLN ..... 75
KETONE STRP ..... 65	KITABIS PAK NEBU (tobramycin) .. 3	LAGEVRIO ..... 44
ketoprofen CP24 ..... 5	KLARITY-A ..... 91	LAMICTAL CHEWABLE
ketorolac tromethamine (ophth) ... 93	KLARON (sulfacetamide sodium (acne)) ..... 57	DISPERSIBLE CHEW (lamotrigine) 16
ketorolac tromethamine TABS ..... 5	KLONOPIN TABS (clonazepam) .. 15	LAMICTAL ODT KIT (lamotrigine) .16
KETOSTIX STRP ..... 65	KLOXXADO LIQD ..... 23	LAMICTAL ODT KIT ..... 16
KEVZARA SOAJ ..... 4	KOSELUGO ..... 36	LAMICTAL ODT TBDP (lamotrigine) . 16
KEVZARA SOSY ..... 4	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..... 82	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) . 16
KIMONO COLORS DEVI ..... 77	K-PHOS NO 2 ..... 71	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine) .... 16
KIMONO LUBRICATED MISC .... 77	K-PHOS TABS (potassium phosphate monobasic) ..... 82	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine) .... 16
KIMONO MAXX/LARGE FLARE MISC ..... 77	KRINTAFEL ..... 31	LAMICTAL TABS (lamotrigine) .... 16
KIMONO MICRO THIN MISC ..... 77	K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride) ..... 82	LAMICTAL XR KIT ..... 16
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 77	K-TAB TBCR 8 MEQ (potassium chloride) ..... 82	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) .... 16
KIMONO PLUS SPERMICIDE LUBRICATED MISC ..... 77	KUVAN PACK (sapropterin dihydrochloride) ..... 68	LAMICTAL XR TB24 250 MG (lamotrigine) ..... 16
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 77	KUVAN TABS (sapropterin dihydrochloride) ..... 68	LAMICTAL XR TB24 300 MG (lamotrigine) ..... 16
KIMONO PS LUBRICATED MISC .77	K-Y ME & YOU EXTRA LUBRICATED DEVI ..... 77	lamivudine (hbv) TABS ..... 43
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 77	K-Y ME & YOU INTENSE DEVI ... 78	lamivudine SOLN ..... 42
KIMONO SENSATION LUBRICATED MISC ..... 77	KYNMOBI FILM ..... 39	lamivudine TABS ..... 42
KIMONO SENSATION PLUS		lamivudine-zidovudine ..... 42

lamotrigine CHEW .....	16	LENVIMA 10 MG DAILY DOSE ...	32	levonorgestrel & eth estradiol TABS	52
lamotrigine KIT 25 MG .....	16	LENVIMA 12MG DAILY DOSE ...	32	levonorgestrel (emergency oc) 1.5	
lamotrigine KIT .....	16	LENVIMA 14 MG DAILY DOSE ...	32	MG .....	53
lamotrigine TABS .....	16	LENVIMA 18 MG DAILY DOSE ...	32	levonorgestrel-eth estradiol	
lamotrigine TB24 25 MG, 50 MG, 100		LENVIMA 20 MG DAILY DOSE ...	32	(triphasic) .....	52
MG, 200 MG .....	16	LENVIMA 24 MG DAILY DOSE ...	32	levonorgestrel-ethinyl estradiol (91-	
lamotrigine TB24 250 MG .....	16	LENVIMA 4 MG DAILY DOSE ...	32	day) 0.03 MG-0.15 MG .....	52
lamotrigine TB24 300 MG .....	16	LENVIMA 8 MG DAILY DOSE ...	32	levonorgestrel-ethinyl estradiol	
lamotrigine TBDP .....	16	LESCOL XL TB24 (fluvastatin		(continuous) .....	52
LAMPIT .....	30	sodium) .....	26	levonorgestrel-ethinyl estradiol-iron	52
LANOXIN TABS 62.5 MCG, 125		LETAIRIS (ambrisentan) .....	47	levorphanol tartrate TABS .....	8
MCG, 250 MCG (digoxin) .....	46	letrozole .....	33	levothyroxine sodium CAPS 125	
lansoprazole CPDR .....	107	leucovorin calcium TABS .....	38	MCG .....	105
lansoprazole TBDD 15 MG .....	107	LEUKERAN .....	32	levothyroxine sodium CAPS 13 MCG,	
lansoprazole TBDD 30 MG .....	107	levalbuterol hcl .....	14	25 MCG, 50 MCG, 75 MCG, 88	
lanthanum carbonate CHEW 1000		levalbuterol tartrate .....	14	MCG, 100 MCG, 112 MCG, 137	
MG .....	71	LEVBIID TB12 (hyoscyamine sulfate)		MCG, 150 MCG, 175 MCG, 200	
lanthanum carbonate CHEW 500 MG		106		MCG .....	105
.....	71	levetiracetam SOLN OR 100 MG/ML,		levothyroxine sodium TABS 112	
lanthanum carbonate CHEW 750 MG		500 MG/5ML .....	16	MCG, 125 MCG, 175 MCG, 200	
.....	71	levetiracetam TABS 1000 MG .....	16	MCG .....	105
LANTUS SOLN .....	22	levetiracetam TABS 250 MG, 500		levothyroxine sodium TABS 25 MCG,	
LANTUS SOLOSTAR SOPN .....	22	MG, 750 MG .....	16	50 MCG, 75 MCG, 88 MCG, 100	
lapatinib ditosylate .....	36	levetiracetam TB24 .....	16	MCG, 137 MCG, 150 MCG, 300	
LASIX TABS (furosemide) .....	66	levobunolol hcl 0.5 % .....	90	MCG .....	105
LASTACAFT .....	93	levocarnitine (metabolic modifiers)		LEVSIN TABS (hyoscyamine sulfate)	
latanoprost SOLN .....	93	SOLN OR 1 GM/10ML .....	68	.....	106
LATANOPROST SOLN .....	93	levocarnitine (metabolic modifiers)		LEVSIN/SL SUBL (hyoscyamine	
LATUDA (lurasidone hcl) .....	39	TABS .....	68	sulfate) .....	106
leflunomide 10 MG .....	6	levofloxacin (ophth) 1.5 % .....	91	LEXAPRO TABS 10 MG, 20 MG	
leflunomide 20 MG .....	6	levofloxacin SOLN OR .....	69	(escitalopram oxalate) .....	19
lenalidomide .....	83	levofloxacin TABS .....	69	LEXAPRO TABS 5 MG (escitalopram	
				oxalate) .....	19
				LEXIVA SUSP .....	42
				LEXIVA TABS (fosamprenavir	



calcium) .....	42	39	LOTEMAX GEL (loteprednol etabonate) .....	91	
LIALDA TBEC (mesalamine) .....	70	LITHOSTAT .....	72	LOTEMAX OINT .....	91
lidocaine hcl (mouth-throat) 2 % ...	83	LO LOESTRIN FE TABS .....	52	LOTEMAX SUSP (loteprednol etabonate) .....	92
lidocaine PTCH 5 % .....	64	LOCOID LIPOCREAM .....	63	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) .....	27
lidocaine-prilocaine CREA .....	64	LOCOID LOTN (hydrocortisone butyrate) .....	63	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) .....	28
LIDODERM PTCH (lidocaine) .....	64	LODINE TABS (etodolac) .....	5	loteprednol etabonate GEL .....	92
linezolid SUSR .....	30	LODOSYN (carbidopa) .....	38	loteprednol etabonate SUSP 0.2 % .....	92
linezolid TABS .....	30	LOKELMA .....	83	loteprednol etabonate SUSP 0.5 % .....	92
LINZESS .....	70	LOMAIRA TABS .....	1	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 25 MCG, 50 MCG .....	105	LOMOTIL TABS (diphenoxylate w/ atropine) .....	23	LOTRONEX (alosetron hcl) .....	70
liothyronine sodium TABS 5 MCG 105		LONSURF .....	34	lovastatin TABS 10 MG, 20 MG ...	26
LIPITOR TABS (atorvastatin calcium) .....	26	LOPID TABS (gemfibrozil) .....	25	lovastatin TABS 40 MG .....	26
LIPOFEN CAPS (fenofibrate) .....	25	lopinavir-ritonavir SOLN .....	42	LOVAZA (omega-3-acid ethyl esters) .....	25
lisdexamfetamine dimesylate CAPS 1		lopinavir-ritonavir TABS .....	42	loxapine succinate .....	40
lisdexamfetamine dimesylate CHEW . 1		LOPRESSOR TABS (metoprolol tartrate) .....	44	lubiprostone .....	70
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....	28	LOPROX CREA (ciclopirox olamine) .	58	LUCEMYRA .....	95
lisinopril & hydrochlorothiazide 25 MG-20 MG .....	28	LOPROX SHAMPOO SHAM (ciclopirox) .....	58	luliconazole .....	58
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG .....	27	LOPROX SUSP (ciclopirox olamine) .	58	LUMIGAN SOLN 0.01 % .....	93
lisinopril TABS 40 MG .....	26	lorazepam CONC .....	12	LUNESTA (eszopiclone) .....	74
lithium .....	39	lorazepam TABS .....	12	LUPRON DEPOT (1-MONTH) KIT IM .....	34
lithium carbonate CAPS 150 MG, 600 MG .....	39	LORBRENA .....	36	LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....	67
lithium carbonate CAPS 300 MG ..	39	LORTAB ELIX .....	9		
lithium carbonate TABS .....	39	losartan potassium & hydrochlorothiazide .....	28		
lithium carbonate TBCR .....	39	losartan potassium .....	27		
LITHOBID TBCR (lithium carbonate) .		LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) .....	52		

