

California

AON Benefit Experience Drug List

The AON Benefit Experience 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 All previous versions are no longer in effect.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 <http://www.healthnet.com/myaon> or call us at 1-888-926-1692. Refer to the Evidence of Coverage for specific cost share information.

AON Benefit Experience Drug List

Go to [Drug List](#) Use the “[AON Benefit Experience](#)” Drug List - California.

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 **1-888-926-1692**

Hours of Operation

8:00am – 6:00pm Monday through Friday



Updated January 1, 2026

Health Net of California, Inc. is a subsidiary of Health Net, LLC, and Centene Corporation. Health Net is a registered service mark of Health Net, LLC.

Table of Contents

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

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 list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and latest 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)

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

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 medical condition. 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 ***Bold lowercase italicized*** letters.

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

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.

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

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayment or coinsurance an enrollee is required to pay shall not exceed two hundred fifty dollars (\$250) for an individual prescription of up to a 30-day supply.

Nonpreferred Generic Drugs have been placed at Tier 2.

Tier Descriptions

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 consists of most generic drugs and low-cost preferred brand drugs.
2	Tier two consists 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 consists of non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

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 does not fall 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: • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.

PA	Prior Authorization	This drug requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Prevention Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
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 insulins, 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.
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 the tier placement of a drug 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 enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when criteria is met.

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.
 - Poses 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.

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.

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 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.

Can I use a mail order pharmacy?

For maintenance prescription drugs, you can use the CVS Caremark 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. Specialty 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 [Get Forms - Pharmacy mail order](#) 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.

Are infertility drugs covered?

Check your plan documents for your specific coverage. A new regulation (SB 729) requires new and renewing Groups, after July 1, 2025, will pay only their Tier copayment. Many Groups currently have a 50% coinsurance, which will go away after their renewal.

Are Immunizations covered through pharmacies?

Immunizations are covered through your primary care Doctor. The following immunizations are covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter;

- Covid-19
- Influenza (Flu)
- RSV

Are Weight Loss Drugs Covered?

Most plans do cover weight loss medications when prior authorization has been approved. Check your plan documents for your coverage and copayment or coinsurance. Requirements for approval include enrolling and actively participating in a weight loss behavior modification program that include diet, exercise and behavior modification for 6 months prior to going on a weight loss drug and continuing in the program while being treated with a weight loss medication. You must meet the body mass index (BMI) requirements under your plan. Covered medications include:

Weight Loss Medications	
Oral Medications	Self-injected Medications
Contrave	Wegovy
Phentermine-Topiramate (Qsymia)	Saxenda
Phentermine	Zepbound
Orlistat (Xenical)	

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 for 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.

Prescription drug: Is a drug that by law requires a prescription.

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

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

Step therapy exception is 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 who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS</i>	1	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 EA daily)
<i>methamphetamine hcl</i>	1	PA
VYVANSE CHEW	3	QL(1 EA daily)
Analeptics		
<i>caffeine citrate SOLN PO</i>	1	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<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>clonidine hcl (adhd) TB12</i>	1	QL(4 EA daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Stimulants - Misc.		
<i>armodafinil</i>	1	PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)
<i>methylphenidate hcl CHEW</i>	1	
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily)
<i>methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG</i>	1	QL(1 EA daily)
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)
<i>methylphenidate PTCH</i>	1	QL(1 EA daily)
<i>modafinil</i>	1	QL(1 EA daily)
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	3	Check Plan Documents for coverage; QL(0.143 ML daily); SP; PA
Aminoglycosides			ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	3	QL(0.072 ML daily); SP; PA
ARIKAYCE	3	SP; PA	ADALIMUMAB-ADAZ SOSY	3	QL(0.143 ML daily); SP; PA
HUMATIN	2	SP	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	3	Check plan documents for coverage; QL(0.143 ML daily); SP; PA
<i>neomycin sulfate TABS</i>	1		HADLIMA PUSHTOUCH SOAJ	3	QL(0.143 ML daily); SP; PA
TOBI PODHALER CAPS	3	SP; PA	HADLIMA SOSY	3	QL(0.143 ML daily); SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	HUMIRA (2 PEN) AJKT	3	QL(0.143 EA daily); SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(0.072 EA daily); SP; PA
Antirheumatic - Enzyme Inhibitors			HUMIRA (2 SYRINGE) PSKT	3	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
RINVOQ LQ SOLN	3	QL(12 ML daily); SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	3	QL(0.143 EA daily); SP; PA
RINVOQ TB24	3	QL(1 EA daily); SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA
XELJANZ XR TB24	3	QL(1 EA daily); SP; PA	HUMIRA-PED<40KG CROHNS STARTER PSKT	3	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); SP; PA
XELJANZ SOLN	3	QL(10 ML daily); SP; PA			
XELJANZ TABS	3	QL(2 EA daily); SP; PA			
Antirheumatic Antimetabolites					
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	SP; PA			
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	SP; PA			
RASUVO SOAJ 20 MG/0.4ML	3	SP; PA			
Anti-TNF-alpha - Monoclonal Antibodies					

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
HUMIRA-PED>=40KG CROHNS START PSKT	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	<i>diclofenac sodium TB24</i>	1	
HUMIRA-PED>=40KG UC STARTER AJKT	3	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA	<i>diclofenac sodium TBEC</i>	1	
HUMIRA-PS/UV/ADOL HS STARTER AJKT	3	QL(0.143 EA daily); SP; PA	<i>diclofenac w/ misoprostol TBEC</i>	1	
HUMIRA-PSORIASIS/UEIT STARTER AJKT	3	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	<i>etodolac CAPS</i>	1	
Gold Compounds			<i>etodolac TABS</i>	1	
AURANOFIN 3 MG	3		<i>etodolac TB24</i>	1	QL(2 EA daily)
RIDAURA	3		<i>fenoprofen calcium CAPS 400 MG</i>	1	
Interleukin-1 Blockers			<i>flurbiprofen TABS</i>	1	
ARCALYST	3	SP; PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
Interleukin-6 Receptor Inhibitors			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
KEVZARA SOAJ	3	QL(0.082 ML daily); SP; PA	<i>indomethacin CPCR</i>	1	
KEVZARA SOSY	3	QL(0.082 ML daily); SP; PA	<i>indomethacin SUPP</i>	1	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin SUSP</i>	1	
(Flurbiprofen) LURBIPR TABS 100 MG	1		<i>ketoprofen CP24</i>	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)
(Indomethacin) INDOCIN SUPP	1		<i>meclofenamate sodium CAPS</i>	1	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	<i>mefenamic acid CAPS</i>	1	
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA	<i>meloxicam SUSP</i>	1	
<i>diclofenac potassium TABS 50 MG</i>	1		<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
Phosphodiesterase 4 (PDE4) Inhibitors			<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
			<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
			<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
			<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
			<i>naproxen SUSP</i>	1	
			<i>naproxen TABS</i>	1	
			<i>oxaprozin TABS</i>	1	
			<i>piroxicam CAPS 10 MG</i>	1	
			<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
			<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
			<i>sulindac TABS 200 MG</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
OTEZLA TABS	3	QL(2 EA daily); SP; PA
OTEZLA TBPk	3	QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
<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	3	QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	3	QL(0.143 ML daily); SP; PA
ENBREL SOLN	3	QL(0.143 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	3	QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	3	QL(0.28 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	1	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	
Salicylates		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC 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, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, 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 ST, 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 TBEC 81 MG	5	PV	(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
(Methadone Hcl) METHADONE HCL INTENSOL CONC				1	
<i>codeine sulfate TABS 30 MG</i>				1	
CODEINE SULFATE TABS				2	
<i>fentanyl citrate LPOP 1600 MCG</i>				1	QL(4 EA daily); PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	1	PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>oxycodone hcl SOLN</i>	1	
<i>hydrocodone bitartrate CP12</i>	1	PA	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>hydromorphone hcl LIQD</i>	1		<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>hydromorphone hcl TABS</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)	<i>oxymorphone hcl TABS 10 MG</i>	1	QL(8 EA daily)
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)	<i>oxymorphone hcl TB12</i>	1	QL(2 EA daily)
<i>levorphanol tartrate TABS</i>	1	PA	<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>meperidine hcl TABS 50 MG</i>	1		<i>tramadol hcl TB24</i>	1	
<i>methadone hcl CONC</i>	1		<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)
<i>methadone hcl SOLN PO</i>	1		<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	Opioid Combinations		
<i>morphine sulfate beads</i>	1	QL(1 EA daily)	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
<i>morphine sulfate SUPP</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)
<i>morphine sulfate TABS</i>	1		<i>acetaminophen w/ codeine SOLN</i>	1	
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)
<i>OXAYDO TABS 7.5 MG</i>	3	QL(4 EA daily)			
<i>OXAYDO TABS 5 MG</i>	2				
<i>oxycodone hcl CAPS</i>	1				

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 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>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)	<i>buprenorphine PTWK</i>	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)
<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>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>pentazocine w/ naloxone hcl</i>	1	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1		Androgens		
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)	(Methyltestosterone) METHITEST TABS	1	
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)	<i>danazol CAPS</i>	1	
Opioid Partial Agonists			<i>methyltestosterone CAPS</i>	1	
<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>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
			<i>testosterone enanthate SOLN IM</i>	1	
			<i>testosterone GEL TD</i>	1	QL(10 GM daily)
			<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
			Intrarectal Steroids		
			<i>budesonide (intrarectal)</i>	1	PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
CORTIFOAM EX 10 %	2		ISOSORBIDE MONONITRATE TABS	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)	<i>isosorbide mononitrate TB24</i>	1	
Rectal Combinations			NITRO-BID OINT	2	
ANALPRAM HC LOTN EX	3		NITRO-DUR PT24	2	QL(1 EA daily)
ANALPRAM-HC LOTN EX	3		<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
PROCTOFOAM HC FOAM EX	2		<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
Rectal Steroids			<i>nitroglycerin SUBL</i>	1	
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1		ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
<i>hydrocortisone (rectal) EX 2.5 %</i>	1		Antianxiety Agents - Misc.		
Vasodilating Agents			<i>buspirone hcl</i>	1	
<i>nitroglycerin (intra-anal)</i>	1		<i>hydroxyzine hcl SYRP</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections			<i>hydroxyzine hcl TABS</i>	1	
Anthelmintics			<i>hydroxyzine pamoate CAPS</i>	1	
<i>albendazole</i>	1		<i>meprobamate</i>	1	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old); SP	Benzodiazepines		
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA	(Alprazolam) ALPRAZOLAM XR TB24	1	
<i>praziquantel</i>	1		(Diazepam) DIAZEPAM INTENSOL CONC	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			(Lorazepam) LORAZEPAM INTENSOL CONC	1	
Antianginals-Other			ALPRAZOLAM INTENSOL CONC	3	
<i>ranolazine TB12 1000 MG</i>	1		<i>alprazolam TABS</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)	<i>alprazolam TB24</i>	1	
Nitrates			<i>alprazolam TBDP</i>	1	
<i>isosorbide dinitrate TABS</i>	1		<i>chlordiazepoxide hcl CAPS</i>	1	
<i>isosorbide mononitrate TABS</i>	1		<i>clorazepate dipotassium TABS</i>	1	
			<i>diazepam CONC</i>	1	
			<i>diazepam SOLN PO 5 MG/5ML</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<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	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	3	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate TABS</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)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	3	SP; PA
FASENRA SOSY 10 MG/0.5ML	3	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
FASENRA SOSY 30 MG/ML	3	SP; PA
NUCALA SOAJ	3	SP; PA
NUCALA SOLR	3	SP; PA
NUCALA SOSY	3	SP; PA
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 RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)
<i>zafirlukast 10 MG</i>	1	
<i>zileuton TB12</i>	1	
ZYFLO TABS	3	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1	QL(1 EA daily)
Steroid Inhalants		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)	(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)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)	<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(0.57 GM daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)	<i>albuterol sulfate NEBU</i>	1	
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)	<i>albuterol sulfate NEBU</i>	1	
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)	ALBUTEROL SULFATE NEBU	2	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)	<i>albuterol sulfate SYRP</i>	1	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)	<i>albuterol sulfate TABS</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)	<i>arformoterol tartrate</i>	1	QL(4 ML daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)	COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
Sympathomimetics			<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<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	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)	XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
PROAIR RESPICLICK AEPB	2	Limit 2 inhalers per month; QL(0.07 EA daily)	XARELTO TABS 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)	Heparins And Heparinoid-Like Agents		
STIOLTO RESPIMAT	2	QL(0.14 GM daily)	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ML per 7 day(s) retail); SP; PA
STRIVERDI RESPIMAT	2	QL(0.14 GM daily)	<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ML per 7 day(s) retail); SP; PA
<i>terbutaline sulfate TABS</i>	1		<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ML per 7 day(s) retail); SP; PA
TRELEGY ELLIPTA	2	QL(2 EA daily)	<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ML per 7 day(s) retail); SP; PA
<i>umeclidinium-vilanterol</i>	2	QL(2 EA daily)	<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(11.2 ML per 7 day(s) retail); SP; PA
Xanthines			<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(4.2 ML per 7 day(s) retail); SP; PA
(Theophylline) ELIXOPHYLLIN ELIX	1		<i>fondaparinux sodium 2.5 MG/0.5ML</i>	1	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); SP; PA
THEO-24 CP24	2		<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	1	SP; PA
<i>theophylline ELIX</i>	1		FRAGMIN SOLN 95000 UNIT/3.8ML	3	SP; PA
<i>theophylline SOLN</i>	1		FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	3	SP; PA
<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)	FRAGMIN SOSY 2500 UNIT/0.2ML	3	QL(7 ML per 90 day(s) retail); SP
<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)	Thrombin Inhibitors		
<i>theophylline TB24</i>	1	QL(1 EA daily)	<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
(Warfarin Sodium) JANTOVEN TABS	1				
<i>warfarin sodium TABS</i>	1				
Direct Factor Xa Inhibitors					
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)			
ELIQUIS TABS	2	QL(2 EA daily)			
<i>rivaroxaban SUSR 1 MG/ML</i>	1	QL(900 ML per 30 day(s) retail)			
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)			
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)			
XARELTO TABS 10 MG	2	QL(2 EA daily)			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	QL(24 ML daily)
FYCOMPA TABS 6 MG	3	QL(2 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 EA daily)
FYCOMPA TABS 2 MG	3	QL(6 EA daily)
FYCOMPA TABS 4 MG	3	QL(3 EA daily)
<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	1	QL(1 EA daily)
<i>perampanel TABS 6 MG</i>	1	QL(2 EA daily)
<i>perampanel TABS 4 MG</i>	1	QL(3 EA daily)
<i>perampanel TABS 2 MG</i>	1	QL(6 EA daily)
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1	
<i>clobazam TABS 10 MG</i>	1	QL(1 EA daily)
<i>clobazam TABS 20 MG</i>	1	QL(2 EA daily)
<i>clonazepam TABS</i>	1	
<i>clonazepam TBDP</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	1	QL(0.14 EA daily)
NAYZILAM	3	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	1	

Drug Name	Drug Tier	Requirements/ Limits
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	1	
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
<i>carbamazepine CHEW 100 MG</i>	1	
<i>carbamazepine CP12</i>	1	
<i>carbamazepine SUSP</i>	1	
<i>carbamazepine TABS</i>	1	
<i>carbamazepine TB12 100 MG</i>	1	
<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)
<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
DIACOMIT CAPS 250 MG	3	QL(12 EA daily); SP; PA
DIACOMIT CAPS 500 MG	3	QL(6 EA daily); SP; PA
DIACOMIT PACK 250 MG	3	QL(12 EA daily); SP; PA
DIACOMIT PACK 500 MG	3	QL(6 EA daily); SP; PA
EPIDIOLEX	3	SP; PA
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1	QL(1 EA daily); ST
<i>gabapentin CAPS</i>	1	
<i>gabapentin SOLN</i>	1	
<i>gabapentin TABS 600 MG, 800 MG</i>	1	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
<i>lacosamide TABS</i>	1	QL(2 EA daily)
LAMICTAL XR KIT	3	PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>lamotrigine CHEW</i>	1		<i>topiramate CP24 200 MG</i>	1	QL(2 EA daily); PA
<i>lamotrigine KIT 25 MG</i>	1		<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	1	PA
<i>lamotrigine KIT</i>	1	PA	<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>lamotrigine TABS</i>	1		<i>topiramate CS24 25 MG, 50 MG</i>	1	QL(2 EA daily); PA
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	1	QL(1 EA daily); PA	<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	1	QL(1 EA daily); PA
<i>lamotrigine TB24 300 MG</i>	1	QL(2 EA daily); PA	<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>lamotrigine TB24 250 MG</i>	1	PA	<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>lamotrigine TBDP</i>	1	PA	<i>topiramate TABS 25 MG</i>	1	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1		<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)	<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)	<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
<i>levetiracetam TB24</i>	1	QL(4 EA daily)	Carbamates		
<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)	<i>felbamate SUSP</i>	1	
<i>oxcarbazepine TABS 150 MG</i>	1		<i>felbamate TABS</i>	1	
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)	GABA Modulators		
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)	(Vigabatrin) VIGADRONE, VIGODER PACK	1	QL(6 EA daily); SP
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1		(Vigabatrin) VIGADRONE TABS	1	SP
<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 EA daily)	<i>tiagabine hcl</i>	1	
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)	<i>vigabatrin PACK</i>	1	QL(6 EA daily); SP
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)	<i>vigabatrin TABS</i>	1	SP
<i>pregabalin SOLN</i>	1	QL(30 ML daily)	Hydantoins		
<i>primidone 50 MG, 250 MG</i>	1		(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
<i>rufinamide SUSP</i>	1	SP	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
<i>rufinamide TABS 400 MG</i>	1	QL(8 EA daily); SP	DILANTIN 30 MG	2	
<i>rufinamide TABS 200 MG</i>	1	SP	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
Valproic Acid		
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 EA daily); ST
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	3	SP; PA
SPRAVATO (84 MG DOSE)	3	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)
<i>fluoxetine hcl TABS 10 MG</i>	1	
<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 EA daily)
<i>fluvoxamine maleate CP24 150 MG</i>	1	
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<i>paroxetine hcl SUSP</i>	1	
<i>paroxetine hcl TABS</i>	1	
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 EA daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS</i>	1	
TRINTELLIX	3	ST

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
VIIBRYD STARTER PACK KIT	3	PA	<i>protriptyline hcl</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		Alpha-Glucosidase Inhibitors		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>acarbose</i>	1	
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)	<i>miglitol</i>	1	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)	Antidiabetic Combinations		
FETZIMA TITRATION C4PK	3	ST	<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST	<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST	<i>glipizide-metformin hcl</i>	1	
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily)	<i>glyburide-metformin</i>	1	
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 EA daily)	GLYXAMBI	2	
<i>venlafaxine hcl TABS</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
<i>venlafaxine hcl TB24 225 MG</i>	1		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)	JANUMET TABS	2	QL(2 EA daily)
Tricyclic Agents			<i>pioglitazone hcl-glimepiride</i>	1	
<i>amitriptyline hcl TABS</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>amoxapine</i>	1		<i>saxagliptin-metformin hcl</i>	1	QL(1 EA daily)
<i>clomipramine hcl</i>	1		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
<i>desipramine hcl TABS</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
<i>doxepin hcl CAPS</i>	1		SYNJARDY TABS	2	QL(2 EA daily)
<i>doxepin hcl CONC</i>	1		TRIJARDY XR	2	
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
<i>imipramine pamoate</i>	1				
<i>nortriptyline hcl CAPS</i>	1				
<i>nortriptyline hcl SOLN</i>	1				

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	1	
<i>glucagon (rdna)</i>	3	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate 25 MG</i>	1	QL(1 EA daily); PA
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1	PA
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(1 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	1	Not available through mail order; QL(9 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order; QL(1.5 ML per 28 day(s) retail); PA

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through mail order; QL(3 ML per 28 day(s) retail); PA
RYBELSUS TABS	2	Not available through mail order; QL(1 EA daily); PA
TRULICITY	2	Not available through mail order; QL(2 ML per 28 day(s) retail); PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	QL(1.34 ML daily)
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)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
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	QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.34 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(1.5 ML daily)
LANTUS SOLOSTAR SOPN	2	QL(1.5 ML daily)
LANTUS SOLN	2	QL(1.5 ML daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
TRESIBA FLEXTouch SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
TRESIBA SOLN	2	QL(1.5 ML daily)
Insulin Sensitizing Agents		
<i>pioglitazone hcl 15 MG</i>	1	
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
Meglitinide Analogues		