lurasidone hcl .....	39	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 96		memantine hcl SOLN .....	95
LYSTEDA TABS (tranexamic acid) 74		MAYZENT TABS 0.25 MG .....	96	memantine hcl TABS 10 MG .....	95
MACROBID (nitrofurantoin monohyd macro) .....	30	MAYZENT TABS 1 MG .....	96	memantine hcl TABS 5 MG .....	95
MACRODANTIN (nitrofurantoin macrocrystal) .....	30	MAYZENT TABS 2 MG .....	96	memantine hcl TABS .....	95
MAGNEBIND 400 .....	81	M-CLEAR WC SOLN .....	55	MENEST .....	69
MALARONE (atovaquone-proguanil hcl) .....	31	meclofenamate sodium CAPS .....	5	MENOSTAR PTWK .....	69
malathion .....	64	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) 110	
MAR-COF CG EXPECTORANT LIQD .....	55	MEDROL TABS .....	54	MEPRON (atovaquone) .....	30
MARINOL CAPS 2.5 MG (dronabinol) .....	23	medroxyprogesterone acetate 10 MG .....	94	mercaptopurine TABS .....	32
MARPLAN .....	19	medroxyprogesterone acetate 2.5 MG, 5 MG .....	94	mesalamine CP24 .....	70
MATULANE .....	38	mefenamic acid CAPS .....	5	mesalamine CPR .....	70
MAVYRET TABS .....	43	mefloquine hcl .....	31	mesalamine CPDR .....	70
MAXALT TABS 10 MG (rizatriptan benzoate) .....	81	megestrol acetate (appetite) .....	94	mesalamine CPDR .....	70
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) .....	81	megestrol acetate SUSP .....	34	mesalamine ENEM .....	70
		megestrol acetate TABS .....	34	mesalamine SUPP .....	70
				mesalamine TBEC 1.2 GM .....	70
				mesalamine TBEC 800 MG .....	70
				MESNEX TABS .....	38
				MESTINON SOLN OR (pyridostigmine bromide) .....	31
				MESTINON TABS (pyridostigmine bromide) .....	31

MESTINON TIMESPAN TBCR (pyridostigmine bromide) .....	31	methsuximide .....	18	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	70
METADATE CD CPR (methylphenidate hcl) .....	2	methylidopa TABS .....	27	metoclopramide hcl TABS .....	70
metaxalone 800 MG .....	87	methylergonovine maleate TABS ..	94	metoclopramide hcl TBDP .....	70
metformin hcl SOLN .....	21	METHYLIN SOLN (methylphenidate hcl) .....	2	metolazone .....	66
metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	21	methylphenidate hcl CHEW .....	2	METOPIRONE .....	65
metformin hcl TB24 500 MG, 750 MG .....	21	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG .....	2	metoprolol & hydrochlorothiazide TABS .....	29
methadone hcl CONC .....	8	methylphenidate hcl CP24 60 MG ..	2	metoprolol succinate TB24 .....	44
methadone hcl SOLN OR .....	8	methylphenidate hcl CP24 .....	2	metoprolol tartrate TABS .....	44
methadone hcl TABS .....	8	methylphenidate hcl CPR .....	2	METROCREAM CREA (metronidazole (topical)) .....	64
methadone hcl TBSO .....	8	methylphenidate hcl SOLN 10 MG/5ML .....	2	METROGEL GEL 1 % (metronidazole (topical)) .....	64
METHADOSE CONC (methadone hcl) .....	8	methylphenidate hcl SOLN 5 MG/5ML .....	2	METROLOTION LOTN (metronidazole (topical)) .....	64
METHADOSE SUGAR-FREE CONC (methadone hcl) .....	8	methylphenidate hcl TABS 20 MG ..	2	metronidazole (topical) CREA .....	64
METHADOSE TBSO (methadone hcl) .....	8	methylphenidate hcl TABS 5 MG, 10 MG .....	2	metronidazole (topical) GEL 0.75 % 64	
methamphetamine hcl .....	1	methylphenidate hcl TB24 18 MG, 27 MG .....	2	metronidazole (topical) GEL 1 % ..	64
methazolamide TABS .....	65	methylphenidate hcl TB24 36 MG ..	2	metronidazole (topical) LOTN .....	64
methenamine hippurate .....	30	methylphenidate hcl TB24 54 MG ..	2	metronidazole CAPS .....	29
methenamine mandelate 0.5 GM, 1 GM .....	30	methylphenidate hcl TBCR 10 MG ..	2	metronidazole TABS .....	29
methimazole TABS .....	105	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....	2	metronidazole vaginal .....	109
METHITEST TABS .....	10	methylphenidate hcl TBCR 20 MG ..	2	metyrosine .....	27
methocarbamol TABS 500 MG, 750 MG .....	87	methylphenidate hcl TBCR 54 MG ..	2	mexiletine hcl .....	12
methotrexate sodium TABS 2.5 MG 32		METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG .....	2	MICARDIS 20 MG, 40 MG (telmisartan) .....	27
methoxsalen rapid .....	60	methylphenidate PTCH .....	2	MICARDIS 80 MG (telmisartan) ...	27
methscopolamine bromide .....	106	methylprednisolone TABS .....	54	MICARDIS HCT (telmisartan- hydrochlorothiazide) .....	29
		methylprednisolone TBPK .....	54	midodrine hcl .....	109
				MIFEPRX (mifepristone) .....	68

mifepristone .....	68	montelukast sodium CHEW .....	13	mycophenolate mofetil SUSR .....	83
miglitol .....	20	montelukast sodium PACK .....	13	mycophenolate mofetil TABS .....	83
miglustat .....	73	montelukast sodium TABS .....	13	mycophenolate sodium .....	83
MIGRANAL SOLN NA (dihydroergotamine mesylate) .....	80	MONUROL (fosfomycin tromethamine) .....	30	MYDRIACYL SOLN (tropicamide) .	90
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) .....	52	morphine sulfate beads .....	8	MYFORTIC (mycophenolate sodium) .....	83
MINIPRESS CAPS (prazosin hcl) .	27	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	8	MYLERAN TABS .....	32
MINIVELLE PTTW (estradiol) .....	69	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML .....	8	MYRBETRIQ TB24 .....	108
minocycline hcl CAPS .....	104	morphine sulfate SUPP .....	8	MYSOLINE (primidone) .....	16
minoxidil 2.5 MG, 10 MG .....	29	morphine sulfate TABS .....	8	MYTESI .....	22
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 TBCR .....	8	nabumetone 500 MG .....	5
MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride) .....	39	MOVANTIK .....	70	nabumetone 750 MG .....	5
MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) .....	52	moxifloxacin hcl (ophth) SOLN OP	91	nadolol TABS 20 MG, 40 MG, 80 MG .....	44
mirtazapine TABS .....	18	moxifloxacin hcl TABS .....	69	NAFRINSE DAILY/NEUTRAL SOLR .	84
mirtazapine TBDP .....	18	MS CONTIN TBCR (morphine sulfate) .....	8	NAFRINSE WEEKLY SOLR .....	84
MIRVASO (brimonidine tartrate (topical)) .....	64	MULPLETA .....	73	naftifine hcl CREA .....	58
misoprostol .....	108	MULTIVITAMIN + FLUORIDE CHEW .....	85	naftifine hcl GEL 2 % .....	58
MITIGARE CAPS (colchicine) .....	72	MULTIVITAMIN WITH FLUORIDE CHEW .....	85	NAFTIN GEL 1 % .....	58
modafinil .....	2	MULTI-VIT-FLOR CHEW .....	85	NAFTIN GEL 2 % (naftifine hcl) ...	58
moexipril hcl .....	27	mupirocin OINT .....	58	NALFON TABS (fenoprofen calcium) 5	
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) .....	43	MUSE PLLT 250 MCG, 500 MCG, 1000 MCG .....	46	naloxone hcl LIQD .....	23
mometasone furoate (nasal) SUSP 89		MYAMBUTOL TABS 400 MG (ethambutol hcl) .....	31	naltrexone hcl .....	23
mometasone furoate CREA .....	63	MYCOBUTIN (rifabutin) .....	31	NAMENDA TABS 10 MG (memantine hcl) .....	95
mometasone furoate OINT .....	63	mycophenolate mofetil CAPS .....	83	NAMENDA TABS 5 MG (memantine hcl) .....	95
mometasone furoate SOLN .....	63			NAMENDA TITRATION PAK TABS (memantine hcl) .....	95
				NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl) .....	95