Drug Name	Drug Tier	Requirements/ Limits
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	1	SP; PA
<i>deferasirox TABS</i>	1	SP; PA
<i>deferasirox TBSO</i>	1	SP; PA
<i>deferiprone TABS</i>	1	SP

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
FERRIPROX SOLN	3	Not available through mail order; SP
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	3	SP; PA
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	QL(2 EA daily); PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
SANCUSO PTCH	3	QL(0.04 EA daily); PA
Antiemetics - Anticholinergic		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>dronabinol CAPS 10 MG</i>	1	PA
SYNDROS SOLN	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 EA daily)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 EA daily)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>flucytosine</i>	1	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	1	
<i>posaconazole TBEC</i>	1	
TOLSURA CAPS	3	PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
(Carbinoxamine Maleate) CARBZAH SOLN	1	
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG	1	
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS	1	QL(1 EA daily); RX/OTC
<i>desloratadine TABS</i>	1	QL(1 EA daily); PA
<i>desloratadine TBDP</i>	1	PA
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 EA daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)
<i>promethazine hcl TABS 12.5 MG</i>	1	
Antihistamines - Piperidines		
<i>ciproheptadine hcl SYRP</i>	1	
<i>ciproheptadine hcl TABS</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light PACK</i>	1	
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine PACK</i>	1	
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 EA daily)
<i>colesevelam hcl TABS</i>	1	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl PACK</i>	1	
<i>colestipol hcl TABS</i>	1	
Fibric Acid Derivatives		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>choline fenofibrate 45 MG</i>	1	
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>fenofibrate CAPS</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
<i>fenofibrate TABS 48 MG</i>	1	
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)
<i>fenofibric acid</i>	1	
<i>gemfibrozil TABS</i>	1	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)
<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); PV
<i>pitavastatin calcium</i>	1	QL(1 EA daily)
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	3	SP; PA
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	3	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<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 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	1	Not available through mail order
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 EA daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>irbesartan</i>	1		<i>benazepril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1		<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)	<i>captopril & hydrochlorothiazide</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)	EDARBYCLOR	3	QL(1 EA daily)
<i>telmisartan 20 MG, 40 MG</i>	1		<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)	<i>irbesartan-hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>clonidine hcl TABS</i>	1		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>doxazosin mesylate</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>guanfacine hcl</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
<i>methyldopa TABS</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>prazosin hcl CAPS</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		<i>telmisartan-amlodipine</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)			
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1				
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)			
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1				
<i>atenolol & chlorthalidone</i>	1				

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	QL(2 EA daily; 9 EA per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	1	
<i>nitazoxanide TABS</i>	1	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
COARTEM	2	Limit 24 per month; QL(0.8 EA daily)	<i>cyclophosphamide CAPS</i>	1	AC
Antimalarials			CYCLOPHOSPHAMIDE TABS	2	
<i>chloroquine phosphate TABS</i>	1		GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
<i>hydroxychloroquine sulfate 200 MG</i>	1		LEUKERAN	2	AC
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)	<i>melphalan</i>	1	AC
<i>primaquine phosphate TABS</i>	1		MYLERAN TABS	2	AC
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA	<i>temozolomide CAPS</i>	1	SP; AC
ANTIMYASTHENIC/CHOLINERGIC AGENTS			Antimetabolites		
Antimyasthenic/Cholinergic Agents			<i>capecitabine</i>	1	SP; AC
FIRDAPSE	3	SP; PA	<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	
<i>pyridostigmine bromide SOLN PO</i>	1	PA	<i>mercaptopurine TABS</i>	1	AC
<i>pyridostigmine bromide TABS 60 MG</i>	1		<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>pyridostigmine bromide TBCR</i>	1		<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			ONUREG TABS	3	SP; AC; PA
Antimycobacterial Agents			TABLOID	3	SP; AC
<i>cycloserine</i>	1		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
<i>ethambutol hcl TABS</i>	1		XATMEP SOLN PO	3	AC; PA
<i>isoniazid SYRP</i>	1		Antineoplastic - Angiogenesis Inhibitors		
<i>isoniazid TABS</i>	1		INLYTA	3	SP; AC; PA
PRIFTIN	3		LENVIMA (10 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
<i>pyrazinamide</i>	1		LENVIMA (12 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
<i>rifabutin</i>	1		LENVIMA (14 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
<i>rifampin CAPS</i>	1		LENVIMA (18 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			LENVIMA (20 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
Alkylating Agents			LENVIMA (24 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
LENVIMA (4 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	3	QL(1 EA daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	3	SP; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	SP; AC; PA
VENCLEXTA TABS 50 MG	3	SP; AC; PA
VENCLEXTA TABS 10 MG	3	QL(2 EA daily); SP; AC; PA
VENCLEXTA TABS 100 MG	3	QL(4 EA daily); SP; AC; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	1	SP; AC; PA
<i>gefitinib</i>	1	SP; AC; PA
GILOTRIF	3	SP; AC; PA
TAGRISSE	3	SP; AC; PA
VIZIMPRO	3	SP; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	3	SP; PA
ERIVEDGE	3	SP; AC; PA
ODOMZO	3	SP; AC; PA
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	1	SP; AC; PA
<i>abiraterone acetate</i>	1	SP; AC; PA
<i>anastrozole</i>	1	QL(1 EA daily); PV; AC
<i>bicalutamide</i>	1	QL(1 EA daily); AC
ELIGARD KIT SC 7.5 MG	3	SP; PA
EMCYT	2	SP; AC
ERLEADA	3	SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	1	PV; AC

Drug Name	Drug Tier	Requirements/ Limits
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	3	SP; PA
LYSODREN	2	SP; AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
<i>nilutamide</i>	1	AC
NUBEQA	3	SP; AC; PA
<i>tamoxifen citrate TABS</i>	1	PV; AC
<i>toremifene citrate</i>	1	AC
XTANDI CAPS	3	SP; AC; PA
XTANDI TABS	3	SP; AC; PA
YONSA	3	SP; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	3	SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	3	QL(1 EA daily); SP; PA
AYVAKIT	3	QL(1 EA daily); SP; AC; PA
Antineoplastic Combinations		
INQOVI	3	SP; PA
KISQALI FEMARA (200 MG DOSE)	2	SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	2	SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	2	SP; AC; PA
LONSURF	3	SP; AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	1	QL(1 EA daily); SP; AC; PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
ALECENSA	3	SP; AC; PA	IMBRUVICA SUSP	3	QL(8 ML daily); SP; AC; PA
ALUNBRIG TABS	3	SP; AC; PA	IMBRUVICA TABS	3	QL(1 EA daily); SP; AC; PA
ALUNBRIG TBPk	3	SP; AC; PA	INREBIC	3	SP; AC; PA
BALVERSA	3	SP; AC; PA	JAKAFI	3	QL(2 EA daily); SP; AC
BOSULIF CAPS	3	SP; AC; PA	KISQALI (200 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
BOSULIF TABS	3	SP; AC; PA	KISQALI (400 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
BRAFTOVI 75 MG	3	SP; AC; PA	KISQALI (600 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
BRUKINSA	3	QL(4 EA daily); SP; PA	KOSELUGO	3	SP; PA
CABOMETYX TABS 20 MG, 60 MG	3	QL(1 EA daily); SP; AC; PA	<i>lapatinib ditosylate</i>	1	SP; AC; PA
CABOMETYX TABS 40 MG	3	QL(2 EA daily); SP; AC; PA	LORBRENA	3	SP; AC; PA
CALQUENCE	3	QL(2 EA daily); SP; AC; PA	LUMAKRAS 320 MG	3	QL(3 EA daily); SP; PA
CAPRELSA	3	SP; AC	LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	3	SP; AC	LYNPARZA TABS	3	QL(4 EA daily); SP; AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	3	SP; AC	MEKINIST TABS	3	SP; AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	3	SP; AC	MEKTOVI	3	SP; AC; PA
COPIKTRA	3	SP; AC; PA	NERLYNX	3	SP; AC; PA
COTELLIC	3	SP; AC; PA	<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	QL(4 EA daily); SP; PA
<i>dasatinib</i>	1	SP; AC; PA	NINLARO	3	QL(0.1 EA daily); SP; AC; PA
<i>everolimus TABS</i>	1	QL(1 EA daily); SP; AC; PA	<i>pazopanib hcl</i>	1	SP; AC; PA
<i>everolimus TBSO</i>	1	QL(1 EA daily); SP; AC; PA	PIQRAY (200 MG DAILY DOSE)	3	SP; PA
IBRANCE CAPS	3	SP; AC; PA	PIQRAY (250 MG DAILY DOSE)	3	SP; PA
IBRANCE TABS	3	SP; AC; PA	PIQRAY (300 MG DAILY DOSE)	3	SP; PA
ICLUSIG	3	QL(1 EA daily); SP; AC; PA	QINLOCK	3	SP; AC; PA
IDHIFA	3	SP; AC; PA	RETEVMO CAPS	3	SP; AC; PA
<i>imatinib mesylate TABS 400 MG</i>	1	QL(2 EA daily); SP; AC; PA	RUBRACA	3	SP; AC; PA
<i>imatinib mesylate TABS 100 MG</i>	1	QL(3 EA daily); SP; AC; PA	RYDAPT	3	SP; AC; PA
IMBRUVICA CAPS 70 MG	3	QL(1 EA daily); SP; AC; PA	<i>sorafenib tosylate</i>	1	SP; AC; PA
IMBRUVICA CAPS 140 MG	3	QL(3 EA daily); SP; AC; PA	STIVARGA	3	SP; AC; PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	1	QL(1 EA daily); SP; AC; PA
<i>sunitinib malate 25 MG</i>	1	SP; AC; PA
TABRECTA	3	SP; AC; PA
TAFINLAR CAPS	3	SP; AC; PA
TAFINLAR TBSO	3	SP; AC; PA
TALZENNA	3	SP; AC; PA
TAZVERIK	3	SP; PA
TIBSOVO	3	SP; PA
VERZENIO	3	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	3	SP; PA
VITRAKVI SOLN	3	SP; PA
VOTRIENT	3	SP; AC; PA
XALKORI CAPS	3	SP; AC; PA
XOSPATA	3	SP; PA
ZEJULA CAPS	3	SP; AC; PA
ZEJULA TABS	3	SP; PA
ZELBORAF	3	SP; AC; PA
ZOLINZA	3	SP; AC; PA
ZYDELIG	3	SP; AC; PA
ZYKADIA TABS	3	SP; AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	3	SP; PA
<i>bexarotene</i>	1	SP; AC; PA
<i>hydroxyurea</i>	1	AC
MATULANE	3	SP; AC
<i>tretinoin (chemotherapy)</i>	1	SP; AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
<i>mesna TABS</i>	1	SP; AC
MESNEX TABS	3	SP; AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	SP; AC
Topoisomerase I Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
HYCAMTIN CAPS	3	SP; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
<i>tolcapone</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<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>	1	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	1	QL(1 EA daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	1	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
RYTARY CPR	3	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
EQUETRO	3	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	3	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	3	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
Benzisoxazoles		
<i>paliperidone</i>	1	
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>asenapine maleate</i>	1	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
<i>quetiapine fumarate TB24</i>	1		APTIVUS CAPS	2	
VERSACLOZ SUSP	3	QL(18 ML daily)	<i>atazanavir sulfate CAPS</i>	1	
Phenothiazines			BIKTARVY	2	
(Prochlorperazine) COMPRO	1	QL(2 EA daily)	CIMDUO	2	
<i>chlorpromazine hcl TABS</i>	1		<i>darunavir TABS</i>	1	
<i>fluphenazine hcl TABS</i>	1		DELSTRIGO	2	
<i>perphenazine TABS</i>	1		DESCOVY 200 MG-25 MG	5	PV
<i>prochlorperazine</i>	1	QL(2 EA daily)	DESCOVY 120 MG-15 MG	2	
<i>prochlorperazine maleate TABS</i>	1		DOVATO	2	
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)	EDURANT	2	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1		<i>efavirenz CAPS</i>	1	
<i>trifluoperazine hcl TABS</i>	1		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
Quinolinone Derivatives			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>aripiprazole SOLN PO</i>	1		<i>efavirenz TABS</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)	<i>emtricitabine CAPS</i>	1	
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TBDP</i>	1	PA	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV
REXULTI	3		<i>etravirine</i>	1	
Thioxanthenes			EVOTAZ	2	
<i>thiothixene</i>	1		<i>fosamprenavir calcium TABS</i>	1	
ANTISEPTICS & DISINFECTANTS			FUZEON SOLR	3	SP; PA
Antiseptics & Disinfectants			GENVOYA	2	
<i>formaldehyde SOLN 10 %</i>	1		INTELENCE 25 MG	2	
ANTIVIRALS - Drugs to Treat Viral Infections					
Antiretrovirals					
<i>abacavir sulfate-lamivudine</i>	1				
<i>abacavir sulfate TABS</i>	1				

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
ISENTRESS HD TABS	2		<i>zidovudine CAPS</i>	1	
ISENTRESS CHEW	2		<i>zidovudine SYRP</i>	1	
ISENTRESS PACK	2		<i>zidovudine TABS</i>	1	
ISENTRESS TABS	2		Antiviral Combinations		
JULUCA	2		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
KALETRA SOLN	2		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>lamivudine SOLN</i>	1		PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>lamivudine TABS</i>	1		CMV Agents		
<i>lamivudine-zidovudine</i>	1		<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)
<i>lopinavir-ritonavir SOLN</i>	1		<i>valganciclovir hcl TABS</i>	1	
<i>lopinavir-ritonavir TABS</i>	1		Hepatitis Agents		
<i>maraviroc TABS</i>	1		<i>adefovir dipivoxil</i>	1	
<i>nevirapine TABS</i>	1		<i>entecavir TABS</i>	1	
<i>nevirapine TB24 400 MG</i>	1		EPCLUSA PACK	2	SP; PA
NORVIR CAPS	2		EPCLUSA TABS	2	SP; PA
NORVIR PACK	3		EPCLUSA TABS	2	SP; PA
ODEFSEY	2		<i>lamivudine (hcv) TABS</i>	1	
PIFELTRO	2		MAVYRET TABS	3	SP; PA
PREZCOBIX	2		PEGASYS SOLN	3	SP; PA
PREZISTA SUSP	2		<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA
PREZISTA TABS 75 MG, 150 MG	2		VEMLIDY	3	SP; PA
REYATAZ PACK	2		VOSEVI	2	SP; PA
<i>ritonavir TABS</i>	1		Herpes Agents		
RUKOBIA	3		<i>acyclovir CAPS</i>	1	
SELZENTRY SOLN	2		<i>acyclovir SUSP</i>	1	
STRIBILD	2				
SYMTUZA	2				
<i>tenofovir disoproxil fumarate TABS</i>	1				
TIVICAY TABS	2				
TRIUMEQ PD TBSO	2				
TRIUMEQ TABS	2				
TYBOST	2				
VIRACEPT TABS	2				
VIREAD TABS 150 MG, 200 MG, 250 MG	2				

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>acyclovir TABS PO 400 MG</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(125 ML per 5 day(s) retail)
RELENZA DISKHALER	3	QL(0.67 EA daily)
<i>rimantadine hydrochloride TABS</i>	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
Beta Blockers Non-Selective		
HEMANGEOL SOLN PO	3	SP; PA
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
<i>sotalol hcl TABS</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR CP24	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)
<i>nimodipine CAPS</i>	1	
<i>nimodipine SOLN</i>	1	
<i>nisoldipine</i>	1	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 120 MG</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	PA
ENTRESTO CPSP	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily)
Impotence Agents		
<i>sildenafil citrate</i>	1	QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	3	SP; PA
ORENITRAM MONTH 2 TEPK	3	SP; PA
ORENITRAM MONTH 3 TEPK	3	SP; PA
ORENITRAM TBCR	3	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	3	QL(4 EA daily); SP; PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 EA daily); SP; PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
TYVASO DPI TITRATION KIT POWD	3	QL(7 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 EA daily); SP; PA
TYVASO REFILL KIT SOLN IN	3	SP; PA
TYVASO STARTER KIT SOLN IN	3	SP; PA
TYVASO SOLN IN	3	SP; PA
VENTAVIS IN	3	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	QL(1 EA daily); SP; PA
<i>bosentan TABS</i>	1	SP; PA
<i>bosentan TBSO 32 MG</i>	1	SP; PA
OPSUMIT	3	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	3	SP; PA
UPTRAVI TABS 200 MCG	3	SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	3	SP; PA
Sinus Node Inhibitors		
<i>ivabradine hcl TABS</i>	1	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	3	QL(1 EA daily); SP; PA
VYNDAQEL	3	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 250 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	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
SUPRAX CHEW	3		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
SUPRAX SUSR 500 MG/5ML	3		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV
CONTRACEPTIVES - Drugs to Prevent Pregnancy			(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	PV
Combination Contraceptives - Oral			(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV			
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV			
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV			
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV			
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESE	5	PV			
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESE 0.03 MG-0.15 MG	5	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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV			
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG	5	PV
			(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	5	PV

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV
			(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
			<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
			<i>drospirenone-ethinyl estradiol</i>	5	PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
			<i>ethynodiol diacet & eth estrad</i>	5	PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
			LO LOESTRIN FE TABS	5	PV
			NATAZIA	5	PV
			NEXTSTELLIS	5	PV
			<i>norethin acet & estrad-fe CAPS</i>	5	PV
			<i>norethin acet & estrad-fe CHEW</i>	5	PV
			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
			<i>norethindrone & ethinyl estradiol-fe</i>	5	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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV			
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV			
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7	5	PV			
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>norethindrone acet & eth estra TABS</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
TYBLUME CHEW	5	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	3	SP; PA
<i>budesonide CPEP</i>	1	QL(3 EA daily)
<i>budesonide TB24</i>	1	PA
CORTISONE ACETATE TABS	2	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPk</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>hydrocortisone TABS</i>	1		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
MEDROL TABS	2		(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
<i>methylprednisolone TABS</i>	1		(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)
<i>methylprednisolone TBPk</i>	1		(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>prednisolone sodium phosphate TBPk</i>	1		CODITUSSIN AC LIQD	3	
<i>prednisolone TABS</i>	1		<i>guaifenesin-codeine SOLN</i>	1	
PREDNISONE INTENSOL CONC	2		<i>hydrocodone polistirex-chlorpheniramine polistirex SUEP</i>	1	
<i>prednisone SOLN</i>	1		<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)
<i>prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG</i>	1		<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
<i>prednisone TBPk</i>	1		<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
Mineralocorticoids			<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
<i>fludrocortisone acetate TABS</i>	1		PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
Antitussives			Expectorants		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1		<i>potassium iodide (expectorant) SOLN</i>	1	
<i>benzonatate</i>	1		Misc. Respiratory Inhalants		
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1				
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1				
Cough/Cold/Allergy Combinations					