NAMENDA XR CP24 7 MG (memantine hcl) .....	95	isethionate) .....	30	nevirapine TB24 .....	42
NAMZARIC C4PK .....	95	NEBUSAL NEBU .....	55	NEXAVAR (sorafenib tosylate) ...	36
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG .....	95	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 .....	86	NEXICLON XR TB24 (clonidine hcl) . 27	
NAMZARIC CP24 7 MG-10 MG ...	95	nefazodone hcl .....	20	NEXTSTELLIS .....	52
NAPROSYN SUSP (naproxen) .....	5	neomycin sulfate TABS .....	3	niacin (antihyperlipidemic) TABS ..	26
NAPROSYN TABS 500 MG (naproxen) .....	5	neomycin-bacitracin zn-polymyxin	91	niacin (antihyperlipidemic) TBCR ..	26
naproxen sodium TABS 275 MG, 550 MG .....	5	neomycin-polymy-dexameth OINT	92	NIASPAN TBCR (niacin (antihyperlipidemic)) .....	26
naproxen SUSP .....	5	neomycin-polymy-dexameth SUSP	92	nicardipine hcl CAPS .....	45
naproxen TABS .....	5	neomycin-polymyxin-gramicidin ...	91	NICODERM CQ PT24 TD (nicotine) . 103	
naratriptan hcl .....	81	neomycin-polymyxin-hc (ophth) ...	92	NICORETTE GUM (nicotine polacrilex) .....	103
NARCAN LIQD (naloxone hcl) ....	23	neomycin-polymyxin-hc (otic) SOLN .	94	NICORETTE LOZG (nicotine polacrilex) .....	103
NARDIL (phenelzine sulfate) .....	19	neomycin-polymyxin-hc (otic) SUSP .	94	NICORETTE MINI LOZG (nicotine polacrilex) .....	103
NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..	89	NEORAL CAPS (cyclosporine modified (for microemulsion)) .....	83	NICORETTE STARTER KIT GUM (nicotine polacrilex) .....	103
NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal)) .....	89	NEORAL SOLN (cyclosporine modified (for microemulsion)) .....	83	nicotine MISC XX .....	103
NASONEX 24HR SUSP 50 MCG/ACT (mometasone furoate (nasal)) .....	89	NERLYNX .....	36	nicotine polacrilex GUM .....	103
NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	86	NESTABS .....	86	nicotine polacrilex LOZG .....	103
NATACYN .....	91	NESTABS DHA .....	86	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	103
NATAZIA .....	52	NESTABS ONE .....	86	NICOTINE TRANSDERMAL SYSTEM KIT .....	103
nateglinide .....	22	NEUPRO .....	39	NICOTROL INHALER INHA .....	103
NATROBA (spinosad) .....	64	NEURONTIN CAPS (gabapentin) .	16	NICOTROL NS SOLN .....	104
nebivolol hcl .....	44	NEURONTIN SOLN (gabapentin) .	16	nifedipine CAPS .....	45
NEBUPENT IN (pentamidine		NEURONTIN TABS (gabapentin) .	16	nifedipine TB24 30 MG, 60 MG ...	45
		NEVANAC .....	93	nifedipine TB24 .....	45
		nevirapine SUSP .....	42	NILANDRON (nilutamide) .....	34
		nevirapine TABS .....	42		

nilutamide .....	34	norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG .....	52	NP THYROID 30 TABS .....	105
nimodipine CAPS .....	45	norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG .....	52	NP THYROID 60 TABS .....	105
NINJACOF-XG LIQD .....	55	norethindrone (contraceptive) .....	53	NP THYROID 90 TABS .....	105
NINLARO .....	36	norethindrone acet & eth estra ...	52	NUBEQA .....	34
nisoldipine .....	45	norethindrone acetate TABS .....	94	NUCORT LOTN .....	63
nitazoxanide TABS .....	30	norethindrone acetate-ethinyl estradiol .....	69	NUEDEXTA .....	96
nitisinone CAPS .....	68	norethindrone acetate-ethinyl estradiol-fe .....	52	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride) .....	74
NITRO-BID OINT .....	11	norgestimate-ethinyl estradiol (triphasic) .....	52	NUPLAZID CAPS .....	39
NITRO-DUR PT24 (nitroglycerin) ..	11	norgestimate-ethinyl estradiol ...	52	NUPLAZID TABS 10 MG .....	39
NITRO-DUR PT24 .....	11	NORPACE CAPS (disopyramide phosphate) .....	12	NUVARING (etonogestrel-ethinyl estradiol) .....	53
nitrofurantoin .....	30	NORPACE CR CP12 .....	12	NUVIGIL (armodafinil) .....	2
nitrofurantoin macrocrystal .....	31	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) .....	20	NUVIGIL (armodafinil) .....	2
nitrofurantoin monohyd macro .....	31	NORTHERA (droxidopa) .....	109	nystatin (mouth-throat) .....	84
nitroglycerin (intra-anal) .....	11	nortriptyline hcl CAPS .....	20	nystatin (topical) CREA .....	58
nitroglycerin PT24 .....	11	nortriptyline hcl SOLN .....	20	nystatin (topical) OINT .....	58
nitroglycerin SOLN TL 0.4 MG/SPRAY .....	11	NORVASC TABS 2.5 MG (amlodipine besylate) .....	45	nystatin (topical) POWD EX .....	58
nitroglycerin SUBL .....	11	NORVASC TABS 5 MG, 10 MG (amlodipine besylate) .....	45	nystatin TABS .....	24
NITROLINGUAL SOLN TL (nitroglycerin) .....	11	NORVIR PACK .....	42	nystatin-triamcinolone CREA .....	58
NITROSTAT SUBL (nitroglycerin) ..	11	NORVIR SOLN .....	42	nystatin-triamcinolone OINT .....	58
NIVA THYROID TABS .....	105	NORVIR TABS (ritonavir) .....	42	OB COMPLETE ONE .....	86
nizatidine CAPS .....	107	NOXAFIL SUSP (posaconazole) ..	24	OB COMPLETE PETITE .....	86
nizatidine SOLN .....	107	NOXAFIL TBEC (posaconazole) ..	24	OB COMPLETE PREMIER .....	86
NORDITROPIN FLEXPPO SOPN ..	67	NP THYROID 120 TABS .....	105	OB COMPLETE/DHA .....	86
norelgestromin-ethinyl estradiol ...	53	NP THYROID 15 TABS .....	105	OBSTETRIX DHA MISC .....	86
norethin acet & estrad-fe CAPS ...	52			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
norethin acet & estrad-fe CHEW ..	52			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	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	52				

MG .....	86	emulsion) .....	63	ORAL CITRATE .....	71
OCALIVA 10 MG .....	69	omega-3-acid ethyl esters .....	25	ORAPRED ODT TBDP (prednisolone sodium phosphate) .....	54
OCALIVA 5 MG .....	70	OMEPRAZOLE + SYRSPEND SFALKA SUSP .....	107	ORAVIG .....	84
OCUFLOX (ofloxacin (ophth)) .....	91	omeprazole CPDR 20 MG, 40 MG 108		ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG .....	47
ODEFSEY .....	42	omeprazole magnesium CPDR ..	108	ORENITRAM TBCR 5 MG .....	47
ODOMZO .....	33	OMNIFLEX DIAPHRAGM .....	78	ORFADIN CAPS (nitisinone) .....	68
OFEV .....	104	ondansetron hcl SOLN OR 4 MG/5ML .....	23	ORFADIN SUSP .....	68
ofloxacin (ophth) .....	91	ondansetron hcl TABS 4 MG, 8 MG 23		ORIAHNN .....	69
ofloxacin (otic) .....	93	ondansetron TBDP .....	23	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....	104
ofloxacin 300 MG .....	69	ONETOUCH ULTRA 2 KIT .....	79	ORKAMBI PACK 94 MG-75 MG ..	104
ofloxacin 400 MG .....	69	ONETOUCH ULTRA STRP .....	65	ORKAMBI TABS .....	104
olanzapine TABS 15 MG, 20 MG ..	40	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....	79	orlistat .....	1
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG .....	40	ONETOUCH VERIO REFLECT KIT 79		orphenadrine citrate TB12 .....	87
olanzapine TBDP .....	40	ONETOUCH VERIO TEST STRIPS STRP .....	65	oseltamivir phosphate CAPS .....	44
olanzapine-fluoxetine hcl .....	95	ONFI SUSP (clobazam) .....	15	oseltamivir phosphate SUSR .....	44
olmesartan medoxomil 40 MG .....	27	ONFI TABS 10 MG (clobazam) ..	15	OSMOPREP .....	75
olmesartan medoxomil 5 MG, 20 MG 27		ONFI TABS 20 MG (clobazam) ..	15	OSPHENA .....	67
olmesartan medoxomil-amlodipine-hydrochlorothiazide .....	29	ONUREG TABS .....	32	OTEZLA TABS .....	5
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG ..	29	OPILL .....	53	OTEZLA TBPK .....	5
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG .....	29	OPSUMIT .....	47	OVIDE (malathion) .....	64
olopatadine hcl (nasal) .....	88	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 109		oxandrolone 10 MG .....	10
olopatadine hcl 0.1 % .....	93	ORACEA (doxycycline (rosacea)) 64		oxandrolone 2.5 MG .....	10
olopatadine hcl 0.2 % .....	93	ORACIT .....	71	oxaprozin TABS .....	5
OLUX FOAM (clobetasol propionate) 63				OXAYDO TABS 5 MG .....	8
OLUX-E (clobetasol propionate				oxazepam CAPS 10 MG, 15 MG ..	12
				oxazepam CAPS 30 MG .....	12
				oxcarbazepine SUSP .....	16
				oxcarbazepine TABS 150 MG .....	17