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1		(Tretinoin) AVITA CREA 0.025 %	1	
NEBUSAL NEBU	2		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	1	
Mucolytics			<i>adapalene CREA</i>	1	Limited 45gms per month; QL(1.5 GM daily)
<i>acetylcysteine SOLN</i>	1		<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>adapalene GEL 0.1 %</i>	1	Limited 45gms per month; QL(1.5 GM daily); RX/OTC
Acne Products			<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	Limited 45gms per month; QL(1.5 GM daily); RX/OTC	<i>clindamycin phosphate (topical) FOAM</i>	1	
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1		<i>clindamycin phosphate (topical) GEL</i>	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		<i>clindamycin phosphate (topical) LOTN</i>	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		<i>clindamycin phosphate (topical) SOLN</i>	1	
(Erythromycin (Acne Aid)) ERY PADS	1		<i>clindamycin phosphate (topical) SWAB</i>	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG, 40 MG	1	QL(2 EA daily)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		<i>clindamycin phosphate-tretinoin</i>	1	QL(1 GM daily)
			<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>dapsone (topical) 5 %</i>	1	PA	<i>gentamicin sulfate (topical) CREA</i>	1	
DIFFERIN LOTN	2	Limit 59mls per month; QL(1.97 ML daily)	<i>gentamicin sulfate (topical) OINT</i>	1	
<i>erythromycin (acne aid) GEL</i>	1		<i>mupirocin OINT</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		NEO-SYNALAR	3	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	Antifungals - Topical		
<i>isotretinoin</i>	1	QL(2 EA daily)	(Ciclopirox) CICLODAN SOLN	1	
<i>sulfacetamide sodium (acne)</i>	1		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Ketoconazole (Topical)) KETODAN FOAM	1	
<i>sulfacetamide sodium w/ sulfur LOTN</i>	1		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	3		<i>ciclopirox olamine CREA</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>ciclopirox olamine SUSP</i>	1	
<i>tretinoin microsphere 0.04 %</i>	1	Limit 50gms per month; QL(1.7 GM daily)	<i>ciclopirox GEL</i>	1	
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.7 GM daily)	<i>ciclopirox SHAM</i>	1	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>ciclopirox SOLN</i>	1	
<i>tretinoin GEL 0.05 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
Agents for External Genital and Perianal Warts			<i>econazole nitrate CREA</i>	1	
VEREGEN	3	QL(30 GM per fill retail)	<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
Antibiotics - Topical			<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)
ALTABAX	3		<i>ketoconazole (topical) FOAM</i>	1	
			<i>ketoconazole (topical) SHAM 2 %</i>	1	
			<i>naftifine hcl CREA</i>	1	
			<i>naftifine hcl GEL 2 %</i>	1	
			NAFTIN GEL 1 %	3	
			<i>nystatin (topical) CREA</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>nystatin (topical) OINT</i>	1		Topical		
<i>nystatin (topical) POWD EX</i>	1		<i>bexarotene (topical)</i>	1	SP; PA
<i>nystatin-triamcinolone CREA</i>	1		<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA
<i>nystatin-triamcinolone OINT</i>	1		<i>fluorouracil (topical) CREA 5 %</i>	1	
<i>oxiconazole nitrate CREA</i>	1		<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(1 GM daily)
OXISTAT LOTN	3		<i>fluorouracil (topical) SOLN</i>	1	
<i>sulconazole nitrate CREA</i>	1		PANRETIN	3	PA
<i>sulconazole nitrate SOLN</i>	1		VALCHLOR	3	SP; PA
Anti-inflammatory Agents - Topical			Antipruritics - Topical		
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, 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, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	<i>doxepin hcl (antipruritic)</i>	1	QL(3 GM daily)
			Antipsoriatics		
			(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
			<i>acitretin 17.5 MG</i>	1	
			<i>acitretin 25 MG</i>	1	QL(2 EA daily)
			<i>acitretin 10 MG</i>	1	QL(1 EA daily)
			<i>calcipotriene CREA</i>	1	QL(5 GM daily)
			CALCIPOTRIENE FOAM	3	PA
			<i>calcipotriene OINT</i>	1	QL(5 GM daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)
			COSENTYX (300 MG DOSE) SOSY	3	QL(0.72 ML daily); SP; PA
			COSENTYX SENSOREADY (300 MG) SOAJ	3	QL(0.72 ML daily); SP; PA
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	COSENTYX SENSOREADY PEN SOAJ	3	QL(0.72 ML daily); SP; PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)	COSENTYX UNOREADY SOAJ	3	QL(0.72 ML daily); SP; PA
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 GM daily); PA	COSENTYX SOSY 150 MG/ML	3	QL(0.036 ML daily); SP; PA
Antineoplastic or Premalignant Lesion Agents -					

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
COSENTYX SOSY 75 MG/0.5ML	3	QL(0.18 ML daily); SP; PA	Burn Products		
<i>methoxsalen rapid</i>	1		(Silver Sulfadiazine) SSD	1	
SKYRIZI PEN SOAJ	3	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA	<i>silver sulfadiazine</i>	1	
SKYRIZI SOSY	3	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA	SULFAMYLON CREA	3	
SORILUX FOAM	3	PA	Corticosteroids - Topical		
STELARA SOLN 45 MG/0.5ML	3	SP; PA	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
STELARA SOSY 90 MG/ML	3	QL(1 ML per 45 day(s) retail); SP; PA	(Clobetasol Propionate Emulsion) TOVET	1	
STELARA SOSY 45 MG/0.5ML	3	QL(0.012 ML daily); SP; PA	(Clobetasol Propionate) CLODAN SHAM	1	
<i>tazarotene CREA</i>	1	QL(1 GM daily)	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1	
<i>tazarotene GEL</i>	1	QL(1 GM daily)	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
TREMFYA ONE-PRESS SOAJ 100 MG/ML	3	QL(0.018 ML daily); SP; PA	<i>alclometasone dipropionate CREA</i>	1	
TREMFYA PEN SOAJ 100 MG/ML	3	QL(0.018 ML daily); SP; PA	<i>alclometasone dipropionate OINT</i>	1	
TREMFYA SOSY 100 MG/ML	3	QL(0.018 ML daily); SP; PA	APEXICON E CREA	2	
Antiseborrheic Products			<i>betamethasone dipropionate (topical) CREA</i>	1	
OVACE PLUS LOTN	3		<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>betamethasone dipropionate (topical) OINT</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		<i>betamethasone dipropionate augmented CREA</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
Antivirals - Topical			<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>acyclovir topical CREA</i>	1				
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>betamethasone dipropionate augmented OINT</i>	1		<i>desonide OINT</i>	1	
<i>betamethasone valerate CREA</i>	1		<i>desoximetasone CREA</i>	1	
<i>betamethasone valerate FOAM</i>	1		<i>desoximetasone GEL</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>desoximetasone LIQD</i>	1	ST
<i>betamethasone valerate OINT</i>	1		<i>desoximetasone OINT</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	QL(2 GM daily)	<i>diflorasone diacetate CREA</i>	1	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 GM daily); ST	<i>diflorasone diacetate OINT</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1		EPIFOAM FOAM	3	
<i>clobetasol propionate emulsion</i>	1		<i>fluocinolone acetonide CREA</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate FOAM</i>	1		<i>fluocinolone acetonide OINT</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>fluocinolone acetonide SOLN</i>	1	
<i>clobetasol propionate LIQD</i>	1		<i>fluocinonide emulsified base</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinonide CREA</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinonide GEL</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluocinonide OINT</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinonide SOLN</i>	1	
<i>clocortolone pivalate</i>	1		<i>flurandrenolide CREA</i>	1	
CORDRAN TAPE	3		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide CREA</i>	1		<i>fluticasone propionate LOTN</i>	1	
<i>desonide GEL</i>	1		<i>fluticasone propionate OINT</i>	1	
<i>desonide LOTN</i>	1		<i>halobetasol propionate CREA</i>	1	
			<i>halobetasol propionate OINT</i>	1	
			<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
			<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	
			<i>hydrocortisone (topical) OINT 2.5 %</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>hydrocortisone (topical) SOLN 2.5 %</i>	1		DUPIXENT SOSY 300 MG/2ML	3	QL(0.29 ML daily); SP; PA
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		Emollient/Keratolytic Agents		
<i>hydrocortisone butyrate CREA</i>	1		(Urea) CEROVEL LOTN 40 %	1	
<i>hydrocortisone butyrate OINT</i>	1		(Urea) UREA NAIL GEL 45 %	1	
<i>hydrocortisone butyrate SOLN</i>	1		<i>urea LOTN 40 %</i>	1	
<i>hydrocortisone valerate CREA</i>	1		Emollients		
<i>hydrocortisone valerate OINT</i>	1		<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
LOCOID LIPOCREAM	3		Enzymes - Topical		
<i>mometasone furoate CREA</i>	1		SANTYL OINT	3	
<i>mometasone furoate OINT</i>	1		Immunomodulating Agents - Topical		
<i>mometasone furoate SOLN</i>	1		<i>imiquimod 5 %</i>	1	
PRAMOSONE LOTN	3		Immunosuppressive Agents - Topical		
PRAMOSONE OINT	3		<i>pimecrolimus</i>	1	QL(2 GM daily)
<i>triamcinolone acetonide (topical) AERS</i>	1		<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
<i>triamcinolone acetonide (topical) CREA</i>	1		<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
<i>triamcinolone acetonide (topical) LOTN</i>	1		Keratolytic/Antimitotic/Vesicant Agents		
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		(Salicylic Acid) KERALYT SHAM 6 %	1	
Eczema Agents			PODOCON-25 SOLN	3	
DUPIXENT SOAJ 300 MG/2ML	3	QL(0.29 ML daily); SP; PA	<i>podofilox GEL</i>	1	
DUPIXENT SOAJ 200 MG/1.14ML	3	QL(0.082 ML daily); SP; PA	<i>podofilox SOLN</i>	1	
DUPIXENT SOSY 200 MG/1.14ML	3	QL(0.082 ML daily); SP; PA	<i>salicylic acid SHAM 6 %</i>	1	
DUPIXENT SOSY 100 MG/0.67ML	3	QL(0.048 ML daily); SP; PA	SALIMEZ CREA	3	
			SALYCIM CREA	3	
			Local Anesthetics - Topical		
			(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	1	PA
<i>doxycycline (rosacea)</i>	1	QL(1 EA daily)
FINACEA FOAM	3	
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(1.5 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)
RHOFADE	3	PA
Scabicides & Pediculicides		
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	QL(2 GM daily)
<i>spinosad</i>	1	AL(At least 4 yrs old)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK AVIVA PLUS STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ACCU-CHEK GUIDE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ACCU-CHEK SMARTVIEW STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
CHEMSTRIP K STRP	2	QL(50 EA per fill retail; 150 per fill mail)
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail; 150 per fill mail)
KETOSTIX STRP	2	QL(50 EA per fill retail; 150 per fill mail)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
RELION KETONE TEST STRP	2	QL(50 EA per fill retail; 150 per fill mail)
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
(Dichlorphenamide) ORMALVI	1	SP; PA
<i>acetazolamide CP12</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
<i>dichlorphenamide</i>	1	SP; PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
<i>triamterene & 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)
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
SOAANZ TABS 20 MG	2	
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	1	
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 tabs per month; QL(0.143 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
BINOSTO TBEF	3	QL(0.15 EA daily) PA
<i>calcitonin (salmon) IJ</i>	1	
<i>calcitonin (salmon) NA</i>	1	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
PROLIA SOSY	3	SP; PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily)
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	
<i>teriparatide SOPN</i>	3	PA
TYMLOS	3	SP; PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	QL(15 EA per 30 day(s) retail); GL
CHORIONIC GONADOTROPIN IM	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>clomiphene citrate TABS</i>	1	QL(15 EA per 30 day(s) retail); GL
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	3	PA
GONAL-F RFF REDIJECT SOPN 300 UNT/0.48ML, 450 UNT/0.72ML	3	PA
GONAL-F SOLR IJ 450 UNIT	3	PA
MENOPUR SC	3	PA
NOVAREL IM	3	PA
OVIDREL SOSY	3	PA
PREGNYL IM	3	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	3	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	3	SP; PA
Growth Hormones		
HUMATROPE CART IJ	3	SP; PA
NORDITROPIN FLEXPPO SOPN	3	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	3	SP; PA
Hormone Receptor Modulators		
OSPHEA	3	QL(1 EA daily)
<i>raloxifene hcl</i>	1	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	3	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
LUPRON DEPOT-PED (1-MONTH) 11.25 MG, 15 MG	3	SP; PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	SP; PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
LUPRON DEPOT-PED (3-MONTH)	3	SP; PA
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK	1	SP
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	SP
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN PO</i>	1	
<i>cinacalcet hcl</i>	1	SP; PA
<i>doxercalciferol CAPS</i>	1	
GALAFOLD	3	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	1	
MYALEPT	3	SP; PA
<i>nitisinone CAPS</i>	1	SP; PA
ORFADIN SUSP	3	SP; PA
PALYNZIQ	3	SP; PA
<i>paricalcitol CAPS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	1	SP
<i>sapropterin dihydrochloride TABS</i>	1	SP
<i>sodium phenylbutyrate POWD</i>	1	SP
<i>sodium phenylbutyrate TABS</i>	1	SP
STRENSIQ	3	SP; PA
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	SP
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	1	SP; PA
<i>octreotide acetate SOSY</i>	1	SP; PA
SIGNIFOR	3	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ANGELIQ	3	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
CLIMARA PRO	2	Limit 4 per month; QL(0.14 EA daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	3	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
ELESTRIN GEL	3	QL(1.74 GM daily)
<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
<i>estradiol GEL</i>	1	
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
<i>estradiol PTWK</i>	1	Limit 4 per month; QL(0.14 EA daily)
<i>estradiol TABS</i>	1	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENOSTAR PTWK	3	Limit 4 per month; QL(0.14 EA daily)
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl TABS</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
<i>ofloxacin 400 MG</i>	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OICALIVA	3	QL(1 EA daily); SP; PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	1	SP; PA
CTEXLI 250 MG	3	SP; PA
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily; 280 EA per fill retail)
<i>mesalamine CP24</i>	1	QL(4 EA daily); PA
<i>mesalamine CPR</i>	1	QL(8 EA daily); PA
<i>mesalamine CPDR</i>	1	QL(6 EA daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>mesalamine SUPP</i>	1	QL(1 EA daily)
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily)
<i>mesalamine TBEC 800 MG</i>	1	
SFROWASA ENEM	2	
SKYRIZI SOCT	3	1 package(s) per fill retail; SP; PA
<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	3	QL(0.072 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>ferric citrate</i>	1	PA
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	
<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 400 MG</i>	1	PA
<i>sevelamer hcl 800 MG</i>	1	QL(16 EA daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	3	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(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
CYTRA-3 SYRP	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	3	SP
PROCYSBI CPDR	3	SP
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)
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)
<i>silodosin 4 MG</i>	1	
<i>silodosin 8 MG</i>	1	QL(1 EA daily)
<i>tamsulosin hcl</i>	1	QL(2 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	1	SP
LITHOSTAT	3	
<i>tiopronin TABS</i>	1	SP
<i>tiopronin TBEC</i>	1	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
ADYNOVATE 3000 UNIT	3	SP; PA
BENEFIX KIT	3	SP; PA
ELOCTATE 250 UNIT, 4000 UNIT, 5000 UNIT, 6000 UNIT	3	SP; PA
FEIBA 500 UNIT, 1000 UNIT	3	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML	3	SP; PA
HEMLIBRA 12 MG/0.4ML	3	SP
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
KOVALTRY 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
NOVOEIGHT 250 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	3	SP; PA
NUWIQ KIT	3	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	3	SP; PA
OBIZUR	3	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	3	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 EA daily)
Platelet Aggregation Inhibitors		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
<i>cilostazol</i>	1	QL(2 EA daily)
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)
<i>dipyridamole</i>	1	
<i>prasugrel hcl</i>	1	
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	3	SP; PA
Agents for Sick Cell Disease		
DROXIA CAPS	2	
<i>glutamine (sickle cell)</i>	1	QL(6 EA daily); SP; PA
SIKLOS TABS	3	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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	PV

Drug Name	Drug Tier	Requirements/ Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	1	QL(1 EA daily); SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	QL(1 EA daily); SP; PA
MULPLETA	3	SP; PA
NYVEPRIA	3	SP; PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	3	SP; PA
RETACRIT 20000 UNIT/ML	3	SP; PA
UDENYCA ONBODY SOSY	3	SP; PA
UDENYCA SOAJ	3	SP; PA
UDENYCA SOSY	3	SP; PA
ZARXIO	3	SP; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	

HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
Hemostatics - Systemic			(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	1	SP	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
<i>aminocaproic acid TABS</i>	1	SP	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>tranexamic acid TABS</i>	1	QL(6 EA daily)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	QL(4000 ML per fill retail); PV
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
Barbiturate Hypnotics			PEG-PREP	5	QL(1 EA per fill retail); PV
<i>phenobarbital ELIX</i>	1		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
<i>phenobarbital TABS</i>	1		Laxatives - Miscellaneous		
Non-Barbiturate Hypnotics			(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
<i>estazolam</i>	1		(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)
<i>eszopiclone</i>	1	QL(1 EA daily)			
<i>flurazepam hcl</i>	1	QL(1 EA daily)			
<i>midazolam hcl SYRP</i>	1				
<i>temazepam 22.5 MG, 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>	1	QL(1 EA daily)			
Orexin Receptor Antagonists					
BELSOMRA	2	QL(1 EA daily); ST			
Selective Melatonin Receptor Agonists					
<i>ramelteon</i>	1	QL(1 EA daily); ST			
LAXATIVES - Bowel Treatment Drugs					
Laxative Combinations					
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	5	PV			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>lactulose SOLN</i>	1		(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)	<i>bisacodyl SUPP</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
Stimulant Laxatives			<i>bisacodyl TBEC</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, 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	AL(At least 50 yrs old - Up to 74 yrs old); PV	MACROLIDES - Drugs to Treat Bacterial Infections		
			Azithromycin		
			<i>azithromycin PACK</i>	1	
			<i>azithromycin SUSR</i>	1	
			<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>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
			ZITHROMAX PACK	2	
			Clarithromycin		
			<i>clarithromycin SUSR</i>	1	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail; 14 per fill mail)
			Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1		FC2 FEMALE CONDOM	5	PV
<i>erythromycin base CPEP</i>	1		FEMCAP DEVI	5	PV
<i>erythromycin base TABS</i>	1		KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin base TBEC</i>	1		KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin ethylsuccinate TABS</i>	1		KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
Fidaxomicin			KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>fidaxomicin TABS 200 MG</i>	1		KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MEDICAL DEVICES AND SUPPLIES			KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
Contraceptives			KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV	KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CONDOMS	5	PV	KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			
FANTASY LUBRICATED/SPERMICI DE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/RIBBED/STUDDERED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK GUIDE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	Parenteral Therapy Supplies		
WIDE-SEAL DIAPHRAGM 60	5	PV	ASSURE ID INSULIN SAFETY SYR	2	QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 65	5	PV	BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 70	5	PV	BD PEN NEEDLE MICRO ULTRAFINE	2	QL(6.67 EA daily)
WIDE-SEAL DIAPHRAGM 75	5	PV	BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 80	5	PV	BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 85	5	PV	BD PEN NEEDLE NANO ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 90	5	PV	BD PEN NEEDLE ORIG ULTRAFINE	2	QL(6.67 EA daily)
WIDE-SEAL DIAPHRAGM 95	5	PV	BD PEN NEEDLE SHORT ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
Diabetic Supplies			BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE ME KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	BD VEO INSULIN SYR U/F 1/2UNIT	2	QL(6.67 EA daily); RX/OTC
			BD VEO INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
			COMFORT EZ INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
POLY HUB NEEDLE	2	RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
RELION INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
TECHLITE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	AEROVENT PLUS DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	BREATHE COMFORT CHAMBER/CHILD DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	BREATHE EASE LARGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC			
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC			
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
BREATHE EASE SMALL DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	FLEXICHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASIVENT MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	INSPIREASE MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	MICROCHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	MICROCHAMBER MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/RED DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	MICROSPACER MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
POCKET CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
POCKET SPACER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	AJOVY SOAJ	2	SP; PA
PRO COMFORT SPACER ADULT MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	AJOVY SOSY	2	SP; PA
PRO COMFORT SPACER CHILD MISC	2	QL(1 EA per 365 day(s) retail); RX/OTC	EMGALITY SOAJ	2	SP; PA
PRO COMFORT SPACER INFANT DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	EMGALITY SOSY	2	SP; PA
PROCARE SPACER/ADULT MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
PROCARE SPACER/CHILD MASK DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	Migraine Combinations		
PROCHAMBER VHC DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
PURE COMFORT SPACER CHAMBER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	<i>ergotamine w/ caffeine TABS</i>	1	
RITEFLO DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	Migraine Products		
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1	PA
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	QL(1 EA per 365 day(s) retail); RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.27 ML daily)
			ERGOMAR SUBL	3	
			Serotonin Agonists		
			(Zolmitriptan) ZOMIG TABS	1	Limit 6 tabs per month; QL(0.2 EA daily)
			<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
			<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 tabs per month; QL(0.4 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	PA
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.14 ML daily; 2 ML per fill retail); PA
<i>sumatriptan succinate SOCT</i>	1	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	Limit 2mls per month; QL(0.07 ML daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
MINERALS & ELECTROLYTES		
Fluoride		
<i>sodium fluoride CHEW</i>	5	AL(Up to 6 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride SOLN 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS</i>	5	AL(Up to 6 yrs old); PV
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	2	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Potassium Chloride) Klor-Con Pack PO 20 MEQ	1	
EFFER-K	3	
<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
<i>trientine hcl 500 MG</i>	1	SP; PA
Immunomodulators		
<i>lenalidomide</i>	1	QL(1 EA daily); SP; PA
THALOMID	3	SP; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
<i>azathioprine TABS</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	1	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	1	
<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	1	
PROGRAF PACK	3	PA
<i>sirolimus SOLN</i>	1	
<i>sirolimus TABS</i>	1	
<i>tacrolimus CAPS</i>	1	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM	3	
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Steroids - Mouth/Throat/Dental		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1		(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATE WOMEN, A THRU Z ULTIMATE MENS, ANTIOXIDANT A/C/E/SELENIUM, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE-MINERAL, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCED, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA MENS, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS SPECTRAVITE WOMENS SENIOR, CVS WOMENS	1	RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1				
Throat Products - Misc.					
<i>cevimeline hcl</i>	1	QL(3 EA daily)			
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)			
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)			
MULTIVITAMINS					
Multiple Vitamins w/ Minerals					