oxcarbazepine TABS 300 MG ..... 16	97300 UNIT-37000 UNIT, 15200	pediatric multivitamins w/fl CHEW .85
oxcarbazepine TABS 600 MG ..... 17	UNIT-8800 UNIT-2600 UNIT, 24600	pediatric vitamins acd w/ fluoride
oxiconazole nitrate CREA ..... 58	UNIT-14200 UNIT-4200 UNIT, 61500	SOLN ..... 85
OXISTAT CREA (oxiconazole nitrate)	UNIT-35500 UNIT-10500 UNIT,	peg 3350-kcl-nacl-na sulfate-na
..... 59	83900 UNIT-54700 UNIT-21000	ascorbate-ascorbic acid ..... 74
OXISTAT LOTN ..... 59	UNIT, 98400 UNIT-56800 UNIT-	peg 3350-kcl-sod bicarb-sod
OXTELLAR XR TB24 150 MG, 300	16800 UNIT ..... 65	chloride-sod sulfate SOLR 6.74 GM-
MG ..... 17	PANRETIN ..... 59	2.97 GM-5.86 GM-22.74 GM-236 GM
OXTELLAR XR TB24 600 MG ..... 17	pantoprazole sodium PACK ..... 108	..... 74
oxybutynin chloride TABS 5 MG . 108	pantoprazole sodium TBEC ..... 108	peg 3350-potassium chloride-sod
oxybutynin chloride TB24 ..... 108	PAREMYD ..... 93	bicarbonate-sod chloride ..... 74
oxycodone hcl CAPS ..... 8	paricalcitol CAPS ..... 68	PEG-PREP ..... 74
oxycodone hcl CONC 100 MG/5ML 8	PARLODEL CAPS (bromocriptine	penicillamine CAPS ..... 82
oxycodone hcl SOLN ..... 8	mesylate) ..... 39	penicillamine TABS ..... 82
oxycodone hcl TABS 30 MG ..... 8	PARLODEL TABS (bromocriptine	penicillin v potassium SOLR ..... 94
oxycodone hcl TABS 5 MG, 10 MG,	mesylate) ..... 39	penicillin v potassium TABS ..... 94
15 MG, 20 MG ..... 8	PARNATE (tranylcypromine sulfate)	PENNSAID SOLN EX 2 %
oxycodone w/ acetaminophen TABS	19	(diclofenac sodium (topical)) ..... 59
325 MG-10 MG ..... 9	paroxetine hcl SUSP ..... 19	PENNSAID SOLN EX ..... 59
oxycodone w/ acetaminophen TABS	paroxetine hcl TABS ..... 19	pentamidine isethionate IN ..... 30
325 MG-2.5 MG ..... 9	paroxetine hcl TB24 ..... 19	PENTASA CPCR (mesalamine) ... 70
oxycodone w/ acetaminophen TABS	PASER PACK ..... 31	PENTASA CPCR 250 MG ..... 70
325 MG-5 MG ..... 9	PATADAY 0.1 % (olopatadine hcl) 93	pentazocine w/ naloxone hcl ..... 10
oxycodone w/ acetaminophen TABS	PATADAY 0.2 % (olopatadine hcl) 93	PENTOSAN POLYSULFATE
325 MG-7.5 MG ..... 9	PATADAY EXTRA STRENGTH .. 93	SODIUM DR CPDR 150 MG ..... 72
oxymorphone hcl TABS 10 MG ..... 8	PATANASE (olopatadine hcl (nasal))	pentoxifylline ..... 72
oxymorphone hcl TABS 5 MG ..... 8	..... 88	PEPCID AC MAXIMUM STRENGTH
oxymorphone hcl TB12 ..... 8	PAXIL CR TB24 (paroxetine hcl) .. 19	TABS (famotidine) ..... 107
OZEMPIC SOPN ..... 21	PAXIL SUSP (paroxetine hcl) ..... 19	PEPCID AC TABS 20 MG
paliperidone ..... 40	PAXIL TABS (paroxetine hcl) ..... 19	(famotidine) ..... 107
PAMELOR CAPS (nortriptyline hcl)	PAXLOVID 100 MG-150 MG ..... 43	PEPCID TABS 20 MG (famotidine)
20	pazopanib hcl ..... 36	107
PANCREAZE CPEP 149900 UNIT-	PEDIAPRED SOLN (prednisolone	PEPCID TABS 40 MG (famotidine)
	sodium phosphate) ..... 54	107



PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) .....	10	pimecrolimus .....	64	POLY HUB NEEDLE/30G X 1/2" ..	80
PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	10	pindolol TABS .....	44	polymyxin b-trimethoprim .....	91
PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ...	10	pioglitazone hcl 15 MG .....	22	POLYTRIM (polymyxin b- trimethoprim) .....	91
PERFOROMIST NEBU (formoterol fumarate) .....	14	pioglitazone hcl 30 MG, 45 MG ...	22	POLY-VI-FLOR CHEW .....	85
perindopril erbumine .....	27	pioglitazone hcl-glimepiride .....	21	POLY-VI-FLOR SUSP .....	85
permethrin CREA .....	64	pioglitazone hcl-metformin hcl TABS .	21	POLY-VI-FLOR/IRON CHEW .....	84
perphenazine TABS .....	41	PIQRAY 200MG DAILY DOSE ...	36	POMALYST .....	34
phenelzine sulfate .....	19	PIQRAY 250MG DAILY DOSE ...	36	posaconazole SUSP .....	24
phenobarbital ELIX .....	74	PIQRAY 300MG DAILY DOSE ...	36	posaconazole TBEC .....	24
phenobarbital TABS .....	74	pirfenidone CAPS .....	104	pot & sod citrates w/citric ac SOLN	71
phenoxybenzamine hcl .....	27	pirfenidone TABS .....	104	pot phosphate monobasic w/ sod	phosphate dibasic & monobasic ..
phentermine hcl CAPS .....	1	piroxicam CAPS 10 MG .....	5	potassium chloride CPCR .....	82
phenylephrine hcl (mydriatic) SOLN	10 % .....	piroxicam CAPS 20 MG .....	5	potassium chloride microencapsulated crystals er .....	82
phenylephrine hcl (mydriatic) SOLN	2.5 % .....	PLAN B ONE-STEP (levonorgestrel (emergency oc)) .....	53	potassium chloride PACK OR 20 MEQ .....	82
phenytoin CHEW .....	18	PLAQUENIL (hydroxychloroquine sulfate) .....	31	potassium chloride SOLN OR 10 %, 20 % .....	82
phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	18	PLAVIX 75 MG (clopidogrel bisulfate) .....	73	potassium chloride TBCR .....	82
phenytoin SUSP .....	18	PLEGRIDY SOSY IM .....	96	potassium citrate (alkalinizer) TBCR .	71
PHEXXI .....	109	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	57	potassium citrate-citric acid SOLN .	71
PHOSLYRA SOLN .....	71	PLEXION CREA (sulfacetamide sodium w/ sulfur) .....	57	POVIDONE IODINE .....	91
phytonadione TABS 5 MG .....	110	PLEXION LOTN (sulfacetamide sodium w/ sulfur) .....	57	PRALUENT SOAJ .....	26
PIFELTRO .....	42	PNV-DHA+DOCUSATE .....	86	pramipexole dihydrochloride TABS	0.125 MG, 0.25 MG, 0.5 MG, 0.75
pilocarpine hcl (oral) 5 MG .....	84	PNV-OMEGA .....	86	MG .....	39
pilocarpine hcl (oral) 7.5 MG .....	84	PODOCON-25 SOLN .....	64	pramipexole dihydrochloride TABS 1	MG .....
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	90	podofilox GEL .....	64	MG .....	39
		podofilox SOLN .....	64	pramipexole dihydrochloride TABS	1.5 MG .....
					39

pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG .....	39	prednisone TABS .....	54	PRENATE AM .....	86
pramipexole dihydrochloride TB24 3 MG .....	39	prednisone TBPK 10 MG .....	54	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG .....	86
PRAMOSONE LOTN .....	63	prednisone TBPK 5 MG .....	54	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	86
PRAMOSONE OINT .....	63	PREFEST .....	69	PRENATE ENHANCE .....	86
prasugrel hcl .....	73	pregabalin CAPS 225 MG, 300 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 MG .....	87
pravastatin sodium 10 MG, 20 MG, 80 MG .....	26	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	17	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
pravastatin sodium 40 MG .....	26	pregabalin SOLN .....	17	PRENATE RESTORE .....	87
praziquantel .....	11	PREMARIN .....	109	PREVACID 24HR CPDR (lansoprazole) .....	108
prazosin hcl CAPS .....	27	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG .....	69	PREVACID CPDR 30 MG (lansoprazole) .....	108
PRECISION XTRA .....	65	PREMARIN TABS 0.9 MG .....	69	PREVACID SOLUTAB TBDD 15 MG (lansoprazole) .....	108
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	65	PREMESISRX .....	86	PREVACID SOLUTAB TBDD 30 MG (lansoprazole) .....	108
PRECOSE (acarbose) .....	20	PREMIUM CONDOMS LUBRICATED MISC .....	78	PREVIDENT RINSE SOLN .....	84
PRED MILD .....	92	PREMPHASE .....	69	PREZCOBIX .....	42
PRED-G S.O.P. OINT .....	92	PREMPRO 1.5 MG-0.3 MG .....	69	PREZISTA SUSP .....	42
PRED-G SUSP .....	92	PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ...	69	PREZISTA TABS (darunavir) .....	42
prednicarbate OINT .....	63	PRENA 1 TRUE .....	86	PREZISTA TABS 75 MG, 150 MG	42
prednisolone acetate (ophth) .....	92	PRENA1 CHEW .....	86	PRIFTIN .....	31
PREDNISOLONE SODIUM PHOSPHATE .....	92	PRENA1 PEARL .....	86		
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 20 MG/5ML .....	54	PRENAISSANCE .....	86		
prednisolone sodium phosphate TBDP .....	54	PRENAISSANCE PLUS CAPS ...	86		
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN .....	92	PRENATAL 19 CHEW .....	86		
PREDNISONE INTENSOL CONC	54	PRENATAL 19 TABS .....	86		
prednisone SOLN .....	54	PRENATAL MULTIVITAMIN PLUS DHA MISC .....	86		
		PRENATAL+DHA MISC .....	86		
		PRENATAL-U CAPS .....	86		
		PRENATE .....	86		