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMINS, DAILY MULTIPLE VITAMINS/MIN, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVIT ADULT 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN 50+, EQL ONE DAILY MENS 50+ ADVANCE, EQL ONE DAILY MENS HEALTH, EQL ONE DAILY WOMENS 50+ ADV, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY ADULT FORMULA, GNP CENTURY MATURE MEN'S 50+, GNP CENTURY MATURE WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS/LYCOPENE, GNP ONE DAILY WOMENS, GNP ONE DAILY WOMENS 50+, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART			FORMULA, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MENS LIFE PACK, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-VITAMIN/MINERALS, MULTIPLE VIT/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADV, MYAMULTI, OCUTABS, OCUTABS-LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE-LUTEIN, ONE DAILY 50 PLUS, ONE DAILY CALCIUM/IRON, ONE DAILY COMPLETE, ONE		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ ADV, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHT ADV, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVIT, ONE DAILY MENS 50+/LYCOPENE, ONE DAILY MENS HEALTH, ONE DAILY MULTIVIT/IRON-FREE, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGE/HER, ONE-DAILY MULTI-VIT/MINERAL, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITS, PX COMPLETE SENIOR MULTIVITS, PX MENS MULTIVITAMINS, QC DAILY MULTIVIT/MULTIMINERAL, QC HAIR SKIN & NAILS, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN,			QUINTABS-M, RA CENTRAL-VITE MENS MATURE, RA CENTRAL-VITE WOMENS MATURE, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ W/VIT D3, RA ONE DAILY MENS MULTI, RA ONE DAILY MENS/VIT D-3, RENAPLEX, SENIOR TABS, SENTRY, SENTRY SENIOR, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATE MENS, SM COMPLETE 50+ ULTIMATE WOMEN, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM OPTI-VITAMINS, STRESS B COMPLEX/ANTIOXID/ZIN C, STRESSTABS ADVANCED, SUPER AYTINAL, SUPER AYTINAL 50 PLUS, SUPER MULTIPLE, SUPER THERA VITE M, SUPER VITA-MINS, ...(23) TABS		
			ABC COMPLETE ADULT TABS	3	RX/OTC
			ABC COMPLETE MENS TABS	3	RX/OTC
			ABC COMPLETE SENIOR 50+ TABS	3	RX/OTC
			ABC COMPLETE SENIOR MENS 50+ TABS	3	RX/OTC
			ABC COMPLETE SENIOR WOMENS 50+ TABS	3	RX/OTC

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
ABC COMPLETE WOMENS TABS	3	RX/OTC	AZO HORMONAL HEALTH HAPPY CYCL TABS	3	RX/OTC
AFLORA TABS	3	RX/OTC	BACMIN TABS	3	RX/OTC
ALIVE CALCIUM BONE SUPPORT TABS	3	RX/OTC	BARIATRIC MULTIVITAMINS TABS	3	RX/OTC
ALIVE DAILY ENERGY TABS	3	RX/OTC	BASIC AM TABS	3	RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	3	RX/OTC	BASIC PM TABS	3	RX/OTC
ALIVE ENERGY 50+ TABS	3	RX/OTC	BLOOD SUGAR MANAGER TABS	3	RX/OTC
ALIVE GARDEN GOODNESS TABS	3	RX/OTC	BONEUP VEGETARIAN TABS	3	RX/OTC
ALIVE MENS 50+ ULTRA TABS	3	RX/OTC	CENTRAVITES 50 PLUS TABS	3	RX/OTC
ALIVE MENS 50+ TABS	3	RX/OTC	CENTRAVITES ADULTS TABS	3	RX/OTC
ALIVE MENS COMPLETE MULTI TABS	3	RX/OTC	CENTRUM CARDIO TABS	3	RX/OTC
ALIVE MENS ENERGY TABS	3	RX/OTC	CENTRUM MENOPAUSE HOT FLASH TABS	3	RX/OTC
ALIVE MENS ULTRA TABS	3	RX/OTC	CENTRUM MEN TABS	3	RX/OTC
ALIVE ONCE DAILY WOMENS TABS	3	RX/OTC	CENTRUM MINIS ADULTS 50+ TABS	3	RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	3	RX/OTC	CENTRUM MINIS MEN 50+ TABS	3	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	RX/OTC	CENTRUM MINIS WOMEN 50+ TABS	3	RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	3	RX/OTC	CENTRUM MINIS WOMEN IMMUNE SUP TABS	3	RX/OTC
ALIVE WOMENS 50+ TABS	3	RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	3	RX/OTC
ALIVE WOMENS ENERGY TABS	3	RX/OTC	CENTRUM SPECIALIST HEART TABS	3	RX/OTC
ALPHA BETIC TABS	3	RX/OTC	CENTRUM SPECIALIST IMMUNE TABS	3	RX/OTC
ANTIOXIDANT FORMULA TABS	3	RX/OTC	CENTRUM SPECIALIST VISION TABS	3	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	3	RX/OTC	CENTRUM ULTRA WOMENS TABS	3	RX/OTC

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
CERTAVITE SENIOR/ANTIOXIDANT TABS	3	RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS	3	RX/OTC
CERTAVITE SENIOR TABS	3	RX/OTC	EQ ONE DAILY MENS 50+ TABS	3	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	RX/OTC	EQ ONE DAILY MENS HEALTH TABS	3	RX/OTC
CITRACAL +D3 TABS	3	RX/OTC	EQ ONE DAILY WOMENS 50+ TABS	3	RX/OTC
CVS DAILY MULTIV/MINERAL MENS TABS	3	RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	3	RX/OTC
CVS DAILY MULTIVITAMIN MENS TABS	3	RX/OTC	EQL CENTURY MATURE ADULTS 50+ TABS	3	RX/OTC
CVS DAILY MULTIVITAMIN WOMENS TABS	3	RX/OTC	EQL CENTURY MENS TABS	3	RX/OTC
CVS ONE DAILY MENS 50+ ADV TABS	3	RX/OTC	EQL CENTURY WOMENS TABS	3	RX/OTC
CVS ONE DAILY WOMENS 50+ ADV TABS	3	RX/OTC	EQL ONE DAILY MENS TABS	3	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	3	RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	RX/OTC	EYE HEALTH + LUTEIN TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MEN 50+ TABS	3	RX/OTC	EYE MULTIVITAMIN/SODIUM TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	3	RX/OTC	FINAZOL TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	RX/OTC	FITNESS TABS FOR MEN AM/PM TABS	3	RX/OTC
DAYAVITE TABS	3	RX/OTC	FITNESS TABS FOR WOMEN AM/PM TABS	3	RX/OTC
DERMACINRX MULTITAM TABS	3	RX/OTC	FLORRAVITE TABS	3	RX/OTC
DERMACINRX RIBOTIN-E TABS	3	RX/OTC	FLORRAXYL TABS	3	RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	RX/OTC	FOLAMAX TABS	3	RX/OTC
DERMAVITE TABS	3	RX/OTC	FOLAPRIME TABS	3	RX/OTC
DIALYVITE SUPREME D TABS	3	RX/OTC	FOLIFLEX TABS	3	RX/OTC
DIATROL TABS	3	RX/OTC	FOLITIN-Z TABS	3	RX/OTC
			FREEDAVITE TABS	3	RX/OTC
			FT CENTURY 50+ TABS	3	RX/OTC

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
FT CENTURY ADULTS TABS	3	RX/OTC	HIGH POTENCY MULTIVIT/FA TABS	3	RX/OTC
FT CENTURY MEN 50+ TABS	3	RX/OTC	HM COMPLETE MEN TABS	3	RX/OTC
FT CENTURY MEN TABS	3	RX/OTC	HM HAIR/SKIN/NAILS TABS	3	RX/OTC
FT CENTURY WOMEN 50+ TABS	3	RX/OTC	HYLAZINC TABS	3	RX/OTC
FT CENTURY WOMEN TABS	3	RX/OTC	ICAPS AREDS FORMULA TABS	3	RX/OTC
FT EYE HEALTH TABS	3	RX/OTC	JOINT HEALTH & BONE STRENGTH TABS	3	RX/OTC
FT HAIR SKIN & NAILS EXTRA STR TABS	3	RX/OTC	KEYFOLIC TABS	3	RX/OTC
FT ONE DAILY MENS 50+ TABS	3	RX/OTC	KEYLOSA TABS	3	RX/OTC
FT ONE DAILY MENS TABS	3	RX/OTC	K-PAX IMMUNE PROFESSIONAL ST TABS	3	RX/OTC
FT ONE DAILY WOMENS 50+ TABS	3	RX/OTC	LIVER DETOX TABS	3	RX/OTC
FT ONE DAILY WOMENS TABS	3	RX/OTC	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	3	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	3	RX/OTC	MEDI TAB TABS	3	RX/OTC
GNP CENTURY ADULTS MEN TABS	3	RX/OTC	MEGA MULTI FOR WOMEN TABS	3	RX/OTC
GNP CENTURY ADULTS WOMEN TABS	3	RX/OTC	MEGA MULTI MEN TABS	3	RX/OTC
GNP CENTURY ADULT TABS	3	RX/OTC	MEGAVITE FRUITS & VEGGIES TABS	3	RX/OTC
GNP CENTURY MATURE ADULTS 50+ TABS	3	RX/OTC	MEGAVITE GOLDEN YEARS 55+ TABS	3	RX/OTC
GNP THERAPEUTIC-M TABS	3	RX/OTC	MENS 50+ MULTIVITAMIN TABS	3	RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	3	RX/OTC	MENS MULTI HEALTH FORMULA TABS	3	RX/OTC
HAIR SKIN & NAILS TABS	3	RX/OTC	MENS MULTIVITAMIN TABS	3	RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	3	RX/OTC	<i>multiple vitamins w/ minerals TABS</i>	1	RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS	3	RX/OTC	MULTITOL-M TABS	3	RX/OTC
			MULTIVITAMIN ADULT (MINERALS) TABS	3	RX/OTC
			MULTIVITAMIN HEALTH FORM/CA/FE TABS	3	RX/OTC

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
MULTIVITAMIN MEN TABS	3	RX/OTC	ONE DAILY WOMENS TABS	3	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	RX/OTC	ONE-A-DAY ENERGY TABS	3	RX/OTC
MULTIVITAMIN WOMEN TABS	3	RX/OTC	ONE-A-DAY MENOPAUSE FORMULA TABS	3	RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	3	RX/OTC	ONE-A-DAY MENS (MINERALS) TABS	3	RX/OTC
MULTIVITAMIN-MINERALS TABS	3	RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	RX/OTC
NAT-RUL THERAVITE-M TABS	3	RX/OTC	ONE-A-DAY MENS 50+ TABS	3	RX/OTC
NATRUL-VITES TABS	3	RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS	3	RX/OTC
NEOVITE TABS	3	RX/OTC	ONE-A-DAY MENS PRO EDGE TABS	3	RX/OTC
NICADAN TABS	3	RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS	3	RX/OTC
NICAZEL FORTE TABS	3	RX/OTC	ONE-A-DAY TEEN ADVANTAGE/HIM TABS	3	RX/OTC
NICAZEL TABS	3	RX/OTC	ONE-A-DAY WOMENS 50+ TABS	3	RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS	3	RX/OTC	ONE-A-DAY WOMENS TABS	3	RX/OTC
NUTRALYN TABS	3	RX/OTC	ONEVITE TABS	3	RX/OTC
NUTRICAP TABS	3	RX/OTC	OPURITY TABS	3	RX/OTC
OCULAR VITAMINS TABS	3	RX/OTC	OSTEOPRIME PLUS TABS	3	RX/OTC
ONCOVITE TABS	3	RX/OTC	PARVLEX TABS	3	RX/OTC
ONE A DAY ENERGY TABS	3	RX/OTC	PHYTOMULTI TABS	3	RX/OTC
ONE A DAY MEN 50 PLUS TABS	3	RX/OTC	PRESERVISION AREDS TABS	3	RX/OTC
ONE A DAY TRIPLE IMMUNE SUPPRT TABS	3	RX/OTC	PREV-RX TABS	3	RX/OTC
ONE A DAY WOMEN 50 PLUS TABS	3	RX/OTC	PRO-CAL TABS	3	RX/OTC
ONE DAILY MEN FORMULA W/O IRON TABS	3	RX/OTC	PROCERV HP TABS	3	RX/OTC
ONE DAILY MENS 50+ MULTIVIT TABS	3	RX/OTC	PROFOLA TABS	3	RX/OTC
ONE DAILY MULTIVITAMIN WOMEN TABS	3	RX/OTC	PRORENAL + D TABS	3	RX/OTC
			PROVIT TABS	3	RX/OTC
			QC MULTI-VITE TABS	3	RX/OTC

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
QUIN B STRONG TABS	3	RX/OTC	THERA-VITE MAX-M TABS	3	RX/OTC
QUINTABS-M TABS	3	RX/OTC	THEREMS-M TABS	3	RX/OTC
RA CENTRAL-VITE TABS	3	RX/OTC	T-VITES TABS	3	RX/OTC
RAYAVIT TABS	3	RX/OTC	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	RX/OTC
RENAL MULTIVITAMIN TABS	3	RX/OTC	ULTRA BONEUP TABS	3	RX/OTC
RENAPLEX-D TABS	3	RX/OTC	VENEXA FE TABS	3	RX/OTC
SENTRY SENIOR MENS 50+ TABS	3	RX/OTC	VENEXA TABS	3	RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	RX/OTC	VENTRIXYL FE TABS	3	RX/OTC
SENTRY TABS	3	RX/OTC	VENTRIXYL TABS	3	RX/OTC
SIDEROL TABS	3	RX/OTC	VITABASIC COMPLETE TABS	3	RX/OTC
SOLO TABS	3	RX/OTC	VITABASIC SENIOR TABS	3	RX/OTC
SPECTRAVITE TABS	3	RX/OTC	VITACORE TABS	3	RX/OTC
STROVITE ONE TABS	3	RX/OTC	VITAMIN D3 COMPLETE TABS	3	RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	3	RX/OTC	VITASANA TABS	3	RX/OTC
SUPERIOR MENS MULTI TABS	3	RX/OTC	VITATRUM TABS	3	RX/OTC
SUPERIOR WOMENS MULTI TABS	3	RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	3	RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	3	RX/OTC
THERA M PLUS TABS	3	RX/OTC	VITRAMYN TABS	3	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	RX/OTC	VITRANOL FE TABS	3	RX/OTC
THERAGRAN-M ADVANCED TABS	3	RX/OTC	VITRANOL TABS	3	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	RX/OTC	VITREXATE FE TABS	3	RX/OTC
THERAGRAN-M PREMIER TABS	3	RX/OTC	VITREXATE TABS	3	RX/OTC
THERAGRAN-M TABS	3	RX/OTC	VITREXYL + IRON TABS	3	RX/OTC
THERA-M PLUS MV W/BETA-CAROT TABS	3	RX/OTC	VITREXYL TABS	3	RX/OTC
THERA-M TABS	3	RX/OTC	VITRUM 50+ ADULT-MULTI TABS	3	RX/OTC
THERA-TABS M TABS	3	RX/OTC	VITRUM 50+ SENIOR MULTI TABS	3	RX/OTC
			WELLFOLA TABS	3	RX/OTC

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
WOMENS 50+ MULTI VITAMIN TABS	3	RX/OTC	MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
YELETS TEENAGE FORMULA TABS	3	RX/OTC	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
Ped Multi Vitamins w/FI & FE			MULTI-VIT-FLOR CHEW	2	AL(Up to 5 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 5 yrs old); RX/OTC	<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 5 yrs old); RX/OTC
<i>ped multivitamins w/fi & iron SOLN</i>	1	AL(Up to 5 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 5 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	AL(Up to 5 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	AL(Up to 5 yrs old)
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 5 yrs old)	QUFLORA PEDIATRIC CHEW	2	AL(Up to 5 yrs old); RX/OTC
Ped MV w/ Fluoride			QUFLORA PEDIATRIC SOLN	2	AL(Up to 5 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 5 yrs old); RX/OTC	SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE SOLN	1	AL(Up to 5 yrs old); RX/OTC	SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 5 yrs old); RX/OTC	TRI-VI-FLOR SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 5 yrs old); RX/OTC	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3	AL(Up to 5 yrs old)
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 5 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 5 yrs old); RX/OTC
FLORIVA PLUS SOLN	2	AL(Up to 5 yrs old); RX/OTC	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	2	AL(Up to 5 yrs old); RX/OTC	FLORIVA 0.25 MG	3	AL(Up to 5 yrs old)
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 5 yrs old); RX/OTC	Prenatal Vitamins		
			(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
			(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
			(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(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	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG- 12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	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		NEONATAL PLUS TABS	2	RX/OTC
CITRANATAL ASSURE	3		NESTABS	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS DHA	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		NESTABS ONE	3	
CITRANATAL MEDLEY	3		NIVA-PLUS TABS	2	RX/OTC
COMPLETENATE CHEW	2		OB COMPLETE ONE	3	
CONCEPT DHA	2		OB COMPLETE PETITE	3	
CONCEPT OB	2		OB COMPLETE/DHA	3	
DUET DHA 400 MISC	3		ONE VITE WOMENS PLUS TABS	2	RX/OTC
FOLIVANE-OB	2		PNV 27-CA/FE/FA TABS	2	
M-NATAL PLUS TABS	2	RX/OTC	PNV-DHA+DOCUSATE	3	
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		PNV-OMEGA	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PREMESISRX	3	
			PRENA 1 TRUE	2	
			PRENA1	3	
			PRENA1 PEARL	3	
			PRENAISSANCE	3	
			PRENAISSANCE PLUS CAPS	3	
			PRENATAL 19 CHEW	2	
			PRENATAL 19 TABS	3	RX/OTC
			PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC
			PRENATAL PLUS TABS	2	RX/OTC
			PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG- 200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
			PRENATAL-U CAPS	2	
			PRENATE	3	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
PRENATE AM	3		TRINATAL RX 1 TABS	2	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		TRISTART DHA	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		VINATE DHA RF	3	
PRENATE ENHANCE	3		VINATE ONE TABS	2	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		VITAFOL GUMMIES	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		VITAFOL-NANO	3	
PRENATE PIXIE	3		VITAFOL-ONE CAPS	3	
PRENATE RESTORE	3		VITAMEDMD ONE RX/QUATREFOLIC	3	
PRENATRIX TABS	2	RX/OTC	VITAMEDMD REDICHEW RX	3	
PRENATRYL TABS	2	RX/OTC	VITAPEARL	3	
PROVIDA OB	2		VITATHELY WITH GINGER TABS	2	RX/OTC
SELECT-OB+DHA MISC	3		VITATRUE	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		WESCAP-C DHA	2	
SE-NATAL 19 CHEW	2		WESTAB PLUS TABS	2	RX/OTC
SE-NATAL 19 TABS	3	RX/OTC	WESTGEL DHA	3	
THERANATAL CORE NUTRITION TABS	2	RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
THRIVITE RX TABS	2	RX/OTC	Central Muscle Relaxants		
TRICARE TABS	2	RX/OTC	(Carisoprodol) VANADOM TABS 350 MG	1	
			(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
			(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG	1	
			baclofen TABS 15 MG	1	QL(3 EA daily); PA
			baclofen TABS 10 MG	1	QL(6 EA daily)
			baclofen TABS 20 MG	1	QL(4 EA daily)
			baclofen TABS 5 MG	1	
			carisoprodol TABS	1	
			chlorzoxazone TABS 375 MG, 500 MG, 750 MG	1	
			cyclobenzaprine hcl TABS	1	
			metaxalone 800 MG	1	QL(4 EA daily)

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>methocarbamol TABS 500 MG, 750 MG</i>	1		(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	QL(1.2 ML daily); RX/OTC
<i>orphenadrine citrate TB12</i>	1		(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	QL(1.22 ML daily); RX/OTC
<i>tizanidine hcl CAPS</i>	1		(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	QL(1.2 ML daily)
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)	<i>fluticasone propionate (nasal) SUSP</i>	1	QL(1.2 GM daily); RX/OTC
<i>tizanidine hcl TABS 2 MG</i>	1		<i>mometasone furoate (nasal) SUSP</i>	1	QL(1.22 GM daily); RX/OTC
Direct Muscle Relaxants			<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ML daily)
<i>dantrolene sodium CAPS</i>	1		XHANCE EXHU	3	QL(1.07 ML daily); ST
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			NEUROMUSCULAR AGENTS - Drugs to		
Nasal Agent Combinations					
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 GM daily)			
Nasal Antiallergy					
(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC			
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)			
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC			
<i>olopatadine hcl (nasal)</i>	1				
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids					

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
Relax/Paralyze Muscles			<i>atropine sulfate (ophthalmic) OINT</i>	1	
ALS Agents			<i>atropine sulfate (ophthalmic) SOLN</i>	1	
RADICAVA ORS STARTER KIT SUSP	3	SP; PA	ATROPINE SULFATE SOLN 1 %	2	
RADICAVA ORS SUSP	3	SP; PA	CYCLOGYL	2	
<i>riluzole TABS</i>	1		CYCLOMYDRIL	3	
Spinal Muscular Atrophy Agents (SMA)			<i>cyclopentolate hcl 1 %</i>	1	
EVRYSDI	3	SP; PA	ISOPTO ATROPINE SOLN	2	
NUTRIENTS			<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
Lipids			<i>tropicamide SOLN</i>	1	
DOJOLVI	3	SP; PA	Miotics		
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)
Beta-blockers - Ophthalmic			Ophthalmic Adrenergic Agents		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	1		<i>apraclonidine hcl</i>	1	
<i>betaxolol hcl (ophth) SOLN</i>	1		<i>brimonidine tartrate</i>	1	
BETOPTIC-S SUSP	2		IOPIDINE	3	
<i>brimonidine tartrate-timolol maleate</i>	1		Ophthalmic Anti-infectives		
<i>carteolol hcl (ophth)</i>	1		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
DORZOLAMIDE HCL-TIMOLOL MAL	2		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
<i>dorzolamide hcl-timolol maleate</i>	1		AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>levobunolol hcl 0.5 %</i>	1		<i>bacitracin (ophthalmic)</i>	1	
<i>timolol</i>	1		<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1		BESIVANCE	3	
<i>timolol maleate (ophth) SOLN</i>	1		CILOXAN OINT	2	
Cycloplegic Mydriatics			<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
(Homatropine Hbr) HOMATROPAIRE	1		ERYTHROMYCIN	2	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1		<i>erythromycin (ophth)</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>gatifloxacin (ophth)</i>	1		<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)
<i>gentamicin sulfate (ophth) SOLN</i>	1		<i>dexamethasone sodium phosphate (ophth)</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)	<i>difluprednate</i>	1	
<i>levofloxacin (ophth) 1.5 %</i>	1		FLAREX	2	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail; 3 per fill mail)	<i>fluorometholone (ophth) SUSP</i>	1	
NATACYN	2		FML FORTE SUSP	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1		LOTEMAX OINT	2	
<i>neomycin-polymyxin-gramicidin</i>	1		<i>loteprednol etabonate GEL</i>	1	
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)	<i>loteprednol etabonate SUSP 0.5 %</i>	1	QL(0.17 ML daily)
<i>polymyxin b-trimethoprim</i>	1		<i>loteprednol etabonate SUSP 0.2 %</i>	1	
<i>sulfacetamide sodium (ophth) OINT</i>	1		MAXIDEX SUSP OP	2	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>neomycin-polymy-dexameth OINT</i>	1	
<i>tobramycin (ophth) SOLN</i>	1		<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	
TOBREX OINT	2		<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>trifluridine</i>	1		PRED MILD	2	
ZIRGAN GEL	3		<i>prednisolone acetate (ophth)</i>	1	
Ophthalmic Immunomodulators			PREDNISOLONE SODIUM PHOSPHATE	3	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily; 64 EA per fill retail)	PREDNISOLONE-MOXIFLOXACIN SOLN	3	
Ophthalmic Local Anesthetics			<i>sulfacetamide sod-prednisolone SOLN</i>	1	
(Tetracaine Hcl (Ophth)) ALTACAIN	1		TOBRADEX ST SUSP	3	
<i>proparacaine hcl</i>	1		TOBRADEX OINT	3	
<i>tetracaine hcl (ophth)</i>	1		<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail; 5 per fill mail)
Ophthalmic Steroids			ZYLET	3	QL(5 ML per fill retail)
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
Ophthalmics - Misc.		
(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.09 ML daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
ACUVAIL	3	
ALOCIL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
<i>bromfenac sodium (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	3	Limit 1 bottle per month; QL(2.15 ML daily); SP
<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	

Drug Name	Drug Tier	Requirements/ Limits
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.09 ML daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
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>	1	QL(1 EA daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylonol) CORTIC-ND	1	
CIPRO HC	3	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail; 8 per fill mail)
<i>ciprofloxacin-fluocinolone acetonide</i>	1	QL(0.5 EA daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	1	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)
<i>progesterone OIL</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	1	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
SODIUM OXYBATE SOLN	2	QL(18 ML daily); SP; PA	VYLEESI	3	SP; PA
Antidementia Agents			Movement Disorder Drug Therapy		
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)	AUSTEDO XR PATIENT TITRATION TEPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)	AUSTEDO XR TB24	3	QL(1 EA daily); SP; PA
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)	AUSTEDO TABS 12 MG	3	QL(4 EA daily); SP; PA
<i>galantamine hydrobromide SOLN</i>	1		AUSTEDO TABS 6 MG, 9 MG	3	QL(2 EA daily); SP; PA
<i>galantamine hydrobromide TABS</i>	1		INGREZZA CAPS 40 MG, 80 MG	3	QL(1 EA daily); SP; PA
<i>memantine hcl CP24</i>	1	PA	INGREZZA CAPS 60 MG	3	QL(1 EA daily); SP; PA
<i>memantine hcl SOLN</i>	1		INGREZZA CPPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)	INGREZZA CPSP	3	QL(1 EA daily); SP; PA
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)	<i>tetrabenazine</i>	1	SP
<i>memantine hcl TABS</i>	1		Multiple Sclerosis Agents		
NAMZARIC C4PK	3	PA	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail); SP
<i>rivastigmine</i>	1		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily); SP
<i>rivastigmine tartrate CAPS</i>	1		AVONEX PEN AJKT	3	SP; PA
Combination Psychotherapeutics			AVONEX PREFILLED PSKT	3	SP; PA
<i>chlorthalidone- amitriptyline</i>	1		BETASERON KIT	3	SP; PA
<i>olanzapine-fluoxetine hcl</i>	1		<i>dalfampridine</i>	1	SP; PA
<i>perphenazine- amitriptyline</i>	1		<i>dimethyl fumarate CDPK</i>	1	QL(60 EA per 365 day(s) retail); SP
Fibromyalgia Agents			<i>dimethyl fumarate CPDR</i>	1	QL(2 EA daily); SP
SAVELLA TITRATION PACK MISC	3	QL(2 EA daily); PA			
SAVELLA TABS	3	QL(2 EA daily); PA			
Hypoactive Sexual Desire Disorder (HSDD) Agents					
ADDYI	3	QL(1 EA daily); PA			

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i> fingolimod hcl </i>	1	QL(1 EA daily); SP	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV
<i> glatiramer acetate SOSY 40 MG/ML </i>	1	QL(12 ML per 28 day(s) retail); SP			
<i> glatiramer acetate SOSY 20 MG/ML </i>	1	QL(1 ML daily); SP			
PLEGRIDY STARTER PACK SOAJ	3	SP; PA			
PLEGRIDY STARTER PACK SOSY SC	3	SP; PA			
PLEGRIDY SOAJ	3	SP; PA			
PLEGRIDY SOSY SC	3	SP; PA			
PLEGRIDY SOSY IM	3	SP; PA			
REBIF REBIDOSE TITRATION PACK SOAJ	3	SP; PA			
REBIF REBIDOSE SOAJ	3	SP; PA			
REBIF TITRATION PACK SOSY	3	SP; PA			
REBIF SOSY	3	SP; PA			
<i> teriflunomide </i>	1	QL(1 EA daily); SP	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	PV
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i> fluoxetine hcl (pmdd) TABS </i>	1				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	3	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i> ergoloid mesylates TABS </i>	1				
<i> pimozide </i>	1				
Smoking Deterrents					

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV
			(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	5	PV	APO-VARENICLINE TABS	5	QL(2 EA daily); PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV	<i>bupropion hcl (smoking deterrent)</i>	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR	5	PV	<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			NICOTINE KIT	5	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
			NICOTROL NS SOLN	5	PV
			NICOTROL INHA	5	PV
			<i>varenicline tartrate TABS</i>	5	QL(2 EA daily); PV
			<i>varenicline tartrate TBPK</i>	5	QL(53 EA per 365 day(s) retail); PV
			Transthyretin Amyloidosis Agents		
			TEGSEDI	3	SP; PA
			RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
			Cystic Fibrosis Agents		
			KALYDECO PACK	3	SP; PA
			KALYDECO TABS	3	SP; PA
			ORKAMBI PACK 94 MG-75 MG	3	SP; PA
			ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	SP; PA

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
PULMOZYME	3	QL(5 ML daily); SP; PA
SYMDEKO	3	SP; PA
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 EA daily); SP; PA
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 EA daily); SP; PA
TRIKAFTA THPK	3	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	3	QL(2 EA daily); SP; PA
<i>pirfenidone CAPS</i>	1	QL(3 EA daily); SP; PA
<i>pirfenidone TABS</i>	1	QL(3 EA daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS</i>	1	
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 150 MG</i>	1	ST

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 75 MG, 100 MG, 150 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl CP24</i>	3	
<i>minocycline hcl TABS</i>	1	
<i>tetracycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG	1	QL(2 EA daily)
(Liothyronine Sodium) LIOMNY TABS 5 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
<i>levothyroxine sodium</i> CAPS 125 MCG	1	QL(1 EA daily)	Antispasmodics		
<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		(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 EA daily)	BELLADONNA ALKALOIDS-OPIUM	3	
<i>liothyronine sodium</i> TABS 5 MCG	1		<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
NIVA THYROID TABS	2		<i>dicyclomine hcl</i> CAPS	1	
NP THYROID TABS	2		<i>dicyclomine hcl</i> SOLN PO	1	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		<i>dicyclomine hcl</i> TABS	1	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)	GLYCATE TABS	3	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2		<i>glycopyrrolate</i> SOLN PO 1 MG/5ML	1	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		<i>glycopyrrolate</i> TABS 1 MG, 2 MG	1	
			GLYCOPYRROLATE TABS	3	
			<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
			<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	
			<i>hyoscyamine sulfate</i> TBDP 0.125 MG	1	
			<i>methscopolamine bromide</i>	1	
			H-2 Antagonists		
			<i>cimetidine hcl</i> PO 300 MG/5ML	1	
			<i>cimetidine</i> TABS 300 MG, 800 MG	1	
			<i>cimetidine</i> TABS 400 MG	1	QL(4 EA daily)
			<i>famotidine</i> SUSR	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)
<i>nizatidine CAPS</i>	1		<i>lansoprazole CPDR</i>	1	QL(1 EA daily); RX/OTC
Misc. Anti-Ulcer			<i>lansoprazole TBDD 30 MG</i>	1	QL(1 EA daily); AL(Up to 12 yrs old)
<i>sucralfate SUSP</i>	1		<i>lansoprazole TBDD 15 MG</i>	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
<i>sucralfate TABS</i>	1	QL(4 EA daily)	<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)
Proton Pump Inhibitors			<i>omeprazole CPDR 10 MG</i>	1	
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC	<i>pantoprazole sodium PACK</i>	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	PRILOSEC PACK	3	PA
			RABEPRAZOLE SODIUM CPSP	3	PA
			<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA
			Ulcer Drugs - Prostaglandins		
			<i>misoprostol</i>	1	
			Ulcer Therapy Combinations		
			<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
			HELIDAC THERAPY	3	
			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<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 10 MG</i>	1	QL(1 EA daily)
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	QL(2 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
COVID VACCINES	5	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate vaginal CREA</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 1 per fill mail); PV
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)
Vaginal Progestins		
CRINONE GEL	3	PA
ENDOMETRIN INST	3	PA
FIRST-PROGESTERONE VGS SUPP	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	1	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	PV
<i>phytonadione TABS 5 MG</i>	1	

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
5=Preventive Drugs 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

INDEX

(Abiraterone Acetate) ABIRTEGA 250 MG24	BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW5	WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC54
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %39	(Alprazolam) ALPRAZOLAM XR TB248	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP54
(Amiodarone Hcl) PACERONE TABS9	(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC 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, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, 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 ST, 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 TBEC 81 MG5	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA10
	(Azathioprine) AZASAN TABS 75 MG, 100 MG62	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG4
	(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY74	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG4
	(Bacitracin-Polymyxin B (Ophth)) POLYCIN75	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 4
	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC76	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG4
	(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, 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	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE6
		(Calcipotriene) CALCITRENE OINT 41
		(Calcium Acetate (Phosphate Binder)) CALPHRON TABS50
		(Carbamazepine) EPITOL TABS ..12
		(Carbinoxamine Maleate) CARBZAH SOLN19
		(Carisoprodol) VANADOM TABS 350

MG 73	ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG 33	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG 30
(Chenodiol) CHENODAL 49	(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG 33	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 30
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG 73	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA 33	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG 30
(Cholestyramine Light) PREVALITE PACK 19	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET 33	(Diltiazem Hcl) DILT-XR CP24 30
(Cholestyramine Light) PREVALITE POWD 19	(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk ... 37	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 31
(Ciclopirox) CICLODAN SOLN 40	(Dextroamphetamine Sulfate) PROCENTRA SOLN 1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG 83
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG 19	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG 1	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG .83
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB 39	(Diazepam) DIAZEPAM INTENSOL CONC 8	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG 33
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM 39	(Dichlorphenamide) ORMALVI 46	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG 33
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ... 39	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS	(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG 33
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 % 42	DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP	(Ergotamine W/ Caffeine) MIGERGOT SUPP 60
(Clobetasol Propionate Emulsion) TOVET 42	DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS	(Erythromycin (Acne Aid)) ERY PADS 39
(Clobetasol Propionate) CLODAN SHAM 42	DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE	(Erythromycin Base) ERY-TAB TBEC 54
(Clomiphene Citrate) CLOMID TABS 47	DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX 41	(Erythromycin Ethylsuccinate) E.E.S. 400 TABS 54
(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG 73		
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG 62		
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 62		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE,		

(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG55	FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP 74	MG/5ML-100 MG/5ML38
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG 48	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT10	(Guaifenesin-Codeine) GUAIFENESIN AC SYRP 38
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS48	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Homatropine Hbr) HOMATROPAIRE75
(Estradiol Vaginal) YUVAFEM TABS . 86	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 38
(Estradiol) DOTTI, LYLLANA PTTW . 49	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 8
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) ...33	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %42
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG33	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG84
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG33	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG84
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE37	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG84
(Everolimus) TORPENZ TABS 24	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG3
(Fluocinolone Acetonide (Otic)) FLAC78	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, 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 MCG52	(Indomethacin) INDOCIN SUPP 3
(Flurbiprofen) LURBIPR TABS 100 MG3	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG52	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC40
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML79	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG, 40 MG39
	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML79	(Ketoconazole (Topical)) KETODAN FOAM 40
	(Glipizide) GLIPIZIDE XL TB2417	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 50
	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10	(Lactulose) CONSTULOSE SOLN 10 GM/15ML53
		(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE

STARTER KIT-ORANGE KIT 25 MG 12	AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG34	TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG83
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT12	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG ...37	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG83
(Lamotrigine) SUBVENITE TABS . 12	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 34	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %44
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .. 85	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE34	(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG83
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG ..85	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG34	(Liothyronine Sodium) LIOMNY TABS 5 MCG83
(Levetiracetam) ROWEEPRA TABS 500 MG12	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG34	(Lorazepam) LORAZEPAM INTENSOL CONC8
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS19	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG34	(Methadone Hcl) METHADONE HCL INTENSOL CONC5
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG33	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG34	(Methylgonovine Maleate) METHERGINE TABS78
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 33	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE34	(Methyltestosterone) METHITEST TABS7
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 33	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX, MINZOYA34	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG ..86
(Levonorgestrel & Eth Estradiol)	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG83	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP74
	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID	(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATE WOMEN, A THRU Z ULTIMATE MENS, ANTIOXIDANT A/C/E/SELENIUM, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE-MINERAL,

CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCED, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA MENS, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS SPECTRAVITE WOMENS SENIOR, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMINS, DAILY MULTIPLE VITAMINS/MIN, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVIT ADULT 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN 50+, EQL ONE DAILY MENS 50+ ADVANCE, EQL ONE DAILY MENS HEALTH, EQL ONE DAILY WOMENS 50+ ADV, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY ADULT FORMULA, GNP CENTURY MATURE MEN'S 50+, GNP CENTURY MATURE WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS

HEALTH 50+, GNP ONE DAILY MENS/LYCOPENE, GNP ONE DAILY WOMENS, GNP ONE DAILY WOMENS 50+, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MENS LIFE PACK, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-VITAMIN/MINERALS, MULTIPLE VIT/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADV, MYAMULTI, OCUTABS, OCUTABS-LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE-LUTEIN, ONE DAILY 50 PLUS, ONE DAILY CALCIUM/IRON, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ ADV, ONE DAILY

HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHT ADV, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVIT, ONE DAILY MENS 50+/LYCOPENE, ONE DAILY MENS HEALTH, ONE DAILY MULTIVIT/IRON-FREE, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGE/HER, ONE-DAILY MULTI-VIT/MINERAL, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITS, PX COMPLETE SENIOR MULTIVITS, PX MENS MULTIVITAMINS, QC DAILY MULTIVIT/MULTIMINERAL, QC HAIR SKIN & NAILS, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN, QUINTABS-M, RA CENTRAL-VITE MENS MATURE, RA CENTRAL-VITE WOMENS MATURE, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ W/VIT D3, RA ONE DAILY MENS MULTI, RA ONE DAILY MENS/VIT D-3, RENAPLEX, SENIOR TABS, SENTRY, SENTRY SENIOR, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATE MENS, SM COMPLETE 50+ ULTIMATE WOMEN, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM

OPTI-VITAMINS, STRESS B
COMPLEX/ANTIOXID/ZINC,
STRESSTABS ADVANCED, SUPER
AYTINAL, SUPER AYTINAL 50
PLUS, SUPER MULTIPLE, SUPER
THERA VITE M, SUPER VITA-MINS,
...(23) TABS63