PRILOSEC PACK .....	108	promethazine hcl TABS 50 MG ...	25	(fluoxetine hcl) .....	19
PRIMAQUINE PHOSPHATE TABS (primaquine phosphate) .....	31	promethazine w/codeine SOLN ...	55	PROZAC CAPS 40 MG (fluoxetine hcl) .....	19
primaquine phosphate TABS .....	31	promethazine w/codeine SYRP ...	55	PRUDOXIN (doxepin hcl (antipruritic)) .....	59
primidone 50 MG, 250 MG .....	17	promethazine-dm SYRP .....	55	PULMICORT FLEXHALER AEPB 180 MCG/ACT .....	13
PRISTIQ (desvenlafaxine succinate) 20		promethazine-phenylephrine-codeine .....	55	PULMICORT FLEXHALER AEPB 90 MCG/ACT .....	13
PROAIR RESPICLICK AEPB .....	14	PROMETRIUM CAPS (progesterone) .....	94	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) .....	13
probenecid .....	72	propafenone hcl CP12 .....	12	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) .....	13
PROCARDIA XL TB24 (nifedipine) 45		propafenone hcl TABS 150 MG ...	12	PULMICORT SUSP 1 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	propranolol hcl .....	91	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) .....	13
PROCTOFOAM HC FOAM EX .....	11	propranolol hcl CP24 .....	44	PULMOZYME .....	104
PROCYSBI CPDR .....	72	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	44	PURIXAN SUSP .....	32
progesterone CAPS .....	94	propranolol hcl TABS .....	44	pyrazinamide .....	31
PROGLYCEM (diazoxide) .....	21	propylthiouracil .....	105	pyridostigmine bromide SOLN OR	31
PROGRAF CAPS (tacrolimus) .....	83	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....	55	pyridostigmine bromide TABS 60 MG .....	31
PROGRAF PACK .....	83	PROSCAR (finasteride) .....	72	pyridostigmine bromide TBCR .....	31
PROLENSA (bromfenac sodium (ophth)) .....	93	PROTONIX PACK (pantoprazole sodium) .....	108	QBRELIS SOLN .....	27
PROMACTA PACK 12.5 MG .....	73	PROTONIX TBEC (pantoprazole sodium) .....	108	QINLOCK .....	36
PROMACTA PACK 25 MG .....	73	protriptyline hcl .....	20	QSYMIA .....	1
PROMACTA TABS .....	73	PROVERA 10 MG (medroxyprogesterone acetate) ...	95	QUALAQUIN CAPS (quinine sulfate) 31	
promethazine & phenylephrine SYRP .....	55	PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) ...	95	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) .....	53
promethazine hcl SOLN OR 6.25 MG/5ML .....	24	PROVIDA OB .....	87	QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate) .....	17
promethazine hcl SUPP 12.5 MG, 25 MG .....	25	PROVIGIL (modafinil) .....	2	QUDEXY XR CS24 25 MG, 50 MG (topiramate) .....	17
promethazine hcl TABS 12.5 MG ..	25	PROZAC CAPS 10 MG, 20 MG		QUESTRAN LIGHT POWD	
promethazine hcl TABS 25 MG ...	25				

(cholestyramine light) .....	25	(ranolazine) .....	11	RELNATE DHA CAPS .....	87
QUESTRAN POWD (cholestyramine) .....	25	RANEXA TB12 500 MG (ranolazine) . 11		RELPAK (eletriptan hydrobromide) 81	
quetiapine fumarate TABS 200 MG 40		ranolazine TB12 1000 MG .....	11	REMERON SOLTAB TBDP (mirtazapine) .....	18
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG .....	40	ranolazine TB12 500 MG .....	11	REMERON TABS 15 MG, 30 MG (mirtazapine) .....	18
quetiapine fumarate TABS 300 MG, 400 MG .....	40	RAPAFLO 4 MG (silodosin) .....	72	RENAGEL (sevelamer hcl) .....	71
quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG .....	40	RAPAFLO 8 MG (silodosin) .....	72	REVELA PACK 0.8 GM (sevelamer carbonate) .....	71
quetiapine fumarate TB24 50 MG .	40	RAPAMUNE SOLN (sirolimus) ....	83	REVELA PACK 2.4 GM (sevelamer carbonate) .....	71
QUFLORA FE PEDIATRIC LIQD .	84	RAPAMUNE TABS (sirolimus) ....	83	REVELA TABS (sevelamer carbonate) .....	71
QUFLORA GUMMIES CHEW .....	85	rasagiline mesylate .....	39	repaglinide .....	22
QUFLORA PEDIATRIC CHEW .....	85	RAVICTI .....	68	RESTORIL 15 MG (temazepam) ..	74
QUFLORA PEDIATRIC SOLN .....	85	RAZADYNE ER CP24 (galantamine hydrobromide) .....	95	RESTORIL 30 MG (temazepam) ..	74
QUILLICHEW ER CHER .....	2	REALITY LATEX CONDOMS/LUBRICATED MISC ..	78	RESTORIL 7.5 MG (temazepam) .	74
QUILLIVANT XR SRER .....	2	REALITY LATEX/ULTRA TEXTURED DEVI .....	78	RETEVMO .....	36
quinapril hcl .....	27	REALITY LATEX/ULTRA THIN DEVI 78		RETIN-A CREA (tretinoin) .....	57
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....	29	RECTIV (nitroglycerin (intra-anal)) 11		RETIN-A GEL (tretinoin) .....	57
quinapril-hydrochlorothiazide 25 MG- 20 MG .....	29	REGLAN TABS (metoclopramide hcl) .....	70	RETIN-A MICRO (tretinoin microsphere) .....	57
quinidine gluconate TBCR .....	12	REGRANEX .....	65	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere) .....	57
quinine sulfate CAPS 324 MG .....	31	RELENZA DISKHALER .....	44	RETIN-A MICRO PUMP 0.08 % (tretinoin microsphere) .....	57
QVAR REDIHALER 80 MCG/ACT .	13	RELEXXII TBCR 18 MG, 27 MG, 36 MG .....	2	RETROVIR CAPS (zidovudine) ...	42
RABEPRAZOLE SODIUM DR SPRINKLE CPSP .....	108	RELEXXII TBCR 54 MG .....	2	RETROVIR SYRP (zidovudine) ...	42
rabeprazole sodium TBEC .....	108	RELEXXII TBCR 72 MG .....	2	REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) .....	47
raloxifene hcl .....	67	RELION INSULIN SYRINGE 1ML/31GX15/64" .....	80	REVATIO TABS (sildenafil citrate (pulmonary hypertension)) .....	47
ramelteon .....	74	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	80	REXULTI .....	41
ramipril CAPS .....	27				
RANEXA TB12 1000 MG					

REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) .....	42	rivastigmine .....	95	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG .....	39
REYATAZ PACK .....	42	rivastigmine tartrate CAPS .....	95	RYTARY CPCR 95 MG-23.75 MG	39
RHOFADE .....	64	rizatriptan benzoate TABS .....	81	RYTHMOL SR CP12 (propafenone hcl) .....	12
RIDAURA .....	4	rizatriptan benzoate TBDP .....	81	RYVENT TABS .....	24
rifabutin .....	31	ROBINUL FORTE TABS (glycopyrrolate) .....	106	SABRIL PACK (vigabatrin) .....	18
rifampin CAPS .....	31	ROBINUL TABS (glycopyrrolate) .....	106	SABRIL TABS (vigabatrin) .....	18
RILUTEK TABS (riluzole) .....	89	ROCALTROL CAPS 0.25 MCG (calcitriol) .....	68	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	53
riluzole TABS .....	89	ROCALTROL CAPS 0.5 MCG (calcitriol) .....	68	SALAGEN 5 MG (pilocarpine hcl (oral)) .....	84
rimantadine hydrochloride TABS ..	44	ROCALTROL SOLN OR (calcitriol) 68		SALAGEN 7.5 MG (pilocarpine hcl (oral)) .....	84
RINVOQ .....	3	roflumilast .....	13	salicylic acid SHAM 6 % .....	64
RIOMET SOLN (metformin hcl) ...	21	ropinirole hydrochloride TABS .....	39	salsalate .....	7
risedronate sodium TABS 150 MG	67	ropinirole hydrochloride TB24 12 MG 39		SANDIMMUNE CAPS (cyclosporine) 83	
risedronate sodium TABS 35 MG	67	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG .....	39	SANDIMMUNE SOLN OR .....	83
risedronate sodium TABS 5 MG, 30 MG .....	67	rosuvastatin calcium TABS .....	26	SAPHRIS (asenapine maleate) ...	40
RISPERDAL SOLN (risperidone) ..	40	ROXICODONE TABS 30 MG (oxycodone hcl) .....	9	SAPHRIS 5 MG .....	40
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) .....	40	ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl) .....	9	sapropterin dihydrochloride PACK	68
RISPERDAL TABS 3 MG (risperidone) .....	40	ROZEREM (ramelteon) .....	74	sapropterin dihydrochloride TABS	68
risperidone SOLN .....	40	RUBRACA .....	36	SAVELLA TABS .....	95
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG .....	40	rufinamide SUSP .....	17	SAVELLA TITRATION PACK MISC 95	
risperidone TABS 3 MG .....	40	rufinamide TABS 200 MG .....	17	saxagliptin hcl .....	21
risperidone TBDP .....	40	rufinamide TABS 400 MG .....	17	saxagliptin-metformin hcl .....	21
RITALIN LA CP24 (methylphenidate hcl) .....	2	RUKOBIA .....	42	scopolamine .....	23
RITALIN TABS 20 MG (methylphenidate hcl) .....	2	RYBELSUS TABS 3 MG .....	21	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....	53
RITALIN TABS 5 MG, 10 MG (methylphenidate hcl) .....	3	RYBELSUS TABS 7 MG, 14 MG ..	21	SELECT-OB CHEW 60 MG-2.5 MG-	
ritonavir TABS .....	42	RYDAPT .....	36		