(Multiple Vitamins W/ Minerals) A
THRU Z ADVANCED, A THRU Z
ADVANCED ADULT, A THRU Z
HIGH POTENCY, A THRU Z
SELECT, A THRU Z SELECT 50+
ADVANCED, A THRU Z SELECT
50+ MENS, A THRU Z SELECT
ADVANCED, A THRU Z SELECT
ULTIMATE WOMEN, A THRU Z
ULTIMATE MENS, ANTIOXIDANT
A/C/E/SELENIUM, ANTIOXIDANT
VITAMINS, CENTAVITE A-Z
COMPLETE-MINERAL,
CENTRAVITES, CENTRAVITES 50
PLUS, CENTURY, CENTURY
MATURE, CEROVITE SENIOR,
CERTAVITE/ANTIOXIDANTS,
COMPANION, COMPETE, CVS
DAILY MULTIPLE FOR MEN, CVS
DAILY MULTIPLE WOMEN 50+,
CVS EYE HEALTH & LUTEIN, CVS
ONE DAILY ESSENTIAL, CVS ONE
DAILY MENS FORMULA, CVS ONE
DAILY WOMENS FORMULA, CVS
SPECTRAVITE ADVANCED, CVS
SPECTRAVITE MEN, CVS
SPECTRAVITE MEN 50+, CVS
SPECTRAVITE SENIOR, CVS
SPECTRAVITE ULTRA MENS, CVS
SPECTRAVITE WOMEN, CVS
SPECTRAVITE WOMEN 50+, CVS
SPECTRAVITE WOMENS SENIOR,
CVS WOMENS ACTIVE DAILY,
DAILY BETIC, DAILY COMBO
MULTI VITAMINS, DAILY MULTIPLE
VITAMINS/MIN, DIABETES HEALTH
FORMULA, DIALYVITE 800/ULTRA
D, EQ COMPLETE MULTIVIT

ADULT 50+, EQ ONE DAILY
WOMENS HEALTH, EQL
CENTURY, EQL CENTURY
MATURE, EQL CENTURY MATURE
MEN 50+, EQL CENTURY MATURE
WOMEN 50+, EQL ONE DAILY
MENS 50+ ADVANCE, EQL ONE
DAILY MENS HEALTH, EQL ONE
DAILY WOMENS 50+ ADV, EQL
VISION FORMULA, ESSENTIA,
ESSENTIAL BALANCE, EYE-VITES,
GERIVITE COMPLETE, GNP
CENTURY ADULT FORMULA, GNP
CENTURY MATURE MEN'S 50+,
GNP CENTURY MATURE
WOMEN'S 50+, GNP
HAIR/SKIN/NAILS, GNP HEALTHY
EYES, GNP MEGA MULTI FOR
MEN, GNP MEGA MULTI FOR
WOMEN, GNP ONE DAILY
MAXIMUM, GNP ONE DAILY MENS
HEALTH 50+, GNP ONE DAILY
MENS/LYCOPENE, GNP ONE
DAILY WOMENS, GNP ONE DAILY
WOMENS 50+, GNP
THERAPEUTIC-M, HAIR SKIN AND
NAILS FORMULA,
HAIR/SKIN/NAILS, HEALTHY EYES,
HI-KOVITE 2-PART FORMULA, HM
COMPLETE WOMEN, HM
WOMENS 50+ ADVANCED DAILY,
I-VITE, ICAPS MV, KP ADULTS 50+
DAILY FORMULA, KP ADULTS
DAILY FORMULA, KP MENS 50+
DAILY FORMULA, KP MENS DAILY
FORMULA, KP VISION FORMULA,
KP VISION FORMULA/LUTEIN, KP
WOMENS 50+ DAILY FORMULA,
KP WOMENS DAILY FORMULA,
MACUVITE, MACUVITE EYE CARE,
MACUVITE/LUTEIN, MAXIMUM
DAILY GREEN, MEIJER
ADVANCED FORMULA, MENS LIFE
PACK, MULTI COMPLETE/IRON,
MULTI FOR HER, MULTI FOR HER
50+, MULTI FOR HIM, MULTI FOR

HIM 50+, MULTI-
VITAMIN/MINERALS, MULTIPLE
VIT/MINERALS/NO IRON,
MULTIPLE VITAMINS/WOMENS,
MULTIVITAMIN ADULTS,
MULTIVITAMIN ADULTS 50+,
MULTIVITAMIN MEN 50+,
MULTIVITAMIN WOMEN,
MULTIVITAMIN WOMEN 50+,
MULTIVITAMIN WOMENS 50+ ADV,
MYAMULTI, OCUTABS, OCUTABS-
LUTEIN, OCUVITE EXTRA,
OCUVITE EYE + MULTI, OCUVITE-
LUTEIN, ONE DAILY 50 PLUS, ONE
DAILY CALCIUM/IRON, ONE DAILY
COMPLETE, ONE DAILY
COMPLETE FOR MEN, ONE DAILY
FOR MEN 50+ ADVANCED, ONE
DAILY FOR MEN/LYCOPENE, ONE
DAILY FOR WOMEN, ONE DAILY
FOR WOMEN 50+ ADV, ONE DAILY
HEALTHY WEIGHT, ONE DAILY
HEALTHY WEIGHT ADV, ONE
DAILY MAXIMUM, ONE DAILY
MENS, ONE DAILY MENS 50+
MULTIVIT, ONE DAILY MENS
50+/LYCOPENE, ONE DAILY MENS
HEALTH, ONE DAILY
MULTIVIT/IRON-FREE, ONE DAILY
MULTIVITAMIN MEN, ONE DAILY
MULTIVITAMIN WOMEN, ONE
DAILY WOMENS, ONE DAILY
WOMENS 50 PLUS, ONE DAILY
WOMENS 50+, ONE
DAILY/MINERALS, ONE-A-DAY
TEEN ADVANTAGE/HER, ONE-
DAILY MULTI-VIT/MINERAL,
OPTIC-VITES, OPTIC-VITES WITH
LUTEIN, OPTIMUM PMS,
OSTEOPRIME ULTRA, PROSIGHT,
PX ADVANCED FORMULA
MULTIVITS, PX COMPLETE
SENIOR MULTIVITS, PX MENS
MULTIVITAMINS, QC DAILY
MULTIVIT/MULTIMINERAL, QC
HAIR SKIN & NAILS, QC MENS

DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, QC WOMENS DAILY MULTIVITAMIN, QUINTABS-M, RA CENTRAL-VITE MENS MATURE, RA CENTRAL-VITE WOMENS MATURE, RA ONE DAILY MAXIMUM, RA ONE DAILY MENS 50+ W/VIT D3, RA ONE DAILY MENS MULTI, RA ONE DAILY MENS/VIT D-3, RENAPLEX, SENIOR TABS, SENTRY, SENTRY SENIOR, SM ANTIOXIDANT VITAMINS, SM COMPLETE, SM COMPLETE 50+, SM COMPLETE 50+ ULTIMATE MENS, SM COMPLETE 50+ ULTIMATE WOMEN, SM COMPLETE ADVANCED FORMULA, SM COMPLETE SENIOR FORMULA, SM DAILY DIET SUPPORT, SM OPTI-VITAMINS, STRESS B COMPLEX/ANTIOXID/ZINC, STRESSTABS ADVANCED, SUPER AYTINAL, SUPER AYTINAL 50 PLUS, SUPER MULTIPLE, SUPER THERA VITE M, SUPER VITA-MINS, ... (23) TABS64

(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATE WOMEN, A THRU Z ULTIMATE MENS, ANTIOXIDANT A/C/E/SELENIUM, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE-MINERAL, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTAVITE/ANTIOXIDANTS,

COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCED, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA MENS, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS SPECTRAVITE WOMENS SENIOR, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMINS, DAILY MULTIPLE VITAMINS/MIN, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVIT ADULT 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN 50+, EQL ONE DAILY MENS 50+ ADVANCE, EQL ONE DAILY MENS HEALTH, EQL ONE DAILY WOMENS 50+ ADV, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY ADULT FORMULA, GNP CENTURY MATURE MEN'S 50+, GNP CENTURY MATURE WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MAXIMUM, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS/LYCOPENE, GNP ONE DAILY WOMENS, GNP ONE DAILY WOMENS 50+, GNP

THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MENS LIFE PACK, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-VITAMIN/MINERALS, MULTIPLE VIT/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADV, MYAMULTI, OCUTABS, OCUTABS-LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE-LUTEIN, ONE DAILY 50 PLUS, ONE DAILY CALCIUM/IRON, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ ADV, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHT ADV, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+

MULTIVIT, ONE DAILY MENS 50+/LYCOPENE, ONE DAILY MENS HEALTH, ONE DAILY	PLUS, SUPER MULTIPLE, SUPER THERA VITE M, SUPER VITA-MINS, ...(23) TABS	POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE
MULTIVIT/IRON-FREE, ONE DAILY		POLACRILEX, GOODSENSE
MULTIVITAMIN MEN, ONE DAILY	(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD	NICOTINE, HM NICOTINE
MULTIVITAMIN WOMEN, ONE		POLACRILEX, KLS QUIT2, KLS
DAILY WOMENS, ONE DAILY	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	QUIT4, NICOTINE MINI, NICOTINE
WOMENS 50 PLUS, ONE DAILY		POLACRILEX MINI, PX STOP
WOMENS 50+, ONE		SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM
DAILY/MINERALS, ONE-A-DAY	(Niacin (Antihyperlipidemic)) NIACOR TABS	NICOTINE POLACRILEX LOZG .. 80
TEEN ADVANTAGE/HER, ONE-		
DAILY MULTI-VIT/MINERAL,	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ
OPTIC-VITES, OPTIC-VITES WITH	NICOTINE, EQ NICOTINE	NICOTINE, EQ NICOTINE
LUTEIN, OPTIMUM PMS,	POLACRILEX, FT NICOTINE, FT	POLACRILEX, FT NICOTINE, GNP
OSTEOPRIME ULTRA, PROSIGHT,	NICOTINE MINI, GNP NICOTINE	NICOTINE, GNP NICOTINE
PX ADVANCED FORMULA	MINI, GNP NICOTINE	POLACRILEX, GOODSENSE
MULTIVITS, PX COMPLETE	POLACRILEX, GOODSENSE	NICOTINE, KLS QUIT2, KLS QUIT4,
SENIOR MULTIVITS, PX MENS	NICOTINE, HM NICOTINE	PX STOP SMOKING AID, RA
MULTIVITAMINS, QC DAILY	POLACRILEX, KLS QUIT2, KLS	NICOTINE, RA NICOTINE GUM, SM
MULTIVIT/MULTIMINERAL, QC	QUIT4, NICOTINE MINI, NICOTINE	NICOTINE, SM NICOTINE
HAIR SKIN & NAILS, QC MENS	POLACRILEX MINI, PX STOP	POLACRILEX, THRIVE GUM 2 MG
DAILY MULTIVITAMIN, QC MULTI-	SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM	81
VITE, QC MULTI-VITE 50 & OVER,	NICOTINE POLACRILEX LOZG 2	
QC THERIN-M, QC WOMENS	MG	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ
DAILY MULTIVITAMIN, QUINTABS-		NICOTINE, EQ NICOTINE
M, RA CENTRAL-VITE MENS	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ	POLACRILEX, FT NICOTINE, GNP
MATURE, RA CENTRAL-VITE	NICOTINE, EQ NICOTINE	NICOTINE, GNP NICOTINE
WOMENS MATURE, RA ONE DAILY	POLACRILEX, FT NICOTINE, FT	POLACRILEX, GOODSENSE
MAXIMUM, RA ONE DAILY MENS	NICOTINE MINI, GNP NICOTINE	NICOTINE, KLS QUIT2, KLS QUIT4,
50+ W/VIT D3, RA ONE DAILY	MINI, GNP NICOTINE	PX STOP SMOKING AID, RA
MENS MULTI, RA ONE DAILY	POLACRILEX, GOODSENSE	NICOTINE, RA NICOTINE GUM, SM
MENS/VIT D-3, RENAPLEX,	NICOTINE, HM NICOTINE	NICOTINE, SM NICOTINE
SENIOR TABS, SENTRY, SENTRY	POLACRILEX, KLS QUIT2, KLS	POLACRILEX, THRIVE GUM 4 MG
SENIOR, SM ANTIOXIDANT	QUIT4, NICOTINE MINI, NICOTINE	81
VITAMINS, SM COMPLETE, SM	POLACRILEX MINI, PX STOP	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ
COMPLETE 50+, SM COMPLETE	SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM	NICOTINE, EQ NICOTINE
50+ ULTIMATE MENS, SM	NICOTINE POLACRILEX LOZG 4	POLACRILEX, FT NICOTINE, GNP
COMPLETE 50+ ULTIMATE	MG	NICOTINE, GNP NICOTINE
WOMEN, SM COMPLETE		POLACRILEX, GOODSENSE
ADVANCED FORMULA, SM	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ	NICOTINE, KLS QUIT2, KLS QUIT4,
COMPLETE SENIOR FORMULA,	NICOTINE, EQ NICOTINE	PX STOP SMOKING AID, RA
SM DAILY DIET SUPPORT, SM		NICOTINE, RA NICOTINE GUM, SM
OPTI-VITAMINS, STRESS B		
COMPLEX/ANTIOXID/ZINC,		
STRESSTABS ADVANCED, SUPER		
AYTINAL, SUPER AYTINAL 50		

NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 81	NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR82	FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 35
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR 82	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR 82	(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS ... 34
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR82	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY37	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 35
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR82	(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1 MG-20 MCG-75 MG 34	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS35
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 81	(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, FEIRZA 1.5/30, FEIRZA 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	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG35
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE,		(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG35

(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG35	MICROGESTIN 1/20 TABS 1.5 MG- 30 MCG36	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 40
(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE35	(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS35	(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %77
(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG35	(Norethindrone Acetate) GALLIFREY TABS78	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 77
(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG35	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI48	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 77
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL37	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG48	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 77
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL37	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE36	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG85
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/736	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO- SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO .36	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR85
(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG36	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA36	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR85
(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30,	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG36	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG6
(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30,	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG36	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .6
(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30,	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG36	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...6

(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML71	SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD53	Folic Acid) PRENATAL 19 CHEW .71
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 71	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL61	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT71
(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE SOLN71	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ61	(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 72
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN71	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ61	(Prochlorperazine) COMPRO28
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT53	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ61	(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP38
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM53	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ62	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG19
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 53	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ61	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG19
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN75	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ61	(Promethazine-Phenylephrine- Codeine) PROMETHAZINE VC/CODEINE38
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG13	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK50	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML38
(Phenytoin) PHENYTOIN INFATABS CHEW13	(Potassium Citrate-Citric Acid) CYTRA-K SOLN50	(Salicylic Acid) KERALYT SHAM 6 %44
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350,	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS61	(Sapropterin Dihydrochloride) JAVYGTOR TABS48
	(Pramoxine-HC-Chloroxylenol) CORTIC-ND77	(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK48
	(Prednisolone) MILLIPRED TABS .37	(Silver Sulfadiazine) SSD42
	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS71	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 39
	(Prenatal Vit W/ Ferrous Fumarate-	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 39
		(Sodium Citrate & Citric Acid)

CYTRA-250	ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO74	acebutolol hcl CAPS30
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML62	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %42	acetaminophen w/ codeine SOLN .. 6
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %39	(Urea) CEROVEL LOTN 40 %44	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG7
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM39	(Urea) UREA NAIL GEL 45 %44	acetaminophen w/ codeine TABS 60 MG-300 MG6
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %39	(Vigabatrin) VIGADRONE TABS .. 13	acetazolamide CP1246
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP .. 22	(Vigabatrin) VIGADRONE, VIGPODER PACK13	acetazolamide TABS 125 MG46
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS32	(Warfarin Sodium) JANTOVEN TABS11	acetazolamide TABS 250 MG46
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM7	(Zolmitriptan) ZOMIG TABS60	acetic acid (otic)77
(Tetracaine Hcl (Ophth)) ALTACAINE76	abacavir sulfate TABS28	acetylcysteine SOLN39
(Theophylline) ELIXOPHYLLIN ELIX . 11	abacavir sulfate-lamivudine28	acitretin 10 MG41
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 75	ABC COMPLETE ADULT TABS ..65	acitretin 17.5 MG41
(Tiopronin) VENXXIVA TBEC51	ABC COMPLETE MENS TABS ... 65	acitretin 25 MG41
(Tretinoin) AVITA CREA 0.025 % . 39	ABC COMPLETE SENIOR 50+ TABS65	ACTIMMUNE 100 MCG/0.5ML26
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE63	ABC COMPLETE SENIOR MENS 50+ TABS65	ACUVAIL77
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS	ABC COMPLETE SENIOR WOMENS 50+ TABS65	acyclovir CAPS29
	ABC COMPLETE WOMENS TABS 66	acyclovir SUSP29
	abiraterone acetate24	acyclovir TABS PO 400 MG30
	acamprosate calcium78	acyclovir TABS PO 800 MG30
	acarbose15	acyclovir topical CREA42
	ACCU-CHEK AVIVA PLUS STRP .45	acyclovir topical OINT42
	ACCU-CHEK GUIDE KIT57	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML2
	ACCU-CHEK GUIDE ME KIT57	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML2
	ACCU-CHEK GUIDE TEST STRP 45	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML2
	ACCU-CHEK SMARTVIEW STRP 45	ADALIMUMAB-ADAZ SOSY2
		adapalene CREA39
		adapalene GEL 0.1 %39
		adapalene GEL 0.3 %39

adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	W/MASK MISC	alendronate sodium SOLN
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	AEROCHAMBER PLUS FLOW VU MISC	alendronate sodium TABS 35 MG, 70 MG
ADDYI	AEROCHAMBER W/FLOWSIGNAL MISC	alendronate sodium TABS 5 MG, 10 MG
adefovir dipivoxil	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	alfuzosin hcl
ADEMPAS	AEROCHAMBER Z-STAT PLUS MISC	ALINIA SUSR
ADTHYZA TABS	AEROCHAMBER Z-STAT PLUS/LARGE MISC	aliskiren fumarate
ADVATE 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	ALIVE CALCIUM BONE SUPPORT TABS
ADYNOVATE 3000 UNIT	AEROCHAMBER Z-STAT PLUS/SMALL MISC	ALIVE DAILY ENERGY TABS
AEROCHAMBER HOLDING CHAMBER DEVI	AEROCHAMBER2GO ANTI-STATIC DEVI	ALIVE DIABETIC MULTIVITAMIN TABS
AEROCHAMBER MINI CHAMBER DEVI	AEROVENT PLUS DEVI	ALIVE ENERGY 50+ TABS
AEROCHAMBER MV MISC	AFLOA TABS	ALIVE GARDEN GOODNESS TABS
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	AGAMREE	66
AEROCHAMBER PLUS FLO-VU INTERM DEVI	AIMSCO LUBRICATED MISC	ALIVE MENS 50+ TABS
AEROCHAMBER PLUS FLO-VU LARGE DEVI	AJOVY SOAJ	ALIVE MENS 50+ ULTRA TABS
AEROCHAMBER PLUS FLO-VU LARGE MISC	AJOVY SOSY	ALIVE MENS COMPLETE MULTI TABS
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	AKYNZEO	ALIVE MENS ENERGY TABS
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	albendazole	ALIVE MENS ULTRA TABS
AEROCHAMBER PLUS FLO-VU MISC	albuterol sulfate AERS	ALIVE ONCE DAILY WOMENS TABS
AEROCHAMBER PLUS FLO-VU SMALL DEVI	albuterol sulfate NEBU	ALIVE ULTRA POTENCY ADULT TABS
AEROCHAMBER PLUS FLO-VU SMALL MISC	ALBUTEROL SULFATE NEBU	ALIVE ULTRA POTENCY WOMENS 50+ TABS
AEROCHAMBER PLUS FLO-VU SMALL MISC	albuterol sulfate SYRP	ALIVE WOMENS 50+ COMPLETE MV TABS
AEROCHAMBER PLUS FLO-VU SMALL MISC	albuterol sulfate TABS	ALIVE WOMENS 50+ TABS
AEROCHAMBER PLUS FLO-VU SMALL MISC	alclometasone dipropionate CREA	ALIVE WOMENS ENERGY TABS
AEROCHAMBER PLUS FLO-VU SMALL MISC	alclometasone dipropionate OINT	allopurinol 100 MG
AEROCHAMBER PLUS FLO-VU SMALL MISC	ALECENSA	

allopurinol 300 MG	51	amlodipine besylate-atorvastatin calcium	31	anagrelide hcl	52
almotriptan malate	60	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	21	ANALPRAM HC LOTN EX	8
ALOCRIL	77	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 21		ANALPRAM-HC LOTN EX	8
alogliptin benzoate 25 MG	16	amlodipine besylate-valsartan 10 MG-160 MG	21	anastrozole	24
alogliptin benzoate 6.25 MG, 12.5 MG	16	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	21	ANDEXXA 200 MG	18
ALOMIDE	77	amlodipine-valsartan- hydrochlorothiazide	21	ANGELIQ	48
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	49	amoxapine	15	ANNOVERA	37
alosetron hcl	50	amoxicillin & pot clavulanate CHEW . 78		ANTIOXIDANT FORMULA TABS .	66
ALPHA BETIC TABS	66	amoxicillin & pot clavulanate SUSR 78		APEXICON E CREA	42
ALPRAZOLAM INTENSOL CONC .	8	amoxicillin & pot clavulanate TABS 78		APO-VARENICLINE TABS	82
alprazolam TABS	8	amoxicillin CAPS	78	apraclonidine hcl	75
alprazolam TB24	8	amoxicillin CHEW 125 MG, 250 MG . 78		aprepitant CAPS 40 MG	18
alprazolam TBDP	8	amoxicillin SUSR	78	aprepitant CAPS 80 MG, 125 MG .	18
ALTABAX	40	amoxicillin TABS	78	aprepitant CAPS	18
ALUNBRIG TABS	25	amoxicillin-clarithromycin w/ lansoprazole THPK	85	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	28
ALUNBRIG TBPk	25	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	APTIVUS CAPS	28
amantadine hcl CAPS	26	amphetamine-dextroamphetamine TABS	1	ARCALYST	3
amantadine hcl TABS	26	ampicillin CAPS 500 MG	78	arformoterol tartrate	10
ambrisentan	32			ARIKAYCE	2
amiloride & hydrochlorothiazide ..	46			aripiprazole SOLN PO	28
amiloride hcl TABS	46			aripiprazole TABS 15 MG	28
aminocaproic acid SOLN PO 0.25 GM/ML	53			aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	28
aminocaproic acid TABS	53			aripiprazole TABS 20 MG	28
amiodarone hcl TABS	9			aripiprazole TBDP	28
amitriptyline hcl TABS	15			armodafinil	1
amlodipine besylate TABS 2.5 MG	31			ARMOUR THYROID TABS	83
amlodipine besylate TABS 5 MG, 10 MG	31			asenapine maleate	27
				aspirin CHEW	5
				aspirin TBEC 81 MG	5

aspirin-dipyridamole	52	azelaic acid GEL	45	BD PEN NEEDLE MICRO ULTRAFINE	57
ASSURE ID INSULIN SAFETY SYR 57		azelastine hcl (ophth)	77	BD PEN NEEDLE MINI ULTRAFINE	57
ASTAGRAF XL CP24	62	azelastine hcl 0.1 %, 137 MCG/SPRAY	74	BD PEN NEEDLE NANO 2ND GEN . 57	
atazanavir sulfate CAPS	28	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	74	BD PEN NEEDLE NANO ULTRAFINE	57
atenolol & chlorthalidone	21	azelastine hcl-fluticasone propionate SUSP	74	BD PEN NEEDLE ORIG ULTRAFINE	57
atenolol TABS	30	azithromycin PACK	54	BD PEN NEEDLE SHORT ULTRAFINE	57
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azithromycin SUSR	54	BD SAFETYGLIDE INSULIN SYRINGE	57
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin TABS 250 MG	54	BD VEO INSULIN SYR U/F 1/2UNIT	57
atorvastatin calcium TABS	20	azithromycin TABS 500 MG	54	BD VEO INSULIN SYR ULTRAFINE	57
atovaquone	22	azithromycin TABS 600 MG	54	BELLADONNA ALKALOIDS-OPIMUM	84
atovaquone-proguanil hcl	22	AZO HORMONAL HEALTH CYCLE CARE TABS	66	BELSOMRA	53
atropine sulfate (ophthalmic) OINT 75		AZO HORMONAL HEALTH HAPPY CYCL TABS	66	benazepril & hydrochlorothiazide .	21
atropine sulfate (ophthalmic) SOLN 75		bacitracin (ophthalmic)	75	benazepril hcl	20
ATROPINE SULFATE SOLN 1 % .75		bacitracin-polymyxin b (ophth)	75	BENEFIX KIT	51
ATROVENT HFA	9	bacitracin-poly-neomycin-hc	76	BENZNIDAZOLE	8
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	78	baclofen TABS 10 MG	73	benzonatate	38
AURANOFIN 3 MG	3	baclofen TABS 15 MG	73	benzoyl peroxide-erythromycin GEL . 39	
AUSTEDO TABS 12 MG	79	baclofen TABS 20 MG	73	benztropine mesylate TABS	26
AUSTEDO TABS 6 MG, 9 MG	79	baclofen TABS 5 MG	73	bepotastine besilate	77
AUSTEDO XR PATIENT TITRATION TEPK	79	BACMIN TABS	66	BESIVANCE	75
AUSTEDO XR TB24	79	balsalazide disodium CAPS	49	betamethasone dipropionate (topical) CREA	42
AVONEX PEN AJKT	79	BALVERSA	25	betamethasone dipropionate (topical)	
AVONEX PREFILLED PSKT	79	BARIATRIC MULTIVITAMINS TABS . 66			
AYVAKIT	24	BASIC AM TABS	66		
AZASITE	75	BASIC PM TABS	66		
azathioprine TABS	62	BD AUTOSHIELD DUO	57		

LOTN42	BONEUP VEGETARIAN TABS66	budesonide CPEP 37
betamethasone dipropionate (topical) OINT42	bosentan TABS 32	budesonide TB2437
betamethasone dipropionate augmented CREA42	bosentan TBSO 32 MG 32	budesonide-formoterol fumarate dihydrate10
betamethasone dipropionate augmented GEL 0.05 %42	BOSULIF CAPS 25	bumetanide TABS 0.5 MG, 1 MG . 46
betamethasone dipropionate augmented LOTN42	BOSULIF TABS25	bumetanide TABS 2 MG46
betamethasone dipropionate augmented OINT43	BRAFTOVI 75 MG 25	buprenorphine hcl SUBL 2 MG 7
betamethasone valerate CREA ... 43	BREATHE COMFORT CHAMBER/ADULT DEVI 58	buprenorphine hcl SUBL 8 MG 7
betamethasone valerate FOAM ... 43	BREATHE COMFORT CHAMBER/CHILD DEVI 58	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG7
betamethasone valerate LOTN43	BREATHE EASE LARGE DEVI ... 58	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG7
betamethasone valerate OINT43	BREATHE EASE MEDIUM DEVI .58	buprenorphine hcl-naloxone hcl dihydrate SUBL7
BETASERON KIT79	BREATHE EASE SMALL DEVI ...59	buprenorphine PTWK7
betaxolol hcl (ophth) SOLN75	BREATHERITE VALVED MDI CHAMBER DEVI59	bupropion hcl (smoking deterrent) 82
betaxolol hcl30	BREZTRI AEROSPHERE10	bupropion hcl TABS14
bethanechol chloride86	brimonidine tartrate (topical) 45	bupropion hcl TB12 14
BETOPTIC-S SUSP 75	brimonidine tartrate75	bupropion hcl TB24 150 MG, 300 MG14
bexarotene (topical)41	brimonidine tartrate-timolol maleate . 75	bupropion hcl TB24 450 MG14
bexarotene 26	brinzolamide77	buspirone hcl 8
bicalutamide24	bromfenac sodium (ophth) 77	butalbital-acetaminophen CAPS 50 MG-300 MG 4
BIKTARVY28	bromocriptine mesylate CAPS26	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG4
bimatoprost SOLN77	bromocriptine mesylate TABS 2.5 MG 26	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG 4
BINOSTO TBEF 47	BRUKINSA 25	butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG4
bisacodyl SUPP54	budesonide (inhalation) SUSP 0.25 MG/2ML10	butalbital-acetaminophen-caffeine w/ codeine 7
bisacodyl TBEC54	budesonide (inhalation) SUSP 0.5 MG/2ML10	
bisoprolol & hydrochlorothiazide ..21	budesonide (inhalation) SUSP 1 MG/2ML10	
bisoprolol fumarate30	budesonide (intrarectal) 7	
BLOOD SUGAR MANAGER TABS 66		

WOMENS TABS66	choline fenofibrate 135 MG20	300 MG72
CENTRUM SPECIALIST HEART TABS66	choline fenofibrate 45 MG 20	CITRANATAL ASSURE72
CENTRUM SPECIALIST IMMUNE TABS66	CHORIONIC GONADOTROPIN IM 47	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 72
CENTRUM SPECIALIST VISION TABS66	ciclopirox GEL40	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG72
CENTRUM ULTRA WOMENS TABS 66	ciclopirox olamine CREA40	CITRANATAL MEDLEY72
cephalexin CAPS32	ciclopirox olamine SUSP40	clarithromycin SUSR54
cephalexin SUSR32	ciclopirox SHAM40	clarithromycin TABS54
CERDELGA52	ciclopirox SOLN40	clarithromycin TB2454
CERTAVITE SENIOR TABS67	cilostazol52	clemastine fumarate SYRP19
CERTAVITE SENIOR/ANTIOXIDANT TABS67	CILOXAN OINT75	clemastine fumarate TABS 2.68 MG . 19
CERTAVITE/ANTIOXIDANTS TABS . 67	CIMDUO28	CLEOCIN SUPP86
cevimeline hcl63	cimetidine hcl PO 300 MG/5ML ...84	CLEVER CHOICE HOLDING CHAMBER DEVI59
CHEMET17	cimetidine TABS 300 MG, 800 MG 84	CLIMARA PRO49
CHEMSTRIP K STRP45	cimetidine TABS 400 MG84	clindamycin hcl22
chlordiazepoxide hcl CAPS8	cinacalcet hcl48	clindamycin palmitate hydrochloride . 22
chlordiazepoxide hcl-clidinium bromide84	CIPRO HC77	clindamycin phosphate (topical) FOAM39
chlordiazepoxide-amitriptyline79	CIPRO SUSR49	clindamycin phosphate (topical) GEL 39
chloroquine phosphate TABS23	ciprofloxacin hcl (ophth) SOLN75	clindamycin phosphate (topical) LOTN39
chlorpromazine hcl TABS28	ciprofloxacin hcl (otic)77	clindamycin phosphate (topical) SOLN39
chlorthalidone 25 MG, 50 MG46	ciprofloxacin hcl TABS49	clindamycin phosphate (topical) SWAB39
chlorzoxazone TABS 375 MG, 500 MG, 750 MG73	ciprofloxacin-dexamethasone78	clindamycin phosphate vaginal CREA86
cholestyramine light PACK19	ciprofloxacin-fluocinolone acetonide . 78	
cholestyramine light POWD19	citalopram hydrobromide SOLN ...14	
cholestyramine PACK19	citalopram hydrobromide TABS ...14	
cholestyramine POWD19	CITRACAL +D3 TABS67	
	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-	

clindamycin phosphate-benzoyl peroxide (refrigerate)	39	clotrimazole w/ betamethasone CREA	40	MASK DEVI	59
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	39	clotrimazole w/ betamethasone LOTN	40	COMPACT SPACE CHAMBER/SM MASK DEVI	59
clindamycin phosphate-tretinoin ..	39	clozapine TABS	27	COMPLETENATE CHEW	72
clobazam SUSP	12	clozapine TBDP	27	CONCEPT DHA	72
clobazam TABS 10 MG	12	COARTEM	23	CONCEPT OB	72
clobazam TABS 20 MG	12	codeine sulfate TABS 30 MG	5	CONDOMS	55
clobetasol propionate CREA 0.05 % .	43	CODEINE SULFATE TABS	5	COPIKTRA	25
clobetasol propionate emollient base 0.05 %	43	CODITUSSIN AC LIQD	38	CORDRAN TAPE	43
clobetasol propionate emulsion ...	43	colchicine CAPS	51	CORTIFOAM EX 10 %	8
clobetasol propionate FOAM	43	colchicine TABS	51	CORTISONE ACETATE TABS	37
clobetasol propionate GEL 0.05 %	43	colchicine w/ probenecid	51	CORTISPORIN-TC	78
clobetasol propionate LIQD	43	colesevelam hcl PACK	19	COSENTYX (300 MG DOSE) SOSY .	41
clobetasol propionate LOTN	43	colesevelam hcl TABS	19	COSENTYX SENSOREADY (300 MG) SOAJ	41
clobetasol propionate OINT 0.05 %	43	colestipol hcl GRAN	19	COSENTYX SENSOREADY PEN SOAJ	41
clobetasol propionate SHAM	43	colestipol hcl PACK	19	COSENTYX SOSY 150 MG/ML ...	41
clobetasol propionate SOLN 0.05 % .	43	colestipol hcl TABS	19	COSENTYX SOSY 75 MG/0.5ML .	42
clocortolone pivalate	43	COMBIPATCH PTTW	49	COSENTYX UNOREADY SOAJ ..	41
clomiphene citrate TABS	47	COMETRIQ (100 MG DAILY DOSE) KIT	25	COTELLIC	25
clomipramine hcl	15	COMETRIQ (140 MG DAILY DOSE) KIT	25	COVID VACCINES	86
clonazepam TABS	12	COMETRIQ (60 MG DAILY DOSE) KIT	25	COVID-19 AT HOME TEST KITS .	45
clonazepam TBDP	12	COMFORT EZ INSULIN SYRINGE .	57	CREON CPEP	46
clonidine hcl (adhd) TB12	1	COMPACT SPACE CHAMBER DEVI	59	CRESEMBA CAPS 186 MG	18
clonidine hcl TABS	21	COMPACT SPACE CHAMBER/LG MASK DEVI	59	CRINONE GEL	86
clopidogrel bisulfate	52	COMPACT SPACE CHAMBER/MED		cromolyn sodium (ophth)	77
clorazepate dipotassium TABS	8			cromolyn sodium NEBU	9
clotrimazole	62			CTEXLI 250 MG	49
				CVS DAILY MULTIV/MINERAL MENS TABS	67

CVS DAILY MULTIVITAMIN MENS TABS67	CYSTARAN77	demeclocycline hcl TABS83
CVS DAILY MULTIVITAMIN WOMENS TABS67	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)84	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)37
CVS ONE DAILY MENS 50+ ADV TABS67	CYTOMEL TABS 5 MCG (liothyronine sodium)84	DERMACINRX MULTITAM TABS .67
CVS ONE DAILY WOMENS 50+ ADV TABS67	CYTRA-3 SYRP50	DERMACINRX RIBOTIN-E TABS .67
CVS SPECTRAVITE ADULT 50+ TABS67	dabigatran etexilate mesylate CAPS 110 MG11	DERMACINRX ZINTREXYL-C TABS67
CVS SPECTRAVITE ADULTS TABS 67	dabigatran etexilate mesylate CAPS 75 MG, 150 MG12	DERMAVITE TABS67
CVS SPECTRAVITE ULTRA MEN 50+ TABS67	dalfampridine79	DESCOVY 120 MG-15 MG28
CVS SPECTRAVITE ULTRA MENS TABS67	danazol CAPS7	DESCOVY 200 MG-25 MG28
CVS SPECTRAVITE ULTRA WOMEN TABS67	dantrolene sodium CAPS74	desipramine hcl TABS15
cyclobenzaprine hcl TABS73	dapagliflozin propanediol17	desloratadine TABS19
CYCLOGYL75	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG15	desloratadine TBDP19
CYCLOMYDRIL75	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG15	DESMOPRESSIN ACETATE SOLN NA48
cyclopentolate hcl 1 %75	dapsone (topical) 5 %40	desmopressin acetate spray48
cyclophosphamide CAPS23	dapsone (topical) 7.5 %39	desmopressin acetate spray refrigerated 0.01 %48
CYCLOPHOSPHAMIDE TABS23	dapsone 100 MG22	desmopressin acetate TABS 0.1 MG 48
cycloserine23	dapsone 25 MG22	desmopressin acetate TABS 0.2 MG 48
cyclosporine (ophth) EMUL76	darifenacin hydrobromide86	desogestrel-ethinyl estradiol (biphasic)36
cyclosporine CAPS62	darunavir TABS28	desonide CREA43
cyclosporine modified (for microemulsion) CAPS62	dasatinib25	desonide GEL43
cyclosporine modified (for microemulsion) SOLN62	DAURISMO24	desonide LOTN43
cyproheptadine hcl SYRP19	DAYAVITE TABS67	desonide OINT43
cyproheptadine hcl TABS19	deferasirox PACK17	desoximetasone CREA43
CYSTAGON CAPS51	deferasirox TABS17	desoximetasone GEL43
	deferasirox TBSO17	desoximetasone LIQD43
	deferiprone TABS17	
	DELSTRIGO28	

desoximetasone OINT	43	diclofenac sodium (actinic keratoses) EX	41	diltiazem hcl extended release beads	31
desvenlafaxine succinate	15	diclofenac sodium (ophth)	77	diltiazem hcl TABS	31
dexamethasone ELIX	37	diclofenac sodium (topical) GEL EX 41		diltiazem hcl TB24	31
DEXAMETHASONE INTENSOL CONC	37	diclofenac sodium (topical) SOLN EX 1.5 %	41	dimethyl fumarate CDPK	79
dexamethasone sodium phosphate (ophth)	76	diclofenac sodium (topical) SOLN EX 2 %	41	dimethyl fumarate CPDR	79
dexamethasone SOLN	37	diclofenac sodium TB24	3	diphenoxylate w/ atropine LIQD ...	17
dexamethasone TABS	37	diclofenac sodium TBEC	3	diphenoxylate w/ atropine TABS ...	17
dexamethasone TBPk	37	diclofenac w/ misoprostol TBEC	3	dipyridamole	52
dexmethylphenidate hcl CP24	1	dicloxacillin sodium	78	disopyramide phosphate CAPS	9
dexmethylphenidate hcl TABS	1	dicyclomine hcl CAPS	84	disulfiram	78
dextroamphetamine sulfate CP24 ...	1	dicyclomine hcl SOLN PO	84	DIURIL SUSP	47
dextroamphetamine sulfate SOLN ...	1	dicyclomine hcl TABS	84	divalproex sodium CSDR	14
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	DIFFERIN LOTN	40	divalproex sodium TB24	14
DHIVY TABS	26	diflorasone diacetate CREA	43	divalproex sodium TBEC	14
DIACOMIT CAPS 250 MG	12	diflorasone diacetate OINT	43	dofetilide	9
DIACOMIT CAPS 500 MG	12	diflunisal TABS	5	DOJOLVI	75
DIACOMIT PACK 250 MG	12	difluprednate	76	donepezil hydrochloride TABS	79
DIACOMIT PACK 500 MG	12	digoxin SOLN PO 0.05 MG/ML	31	donepezil hydrochloride TBDP	79
DIALYVITE SUPREME D TABS ...	67	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	31	dorzolamide hcl	77
DIATROL TABS	67	dihydroergotamine mesylate SOLN IJ 1 MG/ML	60	DORZOLAMIDE HCL	77
diazepam (anticonvulsant) GEL ...	12	dihydroergotamine mesylate SOLN NA 4 MG/ML	60	DORZOLAMIDE HCL-TIMOLOL MAL	75
diazepam CONC	8	DILANTIN 30 MG	13	dorzolamide hcl-timolol maleate ..	75
diazepam SOLN PO 5 MG/5ML	8	diltiazem hcl coated beads CP24 ...	31	DOVATO	28
diazepam TABS 10 MG	9	diltiazem hcl CP12	31	doxazosin mesylate	21
diazepam TABS 2 MG, 5 MG	9	diltiazem hcl CP24	31	doxepin hcl (antipruritic)	41
diazoxide	16			doxepin hcl CAPS	15
dichlorphenamide	46			doxepin hcl CONC	15
diclofenac potassium TABS 50 MG .3				doxercalciferol CAPS	48
				doxycycline (monohydrate) CAPS .83	