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	sevelamer carbonate TABS	71	SKYRIZI SOCT	70
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	sevelamer hcl 400 MG	71	SKYRIZI SOSY	60
SELECT-OB+DHA MISC	sevelamer hcl 800 MG	71	SLYND	54
selegiline hcl CAPS	SFROWASA ENEM	70	SOAANZ TABS 20 MG (torsemide)	66
selenium sulfide LOTN 2.5 %	SIKLOS TABS 100 MG	73	sodium chloride (inhalant) NEBU 0.9 %, 3 %	55
SELZENTRY SOLN	SIKLOS TABS 1000 MG	73	sodium chloride (inhalant) NEBU 7 %	55
SELZENTRY TABS (maraviroc)	sildenafil citrate (pulmonary hypertension) SUSR	47	sodium citrate & citric acid	71
SELZENTRY TABS 25 MG, 75 MG 42	sildenafil citrate (pulmonary hypertension) TABS	48	sodium fluoride (dental) SOLN 0.2 % 84	
SE-NATAL 19 CHEW	sildenafil citrate	46	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	81
SE-NATAL 19 TABS	silodosin 4 MG	72	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	81
SENSIPAR (cinacalcet hcl)	silodosin 8 MG	72	sodium fluoride TABS 0.5 MG	81
SEREVENT DISKUS	SILVADENE (silver sulfadiazine)	61	sodium fluoride TABS 1 MG	81
SEROQUEL TABS 200 MG (quetiapine fumarate)	silver sulfadiazine	61	SODIUM OXYBATE SOLN	95
SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)	simvastatin TABS	26	sodium phenylbutyrate POWD	68
SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	39	sodium phenylbutyrate TABS	68
SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate)	SINGULAIR CHEW (montelukast sodium)	13	sodium polystyrene sulfonate POWD	83
SEROQUEL XR TB24 50 MG (quetiapine fumarate)	SINGULAIR PACK (montelukast sodium)	13	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	57
sertraline hcl CONC	SINGULAIR TABS (montelukast sodium)	13	sodium sulfate-potassium sulfate- magnesium sulfate	75
sertraline hcl TABS	sirolimus SOLN	83	solifenacin succinate TABS 10 MG 108	
sevelamer carbonate PACK 0.8 GM . 71	sirolimus TABS	83	solifenacin succinate TABS 5 MG 108	
sevelamer carbonate PACK 2.4 GM . 71	SITAVIG TABS BU	43	SOLTAMOX SOLN	34
	SIVEXTRO TABS	30	SOMA TABS 250 MG (carisoprodol)	
	SKLICE (ivermectin (pediculicide))	64		
	SKYRIZI PEN SOAJ	60		
	SKYRIZI PSKT	60		

87	STELARA SOSY 90 MG/ML	60	sulfadiazine TABS	104
SOMA TABS 350 MG (carisoprodol)	STIMATE SOLN NA	68	sulfamethoxazole-trimethoprim SUSP	30
88	STIOLTO RESPIMAT	14	sulfamethoxazole-trimethoprim TABS	30
SOOLANTRA (ivermectin (rosacea))	STIVARGA	37	SULFAMYLON CREA	61
.....64	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	2	sulfasalazine TABS	70
sorafenib tosylate	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	2	sulfasalazine TBEC	70
SORILUX FOAM	37	STRIBILD	42	sulindac TABS 150 MG
sotalol hcl (afib/afib)	44	STRIVERDI RESPIMAT	14	sulindac TABS 200 MG
sotalol hcl TABS	44	STROMECTOL (ivermectin)	11	sumatriptan 20 MG/ACT
SOVUNA 200 MG	31	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	10	sumatriptan 5 MG/ACT
spinosad	64	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	10	sumatriptan succinate TABS
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	12	sucralfate SUSP	107	81
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	13	sucralfate TABS	107	81
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	13	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	45	sunitinib malate 12.5 MG, 37.5 MG, 50 MG
spironolactone & hydrochlorothiazide	66	sulfacetamide sodium (acne)	57	37
spironolactone TABS	66	sulfacetamide sodium (ophth) OINT 91	91	37
SPORANOX CAPS (itraconazole)	24	sulfacetamide sodium (ophth) SOLN 91	91	SUPRAX CAPS (cefixime)
SPORANOX PULSEPAK CAPS (itraconazole)	24	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	57	48
SPORANOX SOLN (itraconazole)	24	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	57	SUPRAX SUSR 100 MG/5ML (cefixime)
SPRAVATO 56MG DOSE	19	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	57	48
SPRAVATO 84MG DOSE	19	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	57	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)
SPRITAM TB3D	17			75
SPRYCEL	37			SUSTIVA CAPS (efavirenz)
STALEVO 50 (carbidopa-levodopa- entacapone)	39			42
stavudine CAPS	42			SUSTIVA TABS (efavirenz)
STELARA SOLN 45 MG/0.5ML	60			42
STELARA SOSY 45 MG/0.5ML	60			SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)
				37
				SUTENT 25 MG (sunitinib malate)
				37
				SYMBICORT (budesonide- formoterol fumarate dihydrate)
				14
				SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl)
				95
				SYMDEKO 150 MG-100 MG
				104
				SYMDEKO 75 MG-50 MG
				104

SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate) .....	42	TABS .....	48	TECFIDERA STARTER PACK CDPK (dimethyl fumarate) .....	96
SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate) .....	42	tadalafil 2.5 MG .....	47	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" .....	80
SYMTUZA .....	42	tadalafil 5 MG, 10 MG, 20 MG .....	46	TEGRETOL SUSP (carbamazepine) .	17
SYNALAR CREA (fluocinolone acetonide) .....	63	TAFINLAR CAPS .....	37	TEGRETOL TABS (carbamazepine) .	17
SYNALAR OINT (fluocinolone acetonide) .....	63	tafluprost .....	93	TEGRETOL-XR TB12 100 MG (carbamazepine) .....	17
SYNALAR SOLN (fluocinolone acetonide) .....	63	TAGRISSO .....	33	TEGRETOL-XR TB12 200 MG (carbamazepine) .....	17
SYNAREL .....	67	TALZENNA 0.25 MG, 1 MG .....	37	TEGRETOL-XR TB12 400 MG (carbamazepine) .....	17
SYNJARDY TABS .....	21	TAMIFLU CAPS (oseltamivir phosphate) .....	44	TEKTURNA (aliskiren fumarate) ..	29
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....	21	TAMIFLU SUSR (oseltamivir phosphate) .....	44	TEKTURNA HCT .....	29
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG .....	21	tamoxifen citrate TABS .....	34	telmisartan 20 MG, 40 MG .....	27
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) .....	105	tamsulosin hcl .....	72	telmisartan 80 MG .....	27
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) .....	105	TARCEVA (erlotinib hcl) .....	33	telmisartan-amlodipine .....	29
SYPRINE (trientine hcl) .....	82	TARGRETIN (bexarotene (topical))	59	telmisartan-hydrochlorothiazide ..	29
TABLOID .....	32	TARGRETIN (bexarotene) .....	38	temazepam 15 MG .....	74
TABRECTA .....	37	TASIGNA .....	37	temazepam 30 MG .....	74
TACLONEX OINT (calcipotriene-betamethasone dipropionate) .....	63	TASMAR (tolcapone) .....	38	temazepam 7.5 MG .....	74
TACLONEX SUSP (calcipotriene-betamethasone dipropionate) .....	63	TAVALISSE 100 MG .....	72	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide) .	32
tacrolimus (topical) OINT 0.03 % ..	64	TAVALISSE 150 MG .....	72	TEMOVATE CREA (clobetasol propionate) .....	63
tacrolimus (topical) OINT 0.1 % ...	64	TAYTULLA CAPS (norethin acet & estrad-fe) .....	53	TEMOVATE OINT (clobetasol propionate) .....	63
tacrolimus CAPS .....	83	tazarotene CREA .....	60	temozolomide CAPS .....	32
tadalafil (pulmonary hypertension)		TAZAROTENE FOAM .....	57	tenofovir disoproxil fumarate TABS	42
		tazarotene GEL .....	60	TENORETIC 100 (atenolol & chlorthalidone) .....	29
		TAZORAC CREA (tazarotene) ...	60		
		TAZORAC CREA .....	60		
		TAZORAC GEL (tazarotene) .....	60		
		TAZVERIK .....	37		
		TECFIDERA CPDR (dimethyl fumarate) .....	96		



TENORETIC 50 (atenolol & chlorthalidone) .....	29	thioridazine hcl 50 MG .....	41	tizanidine hcl TABS 4 MG .....	88
TENORMIN TABS (atenolol) .....	44	thiothixene .....	41	TOBI NEBU (tobramycin) .....	3
terazosin hcl 1 MG, 2 MG, 5 MG ..	27	THRIVITE RX TABS .....	87	TOBI PODHALER CAPS .....	3
terazosin hcl 10 MG .....	27	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	105	TOBRADEX OINT .....	92
terbinafine hcl TABS .....	24	tiagabine hcl .....	18	TOBRADEX ST SUSP .....	92
terbutaline sulfate TABS .....	14	TIAZAC (diltiazem hcl extended release beads) .....	45	TOBRADEX SUSP (tobramycin-dexamethasone) .....	92
terconazole vaginal CREA .....	109	TIBSOVO .....	37	tobramycin (ophth) SOLN .....	91
terconazole vaginal SUPP .....	109	TIKOSYN (dofetilide) .....	12	tobramycin NEBU .....	3
teriflunomide .....	96	timolol maleate (ophth) SOLG .....	90	tobramycin-dexamethasone SUSP	92
testosterone cypionate SOLN IM ..	10	timolol maleate (ophth) SOLN .....	90	TOBREX OINT .....	91
testosterone enanthate SOLN IM ..	10	timolol maleate TABS 10 MG .....	45	TODAY SPONGE MISC .....	109
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM .....	10	timolol maleate TABS 20 MG .....	45	tolcapone .....	38
tetrabenazine .....	96	timolol maleate TABS 5 MG .....	45	TOLSURA CAPS .....	24
tetracaine hcl (ophth) .....	91	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth)) .....	90	tolterodine tartrate CP24 .....	108
tetracycline hcl CAPS .....	104	TIMOPTIC SOLN (timolol maleate (ophth)) .....	90	tolterodine tartrate TABS .....	108
TETRACYCLINE HYDROCHLORID TABS .....	104	TIMOPTIC-XE SOLG (timolol maleate (ophth)) .....	90	TOPAMAX SPRINKLE CPSP (topiramate) .....	17
TETRACYCLINE HYDROCHLORIDE TABS .....	104	tinidazole .....	30	TOPAMAX TABS 100 MG (topiramate) .....	17
TEXACORT SOLN 2.5 % .....	63	tiopronin TABS .....	72	TOPAMAX TABS 200 MG (topiramate) .....	17
THALITONE .....	66	tiopronin TBEC .....	72	TOPAMAX TABS 25 MG (topiramate) .....	17
THALOMID .....	83	tiotropium bromide monohydrate CAPS .....	13	TOPAMAX TABS 50 MG (topiramate) .....	17
THEO-24 CP24 .....	14	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG .....	105	TOPICORT CREA (desoximetasone) .....	63
theophylline ELIX .....	14	TIROSINT CAPS 75 MCG .....	105	TOPICORT GEL (desoximetasone) .....	63
theophylline SOLN .....	14	TIVICAY TABS .....	42	TOPICORT LIQD (desoximetasone) .	63
theophylline TB24 .....	14	tizanidine hcl CAPS .....	88		
THIOLA EC TBEC (tiopronin) .....	72	tizanidine hcl TABS 2 MG .....	88		
THIOLA TABS (tiopronin) .....	72				
thioridazine hcl 10 MG, 25 MG, 100 MG .....	41				

TOPICORT OINT (desoximetasone) . 63	tramadol hcl TABS 50 MG ..... 9	triamcinolone acetonide (mouth) ..84
topiramate CP24 200 MG .....17	tramadol hcl TB24 100 MG .....9	triamcinolone acetonide (nasal) AERO ..... 89
topiramate CP24 25 MG ..... 17	tramadol hcl TB24 200 MG .....9	triamcinolone acetonide (topical) AERS ..... .63
topiramate CP24 50 MG, 100 MG .17	tramadol hcl TB24 .....9	triamcinolone acetonide (topical) CREA ..... .63
topiramate CPSP .....17	tramadol-acetaminophen .....10	triamcinolone acetonide (topical) LOTN ..... .63
topiramate CS24 100 MG, 150 MG, 200 MG .....17	trandolapril .....27	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....63
topiramate CS24 25 MG, 50 MG .. 17	trandolapril-verapamil hcl ..... 29	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG ..... 66
topiramate TABS 100 MG ..... 17	tranexamic acid TABS ..... 74	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....66
topiramate TABS 200 MG ..... 17	TRANSDERM-SCOP (scopolamine) 23	triamterene & hydrochlorothiazide TABS 50 MG-75 MG .....66
topiramate TABS 25 MG .....17	TRANXENE T TABS 7.5 MG (clorazepate dipotassium) ..... 12	triazolam 0.125 MG .....74
topiramate TABS 50 MG .....17	tranylcypromine sulfate .....19	triazolam 0.25 MG ..... 74
TOPROL XL TB24 (metoprolol succinate) .....44	TRAVATAN Z SOLN (travoprost) ..93	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide) ..... 29
toremifene citrate .....34	travoprost SOLN ..... 93	TRICOR TABS 145 MG (fenofibrate) . 25
toremide TABS 100 MG ..... 66	trazodone hcl TABS .....20	TRICOR TABS 48 MG (fenofibrate) 25
toremide TABS 5 MG, 10 MG, 20 MG ..... 66	TRECTOR ..... 31	TRIDESILON CREA 0.05 % (desonide) .....63
TOUJEO MAX SOLOSTAR SOPN 22	TRELEGY ELLIPTA ..... 14	trientine hcl 250 MG ..... 82
TOUJEO SOLOSTAR SOPN .....22	TREMFYA SOPN .....60	trientine hcl 500 MG ..... 82
TOVIAZ (fesoterodine fumarate) 108	TREMFYA SOSY .....60	trifluoperazine hcl TABS ..... 41
TPOXX (TECOVIRIMAT CAP 200 MG) .....44	TRESIBA FLEXTOUCH SOPN ...22	trifluridine .....91
TPOXX CAPS .....44	TRESIBA SOLN ..... 22	trihexyphenidyl hcl SOLN .....38
TPOXX SOLN .....44	tretinoin (chemotherapy) ..... 38	
TRACLEER TABS 125 MG (bosentan) .....47	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....57	
TRACLEER TABS 62.5 MG (bosentan) .....47	tretinoin GEL 0.01 %, 0.025 % .... 58	
TRACLEER TBSO .....47	tretinoin GEL 0.05 % .....57	
tramadol hcl TABS 100 MG .....9	tretinoin microsphere 0.04 %, 0.1 % 57	
	tretinoin microsphere 0.08 % ..... 57	
	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....32	

trihexyphenidyl hcl TABS .....	38	TROKENDI XR CP24 50 MG, 100	TRUSTEX/RIA
TRIJARDY XR .....	21	MG (topiramate) .....	LUBRICATED/SPERMICIDE MISC
TRIKAFTA TBPK 100 MG-50 MG		tropicamide SOLN .....	78
104		tropium chloride CP24 .....	TRUSTEX/RIA NON-LUBRICATED
TRIKAFTA TBPK 50 MG-25 MG .	104	tropium chloride TABS .....	MISC .....
TRILEPTAL SUSP (oxcarbazepine)	17	TRULICITY .....	78
17		TRUSOPT (dorzolamide hcl) .....	TRUVADA 100 MG-150 MG, 133
TRILEPTAL TABS 150 MG		TRUSTEX COLOR CONDOMS +	MG-200 MG, 167 MG-250 MG
(oxcarbazepine) .....	17	LUBE MISC .....	(emtricitabine-tenofovir disoproxil
TRILEPTAL TABS 300 MG		TRUSTEX LUBRICATED	fumarate) .....
(oxcarbazepine) .....	17	EXTRALARGE MISC .....	43
TRILEPTAL TABS 600 MG		TRUSTEX LUBRICATED	TRUVADA 200 MG-300 MG
(oxcarbazepine) .....	17	EXTRASTRENGTH MISC .....	(emtricitabine-tenofovir disoproxil
TRILIPIX 135 MG (choline		TRUSTEX LUBRICATED MISC ...	fumarate) .....
fenofibrate) .....	26	TRUSTEX	TUKYSA .....
TRILIPIX 45 MG (choline fenofibrate)	26	LUBRICATED/RIBBED/STUDDED	33
.....		MISC .....	TURALIO 200 MG .....
trimethobenzamide hcl CAPS .....	23	TRUSTEX	37
trimethoprim TABS .....	30	LUBRICATED/SPERMICIDE EXTRA	TWIRLA .....
trimipramine maleate CAPS .....	20	LARGE MISC .....	53
TRINATAL RX 1 TABS .....	87	TRUSTEX	TYBLUME CHEW .....
TRINTELLIX .....	20	LUBRICATED/SPERMICIDE EXTRA	53
TRISTART DHA .....	87	STRENGTH MISC .....	TYBOST .....
TRISTART ONE .....	87	TRUSTEX	43
TRIUMEQ PD TBSO .....	42	LUBRICATED/SPERMICIDE MISC	TYKERB (lapatinib ditosylate) ....
TRIUMEQ TABS .....	42	78	37
TRI-VI-FLOR .....	85	TRUSTEX NATURAL CONDOMS	TYVASO DPI INSTITUTIONALKIT
TRI-VI-FLORO .....	85	+LUBE/LUBRICATED MISC .....	POWD .....
TRIZIVIR .....	42	TRUSTEX NON-LUBRICATED MISC	47
TROKENDI XR CP24 200 MG		.....	TYVASO DPI MAINTENANCE KIT
(topiramate) .....	17	78	POWD .....
TROKENDI XR CP24 25 MG		TRUSTEX WITH NONOXYNOL-	47
(topiramate) .....	17	9/RIBBED/STUDDED MISC .....	TYVASO DPI TITRATION KIT
		78	POWD .....
		TRUSTEX/RIA LUBRICATED MISC .	47
		78	TYVASO REFILL SOLN IN .....
		TRUSTEX/RIA LUBRICATED	47
		SPERMICIDE MISC .....	TYVASO SOLN IN .....
		78	47
			TYVASO STARTER SOLN IN .....
			47
			UBRELVY .....
			80
			UCERIS (budesonide (intrarectal))
			11
			UCERIS TB24 (budesonide) .....
			54
			ULORIC 40 MG (febuxostat) .....
			72
			ULORIC 80 MG (febuxostat) .....
			72
			ULTRACET (tramadol-

acetaminophen) .....10	(diazepam) .....12	tretinoin) .....58
ULTRAM TABS (tramadol hcl) .....9	valproate sodium SOLN OR 250 MG/5ML .....18	VEMLIDY .....43
ULTRAVATE LOTN .....63	valproic acid CAPS .....18	VENCLEXTA STARTING PACK TBPK .....33
UPTRAVI TABS 200 MCG .....48	valsartan TABS 160 MG .....27	VENCLEXTA TABS 10 MG .....33
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG .....48	valsartan TABS 40 MG, 80 MG, 320 MG .....27	VENCLEXTA TABS 100 MG .....33
UPTRAVI TITRATION PACK TBPK 48	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG .....29	VENCLEXTA TABS 50 MG .....33
UROCIT-K 10 TBCR (potassium citrate (alkalinizer)) .....71	valsartan-hydrochlorothiazide 25 MG- 160 MG .....29	venlafaxine hcl CP24 150 MG .....20
UROCIT-K 15 TBCR (potassium citrate (alkalinizer)) .....71	VALTREX 1 GM (valacyclovir hcl) .44	venlafaxine hcl CP24 37.5 MG, 75 MG .....20
UROCIT-K 5 TBCR (potassium citrate (alkalinizer)) .....71	VALTREX 500 MG (valacyclovir hcl) . 43	venlafaxine hcl TABS .....20
UROXATRAL (alfuzosin hcl) .....72	VANCOCIN CAPS 125 MG (vancomycin hcl) .....30	venlafaxine hcl TB24 225 MG .....20
URSO 250 TABS (ursodiol) .....70	vancomycin hcl CAPS 125 MG ...30	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG .....20
URSO FORTE TABS (ursodiol) ...70	vancomycin hcl SOLR OR 25 MG/ML .....30	VENTAVIS .....47
ursodiol CAPS .....70	VANDAZOLE .....109	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...45
ursodiol TABS .....70	VARENICLINE tartrate TABS .....104	verapamil hcl CP24 180 MG .....45
VAGIFEM TABS (estradiol vaginal) 109	VARUBI TBPK .....24	verapamil hcl CP24 360 MG .....45
valacyclovir hcl 1 GM, 1000 MG ...43	VASCEPA (icosapent ethyl) .....25	verapamil hcl TABS .....45
valacyclovir hcl 500 MG .....43	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...29	verapamil hcl TBCR 120 MG .....46
VALCHLOR .....59	VASOTEC TABS (enalapril maleate) . 27	verapamil hcl TBCR 180 MG, 240 MG .....46
VALCYTE SOLR (valganciclovir hcl) . 43	VCF VAGINAL CONTRACEPTIVE FILM FILM .....109	VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl) .....46
VALCYTE TABS (valganciclovir hcl) . 43	VCF VAGINAL CONTRACEPTIVEGEL GEL .....109	VEREGEN .....58
valganciclovir hcl SOLR .....43	VECAMYL .....29	VERELAN CP24 120 MG, 240 MG (verapamil hcl) .....46
valganciclovir hcl TABS .....43	VELTIN (clindamycin phosphate- .....29	VERELAN CP24 180 MG (verapamil hcl) .....46
VALIUM TABS 10 MG (diazepam) 12		VERELAN CP24 360 MG (verapamil hcl) .....46
VALIUM TABS 2 MG, 5 MG		VERELAN PM CP24 (verapamil hcl) .

46	VIRACEPT TABS .....	43	VP-PNV-DHA CAPS .....	87	
VERSACLOZ SUSP .....	40	VIREAD POWD .....	43	VRAYLAR CAPS .....	39
VERZENIO .....	37	VIREAD TABS (tenofovir disoproxil fumarate) .....	43	VRAYLAR CPPK .....	40
VESICARE TABS 10 MG (solifenacin succinate) .....	108	VIREAD TABS 150 MG, 200 MG, 250 MG .....	43	VYNDAMAX .....	48
VESICARE TABS 5 MG (solifenacin succinate) .....	108	VIRT-C DHA .....	87	VYNDAQEL .....	48
VFEND SUSR (voriconazole) .....	24	VIRT-NATE DHA CAPS .....	87	VYTORIN (ezetimibe-simvastatin) 25	
VFEND TABS (voriconazole) .....	24	VIRT-PN DHA .....	87	VYVANSE CAPS .....	1
VIAGRA (sildenafil citrate) .....	47	VISTARIL CAPS (hydroxyzine pamoate) .....	11	warfarin sodium TABS .....	14
VIBERZI .....	70	VISTOGARD .....	23	WELCHOL PACK (colesevelam hcl) .	25
VIBRAMYCIN CAPS (doxycycline hyclate) .....	104	VITAFOL GUMMIES .....	87	WELCHOL TABS (colesevelam hcl) .	25
VIBRAMYCIN SUSR (doxycycline (monohydrate)) .....	105	VITAFOL-NANO .....	87	WELLBUTRIN SR TB12 (bupropion hcl) .....	19
VICTOZA .....	21	VITAFOL-ONE CAPS .....	87	WELLBUTRIN XL TB24 (bupropion hcl) .....	19
vigabatrin PACK .....	18	VITAMEDMD ONE		WESCAP-C DHA .....	87
vigabatrin TABS .....	18	RX/QUATREFOLIC .....	87	WESNATE DHA CAPS .....	87
VIGAMOX SOLN OP (moxifloxacin hcl (ophth)) .....	91	VITAMEDMD REDICHEW RX .....	87	WESTGEL DHA .....	87
VIIBRYD STARTER PACK KIT .....	20	VITAPEARL .....	87	WIDE-SEAL SILICONE	
VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl) .....	20	VITATRUE .....	87	DIAPHRAGM KIT 60 .....	78
VIIBRYD TABS 20 MG (vilazodone hcl) .....	20	VITRAKVI CAPS .....	37	WIDE-SEAL SILICONE	
vilazodone hcl TABS 10 MG, 40 MG .	20	VITRAKVI SOLN .....	37	DIAPHRAGM KIT 65 .....	78
vilazodone hcl TABS 20 MG .....	20	VIVA DHA CAPS .....	87	WIDE-SEAL SILICONE	
VIMPAT SOLN OR 10 MG/ML (lacosamide) .....	17	VIVELLE-DOT PTTW (estradiol) ..	69	DIAPHRAGM KIT 70 .....	78
VIMPAT TABS (lacosamide) .....	17	VIZIMPRO .....	33	WIDE-SEAL SILICONE	
VINATE DHA RF .....	87	VOLTAREN ARTHRITIS PAIN GEL		DIAPHRAGM KIT 75 .....	79
VINATE ONE TABS .....	87	EX (diclofenac sodium (topical)) ..	59	WIDE-SEAL SILICONE	
		voriconazole SUSR .....	24	DIAPHRAGM KIT 80 .....	79
		voriconazole TABS .....	24	WIDE-SEAL SILICONE	
		VOSEVI .....	43	DIAPHRAGM KIT 85 .....	79
		VOTRIENT (pazopanib hcl) .....	37	WIDE-SEAL SILICONE	
		VOTRIENT .....	37	DIAPHRAGM KIT 90 .....	79
				WIDE-SEAL SILICONE	

DIAPHRAGM KIT 95 .....	79	XPOVIO .....	34	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide) .....	29
WILZIN .....	82	XPOVIO 80 MG TWICE WEEKLY 34		ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	29
XALATAN SOLN (latanoprost) .....	93	XTANDI CAPS .....	34	ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril) .....	27
XALKORI CAPS .....	37	XTANDI TABS .....	34	ZESTRIL TABS 40 MG (lisinopril) .	27
XANAX TABS (alprazolam) .....	12	XYREM SOLN .....	95	ZETIA (ezetimibe) .....	26
XARELTO STARTER PACK TBPK 14		YASMIN 28 (drospirenone-ethinyl estradiol) .....	53	ZIAC (bisoprolol & hydrochlorothiazide) .....	29
XARELTO SUSR .....	14	YAZ (drospirenone-ethinyl estradiol) 53		ZIAGEN SOLN (abacavir sulfate) .	43
XARELTO TABS 10 MG .....	14	YONSA .....	34	ZIAGEN TABS (abacavir sulfate) .	43
XARELTO TABS 2.5 MG, 15 MG, 20 MG .....	15	zaleplon .....	74	ZIANA (clindamycin phosphate- tretinoin) .....	58
XATMEP SOLN .....	32	ZANAFLEX CAPS (tizanidine hcl) .	88	zidovudine CAPS .....	43
XELJANZ SOLN .....	3	ZANAFLEX TABS 4 MG (tizanidine hcl) .....	88	zidovudine SYRP .....	43
XELJANZ TABS .....	3	ZARONTIN CAPS (ethosuximide) .	18	zidovudine TABS .....	43
XELJANZ XR TB24 .....	3	ZARONTIN SOLN (ethosuximide) .	18	zileuton TB12 .....	13
XELODA 150 MG (capecitabine) ..	32	ZATEAN-PN DHA .....	87	ZIOPTAN (tafluprost) .....	93
XELODA 500 MG (capecitabine) ..	32	ZAVESCA (miglustat) .....	73	ziprasidone hcl 20 MG, 40 MG ....	40
XENAZINE (tetrabenazine) .....	96	ZEJULA CAPS .....	37	ziprasidone hcl 60 MG, 80 MG ....	40
XENICAL (orlistat) .....	1	ZEJULA TABS .....	37	ZIRGAN GEL .....	91
XERAC AC .....	64	ZELAPAR TBDP .....	39	ZITHROMAX PACK (azithromycin) 76	
XERMELO .....	71	ZELBORAF .....	38	ZITHROMAX SUSR (azithromycin) 76	
XHANCE EXHU .....	89	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) .....	68	ZITHROMAX TABS 250 MG (azithromycin) .....	76
XIFAXAN 200 MG .....	30	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 .....	65	ZITHROMAX TABS 500 MG (azithromycin) .....	76
XIFAXAN 550 MG .....	30			ZITHROMAX TRI-PAK TABS (azithromycin) .....	76
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG .....	21			ZITHROMAX Z-PAK TABS	
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG .....	21				
XOPENEX (levalbuterol hcl) .....	14				
XOPENEX CONCENTRATE (levalbuterol hcl) .....	14				
XOSPATA .....	37				

(azithromycin) .....	76	ZYMAXID (gatifloxacin (ophth)) ...	91
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin) .....	26	ZYPREXA TABS 15 MG, 20 MG (olanzapine) .....	40
ZOLINZA .....	38	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine) .....	40
zolmitriptan SOLN .....	81	ZYPREXA ZYDIS TBDP (olanzapine) .....	40
zolmitriptan TABS .....	81	ZYTIGA (abiraterone acetate) ....	34
zolmitriptan TBDP .....	81	ZYVOX SUSR (linezolid) .....	30
ZOLOFT CONC (sertraline hcl) ....	19	ZYVOX TABS (linezolid) .....	30
ZOLOFT TABS (sertraline hcl) ....	19		
zolpidem tartrate TABS .....	74		
zolpidem tartrate TBCR .....	74		
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		
zonisamide CAPS 100 MG .....	18		
zonisamide CAPS 25 MG, 50 MG .	17		
ZORTRESS (everolimus (immunosuppressant)) .....	83		
ZOVIRAX CREA (acyclovir topical) 60			
ZOVIRAX OINT (acyclovir topical) .	60		
ZOVIRAX SUSP (acyclovir) .....	44		
ZYDELIG .....	38		
ZYKADIA TABS .....	38		
ZYLET .....	92		
ZYLOPRIM 100 MG (allopurinol) ..	72		
ZYLOPRIM 300 MG (allopurinol) ..	72		