doxycycline (monohydrate) SUSR .83	DUPIXENT SOSY 300 MG/2ML ...44	efavirenz CAPS28
doxycycline (monohydrate) TABS 150 MG83	DUREX EXTRA SENSITIVE THIN DEVI55	efavirenz TABS28
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG83	DUREX EXTRA SENSITIVE THIN MISC55	efavirenz-emtricitabine-tenofovir disoproxil fumarate28
doxycycline (rosacea)45	DUREX TROPICAL MISC55	efavirenz-lamivudine-tenofovir disoproxil fumarate28
doxycycline hyclate CAPS83	dutasteride51	EFFER-K62
doxycycline hyclate TABS 75 MG, 100 MG, 150 MG83	dutasteride-tamsulosin hcl51	EGRIFTA SV47
doxylamine-pyridoxine TBEC18	EASIVENT MASK LARGE MISC ..59	ELESTRIN GEL49
dronabinol CAPS 10 MG18	EASIVENT MASK MEDIUM MISC 59	eletriptan hydrobromide60
dronabinol CAPS 2.5 MG, 5 MG ...18	EASIVENT MASK SMALL MISC ..59	ELIGARD KIT SC 7.5 MG24
DROPLET INSULIN SYRINGE ...58	EASIVENT MISC59	ELIQUIS DVT/PE STARTER PACK TBPK11
DROPSAFE SAFETY SYRINGE/NEEDLE58	EASY FLOW BLACK/BLUE DEVI .59	ELIQUIS TABS11
drospirenone-ethinyl estradiol36	EASY FLOW BLACK/ORANGE DEVI59	ELLA37
drospirenone-ethinyl estradiol- levomefolate calcium36	EASY FLOW BLACK/RED DEVI ..59	ELMIRON CAPS51
DROXIA CAPS52	EASY FLOW BLACK/WHITE DEVI 59	ELOCTATE 250 UNIT, 4000 UNIT, 5000 UNIT, 6000 UNIT51
droxidopa86	EASY FLOW BLACK/YELLOW DEVI59	eltrombopag olamine PACK 12.5 MG, 25 MG52
DRYSOL SOLN45	EASY FLOW WHITE/BLUE DEVI .59	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG52
DUAVEE49	EASY FLOW WHITE/GREEN DEVI 59	EMBECTA INS SYR U/F 1/2 UNIT 58
DUET DHA 400 MISC72	EASY FLOW WHITE/PINK DEVI ..59	EMBECTA INSULIN SYR ULTRAFINE58
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG15	EASY FLOW WHITE/WHITE DEVI 59	EMCYT24
DUOPA SUSP26	EASY FLOW WHITE/YELLOW DEVI 59	EMEND SUSR18
DUPIXENT SOAJ 200 MG/1.14ML 44	econazole nitrate CREA40	EMGALITY SOAJ60
DUPIXENT SOAJ 300 MG/2ML ...44	EDARBI 40 MG20	EMGALITY SOSY60
DUPIXENT SOSY 100 MG/0.67ML 44	EDARBI 80 MG20	EMSAM14
DUPIXENT SOSY 200 MG/1.14ML 44	EDARBYCLOR21	emtricitabine CAPS28
	EDURANT28	emtricitabine-rilpivirine-tenofovir

disoproxil fumarate	28	EPIFOAM FOAM	43	erlotinib hcl	24
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	28	epinastine hcl (ophth)	77	erythromycin (acne aid) GEL	40
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	28	epinephrine (anaphylaxis) SOAJ ..	86	erythromycin (acne aid) SOLN	40
enalapril maleate & hydrochlorothiazide	21	eplerenone	22	erythromycin (ophth)	75
enalapril maleate TABS	20	EQ COMPLETE MULTIVITAMIN-ADULT TABS	67	ERYTHROMYCIN	75
ENBREL MINI SOCT	4	EQ ONE DAILY MENS 50+ TABS ..	67	erythromycin base CPEP	55
ENBREL SOLN	4	EQ ONE DAILY MENS HEALTH TABS	67	erythromycin base TABS	55
ENBREL SOSY 25 MG/0.5ML	4	EQ ONE DAILY WOMENS 50+ TABS	67	erythromycin base TBEC	55
ENBREL SOSY 50 MG/ML	4	EQ ONE DAILY WOMENS HEALTH TABS	67	erythromycin ethylsuccinate SUSR 55	
ENBREL SURECLICK SOAJ	4	EQ SPACE CHAMBER ANTI-STATIC DEVI	59	erythromycin ethylsuccinate TABS 55	
ENDOMETRIN INST	86	EQ SPACE CHAMBER ANTI-STATIC L DEVI	59	escitalopram oxalate SOLN	14
enoxaparin sodium SOLN IJ 300 MG/3ML	11	EQ SPACE CHAMBER ANTI-STATIC M DEVI	59	escitalopram oxalate TABS 10 MG, 20 MG	14
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	11	EQ SPACE CHAMBER ANTI-STATIC S DEVI	59	escitalopram oxalate TABS 5 MG .	14
enoxaparin sodium SOSY 30 MG/0.3ML	11	EQL CENTURY MATURE ADULTS 50+ TABS	67	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	12
enoxaparin sodium SOSY 40 MG/0.4ML	11	EQL CENTURY MENS TABS	67	estazolam	53
enoxaparin sodium SOSY 60 MG/0.6ML	11	EQL CENTURY WOMENS TABS ..	67	estradiol & norethindrone acetate TABS	49
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	11	EQL ONE DAILY MENS TABS	67	estradiol GEL	49
entacapone	26	EQUETRO	27	estradiol PTTW	49
entecavir TABS	29	ergocalciferol CAPS	87	estradiol PTWK	49
ENTRESTO CPSP	31	ergoloid mesylates TABS	80	estradiol TABS	49
EPCLUSA PACK	29	ERGOMAR SUBL	60	estradiol vaginal CREA	86
EPCLUSA TABS	29	ergotamine w/ caffeine TABS	60	estradiol vaginal TABS	86
EPIDIOLEX	12	ERIVEDGE	24	estradiol valerate	49
		ERLEADA	24	ESTRING RING 7.5 MCG/24HR ..	86
				ESTROVEN MENOPAUSE SUPPLEMENT TABS	67
				eszopiclone	53
				ethacrynic acid	46

ethambutol hcl TABS	23	55	MCG/HR, 37.5 MCG/HR, 50
ethosuximide CAPS	14	FARXIGA (dapagliflozin propanediol)	MCG/HR, 62.5 MCG/HR, 75
ethosuximide SOLN	14		MCG/HR, 87.5 MCG/HR, 100
ethynodiol diacet & eth estrad	36	FASENRA PEN SOAJ	MCG/HR6
etodolac CAPS	3	FASENRA SOSY 10 MG/0.5ML	ferric citrate
etodolac TABS	3	FASENRA SOSY 30 MG/ML	50
etodolac TB24	3	FC2 FEMALE CONDOM	FERRIPROX SOLN
etonogestrel-ethinyl estradiol	37	febuxostat 40 MG	18
etoposide CAPS	26	febuxostat 80 MG	fesoterodine fumarate
etravirine	28	FEIBA 500 UNIT, 1000 UNIT	86
EUCRISA	45	felbamate SUSP	FETZIMA CP24 20 MG
EULEXIN	24	felbamate TABS	15
EVAMIST SOLN	49	felodipine 10 MG	FETZIMA CP24 40 MG, 80 MG, 120
everolimus (immunosuppressant) .	62	felodipine 2.5 MG, 5 MG	MG
everolimus TABS	25	FEMCAP DEVI	15
everolimus TBSO	25	FEMRING	FETZIMA TITRATION C4PK
EVOTAZ	28	fenofibrate CAPS	15
EVRYSDI	75	fenofibrate micronized 130 MG, 200	fidaxomicin TABS 200 MG
exemestane	24	MG	55
EYE HEALTH + LUTEIN TABS	67	fenofibrate micronized 43 MG, 67	FINACEA FOAM
EYE MULTIVITAMIN/SODIUM TABS	67	MG, 134 MG	45
.....	67	fenofibrate TABS 145 MG, 160 MG	finasteride
ezetimibe	20	20	51
ezetimibe-simvastatin	19	fenofibrate TABS 48 MG	FINAZOL TABS
FABIOR FOAM	40	fenofibrate TABS 54 MG	67
famciclovir	30	fenofibric acid	80
famotidine SUSR	84	fenoprofen calcium CAPS 400 MG .	23
famotidine TABS 40 MG	85	5	FIRST-MOUTHWASH BLM
FANTASY LUBRICATED MISC ...	55	fentanyl citrate LPOP 1600 MCG ...	62
FANTASY		fentanyl citrate LPOP 200 MCG, 400	FIRST-PROGESTERONE VGS
LUBRICATED/SPERMICIDE MISC		MCG, 600 MCG, 800 MCG, 1200	SUPP
		MCG	86
		fentanyl PT72 12 MCG/HR, 25	FITNESS TABS FOR MEN AM/PM
			TABS
			67
			FITNESS TABS FOR WOMEN
			AM/PM TABS
			67
			FLAREX
			76
			flavoxate hcl
			86
			flecainide acetate
			9
			FLEXICHAMBER DEVI
			59
			FLORAFOL PEDIATRIC CHEW ...
			71
			FLORAFOL PEDIATRIC SOLN ...
			71
			FLORIVA 0.25 MG
			71
			FLORIVA PLUS SOLN
			71

FLORRAVITE TABS	67	fluphenazine hcl TABS	28	fluvoxamine maleate CP24 150 MG	14
FLORRAXYL TABS	67	flurandrenolide CREA	43	fluvoxamine maleate TABS 100 MG .	14
FLOTREX CHEW 0.25 MG, 0.5 MG, 1 MG	71	flurazepam hcl	53	fluvoxamine maleate TABS 25 MG,	14
fluconazole SUSR	18	flurbiprofen sodium	77	50 MG	14
fluconazole TABS	18	flurbiprofen TABS	3	FML FORTE SUSP	76
flucytosine	18	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	10	FOLAMAX TABS	67
fludrocortisone acetate TABS	38	fluticasone furoate-vilanterol	10	FOLAPRIME TABS	67
fluocinolone acetonide (otic)	78	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	10	folic acid TABS 1 MG	52
fluocinolone acetonide CREA	43	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	10	folic acid TABS 400 MCG, 800 MCG .	52
fluocinolone acetonide OIL	43	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	10	FOLIFLEX TABS	67
fluocinolone acetonide OINT	43	fluticasone propionate (nasal) SUSP .	74	FOLITIN-Z TABS	67
fluocinolone acetonide SOLN	43	fluticasone propionate CREA 0.05 %	43	FOLIVANE-F	52
fluocinonide CREA	43	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	10	FOLIVANE-OB	72
fluocinonide emulsified base	43	fluticasone propionate hfa 44 MCG/ACT	10	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	47
fluocinonide GEL	43	fluticasone propionate LOTN	43	fondaparinux sodium 2.5 MG/0.5ML .	11
fluocinonide OINT	43	fluticasone propionate OINT	43	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	11
fluocinonide SOLN	43	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	10	formaldehyde SOLN 10 %	28
fluorometholone (ophth) SUSP	76	fluticasone-salmeterol AERO	10	formoterol fumarate NEBU	10
fluorouracil (topical) CREA 0.5 % ..	41	fluvastatin sodium CAPS	20	fosamprenavir calcium TABS	28
fluorouracil (topical) CREA 5 % ...	41	fluvastatin sodium TB24	20	fosfomycin tromethamine	22
fluorouracil (topical) SOLN	41	fluvoxamine maleate CP24 100 MG	14	fosinopril sodium & hydrochlorothiazide	21
fluoxetine hcl (pmdd) TABS	80			fosinopril sodium	20
fluoxetine hcl CAPS 10 MG, 20 MG	14			FOSRENOL PACK	50
fluoxetine hcl CAPS 40 MG	14			FRAGMIN SOLN 95000 UNIT/3.8ML	11
fluoxetine hcl CPDR	14				
fluoxetine hcl SOLN	14				
fluoxetine hcl TABS 10 MG	14				
fluoxetine hcl TABS 20 MG, 60 MG	14				

FRAGMIN SOSY 2500 UNIT/0.2ML 11	furosemide SOLN PO 8 MG/ML, 10 MG/ML 46	glatiramer acetate SOSY 40 MG/ML . 80
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..11	furosemide TABS 46 FUZEON SOLR 28 FYCOMPA SUSP 12	GLEOSTINE 10 MG, 40 MG, 100 MG 23 glimepiride 1 MG, 2 MG, 4 MG 17
FREEDAVITE TABS 67	FYCOMPA TABS 2 MG 12	glipizide TABS 17
FREESTYLE FREEDOM LITE KIT 57	FYCOMPA TABS 4 MG 12 FYCOMPA TABS 6 MG 12	glipizide TB24 17 glipizide-metformin hcl 15
FREESTYLE INSULINX TEST STRP 45	FYCOMPA TABS 8 MG, 10 MG, 12 MG 12	GLOBAL EASY GLIDE INSULIN SYR 58
FREESTYLE LITE KIT 57	gabapentin CAPS 12	glucagon (rdna) 16
FREESTYLE LITE TEST STRP ... 45	gabapentin SOLN 12	glutamine (sickle cell) 52
FREESTYLE PRECISION NEO SYSTEM KIT 57	gabapentin TABS 600 MG, 800 MG 12	glyburide micronized 1.5 MG, 3 MG, 6 MG 17
FREESTYLE PRECISION NEO TEST STRP 45	GALAFOLD 48	glyburide TABS 17
FREESTYLE TEST STRP 45	galantamine hydrobromide CP24 ..79	glyburide-metformin 15
frovatriptan succinate 61	galantamine hydrobromide SOLN .79	GLYCATATE TABS 84
FT CENTURY 50+ TABS 67	galantamine hydrobromide TABS .79	glycopyrrolate SOLN PO 1 MG/5ML . 84
FT CENTURY ADULTS TABS 68	GALZIN 62	glycopyrrolate TABS 1 MG, 2 MG .84
FT CENTURY MEN 50+ TABS 68	gatifloxacin (ophth) 76	GLYCOPYRROLATE TABS 84
FT CENTURY MEN TABS 68	GATTEX 50	GLYXAMBI 15
FT CENTURY WOMEN 50+ TABS 68	gefitinib 24	GNP CENTURY ADULT TABS 68
FT CENTURY WOMEN TABS 68	gemfibrozil TABS 20	GNP CENTURY ADULTS MEN TABS 68
FT EYE HEALTH TABS 68	gentamicin sulfate (ophth) SOLN ..76	GNP CENTURY ADULTS WOMEN TABS 68
FT HAIR SKIN & NAILS EXTRA STR TABS 68	gentamicin sulfate (topical) CREA .40	GNP CENTURY MATURE ADULTS 50+ TABS 68
FT ONE DAILY MENS 50+ TABS .68	gentamicin sulfate (topical) OINT .40	GNP THERAPEUTIC-M TABS 68
FT ONE DAILY MENS TABS 68	GENVOYA 28	GONAL-F RFF REDIJECT SOPN 300 UNT/0.48ML, 450 UNT/0.72ML 47
FT ONE DAILY WOMENS 50+ TABS 68	GERI-FREEDA SENIOR FORMULA TABS 68	
FT ONE DAILY WOMENS TABS ..68	GILOTRIF 24	
	glatiramer acetate SOSY 20 MG/ML . 80	

GONAL-F SOLR IJ 450 UNIT47	HUMALOG JUNIOR KWIKPEN SOPN16	HUMULIN 70/30 KWIKPEN SUPN 16
granisetron hcl TABS18	HUMALOG KWIKPEN SOPN 100 UNIT/ML16	HUMULIN 70/30 SUSP17
griseofulvin microsize SUSP18	HUMALOG KWIKPEN SOPN 200 UNIT/ML16	HUMULIN N KWIKPEN SUPN17
griseofulvin microsize TABS18		HUMULIN N SUSP17
griseofulvin ultramicrosize18		HUMULIN R SOLN IJ17
guaifenesin-codeine SOLN38	HUMALOG MIX 50/50 KWIKPEN SUPN16	HUMULIN R U-500 (CONCENTRATED) SOLN SC17
guanfacine hcl (adhd)1	HUMALOG MIX 50/50 SUSP16	HUMULIN R U-500 KWIKPEN SOPN SC17
guanfacine hcl21	HUMALOG MIX 75/25 KWIKPEN SUPN16	HYCANTIN CAPS26
HADLIMA PUSHTOUCH SOAJ2	HUMALOG MIX 75/25 SUSP16	hydralazine hcl TABS22
HADLIMA SOSY2	HUMALOG SOCT16	hydrochlorothiazide CAPS47
HAEGARDA SOLR SC51	HUMALOG SOLN IJ16	hydrochlorothiazide TABS47
HAIR SKIN & NAILS ADVANCED TABS68	HUMATIN2	hydrocodone bitartrate CP126
HAIR SKIN & NAILS TABS68	HUMATROPE CART IJ47	hydrocodone bitartrate-homatropine methylbromide SOLN38
halobetasol propionate CREA43	HUMIRA (2 PEN) AJKT 80 MG/0.8ML2	hydrocodone bitartrate-homatropine methylbromide TABS38
halobetasol propionate OINT43	HUMIRA (2 PEN) AJKT2	hydrocodone polistirex- chlorpheniramine polistirex SUER .38
haloperidol lactate CONC27	HUMIRA (2 SYRINGE) PSKT2	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML7
haloperidol TABS27	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML2	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG7
HEAD CARE PROACTIVE HEALTH TABS68	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML2	hydrocodone-acetaminophen TABS 300 MG-7.5 MG7
HELIDAC THERAPY85	HUMIRA-PED<40KG CROHNS STARTER PSKT2	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7
HEMANGEOL SOLN PO30	HUMIRA-PED>=40KG CROHNS START PSKT3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 7
HEMLIBRA 12 MG/0.4ML51	HUMIRA-PED>=40KG UC STARTER AJKT3	hydrocortisone (intrarectal)8
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML51	HUMIRA-PS/UV/ADOL HS STARTER AJKT3	
HIGH POT MULTIVITAMIN/BETA- CAR TABS68	HUMIRA-PSORIASIS/UEIT STARTER AJKT3	
HIGH POTENCY MULTIVIT/FA TABS68		
HM COMPLETE MEN TABS68		
HM HAIR/SKIN/NAI LS TABS68		

hydrocortisone (rectal) EX 2.5 % ... 8	84	indomethacin CPR	3
hydrocortisone (topical) CREA 2.5 % 43	hyoscyamine sulfate TBP 0.125 MG84	indomethacin SUPP	3
hydrocortisone (topical) LOTN 2 %, 2.5 %43	ibandronate sodium TABS47	indomethacin SUSP	3
hydrocortisone (topical) OINT 2.5 % . 43	IBRANCE CAPS25	INGREZZA CAPS 40 MG, 80 MG .79	
hydrocortisone (topical) SOLN 2.5 % 44	IBRANCE TABS25	INGREZZA CAPS 60 MG79	
hydrocortisone butyrate CREA 44	ibuprofen TABS 400 MG, 600 MG, 800 MG3	INGREZZA CPPK79	
hydrocortisone butyrate hydrophilic lipo base44	ICAPS AREDS FORMULA TABS .68	INGREZZA CPSP79	
hydrocortisone butyrate OINT 44	ICLUSIG25	INLYTA23	
hydrocortisone butyrate SOLN 44	icosapent ethyl 19	INNOPRAN XL30	
hydrocortisone TABS38	IDHIFA25	INQOVI24	
hydrocortisone valerate CREA 44	ILEVRO77	INREBIC25	
hydrocortisone valerate OINT 44	imatinib mesylate TABS 100 MG ..25	INSPIREASE MISC59	
hydrocortisone w/acetic acid78	imatinib mesylate TABS 400 MG ..25	INSULIN LISPRO PROT & LISPRO SUPN17	
hydromorphone hcl LIQD 6	IMBRUVICA CAPS 140 MG25	INTEGRA F52	
hydromorphone hcl TABS6	IMBRUVICA CAPS 70 MG 25	INTELENCE 25 MG28	
hydromorphone hcl TB24 32 MG ... 6	IMBRUVICA SUSP 25	iodoquinol-hydrocortisone in aloe vehicle40	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG6	IMBRUVICA TABS25	IOPIDINE75	
hydroxychloroquine sulfate 200 MG 23	imipramine hcl TABS 10 MG, 25 MG . 15	ipratropium bromide (nasal)74	
hydroxyurea26	imipramine hcl TABS 50 MG15	ipratropium bromide SOLN 0.02 % . 9	
hydroxyzine hcl SYRP8	imipramine pamoate15	ipratropium-albuterol SOLN10	
hydroxyzine hcl TABS8	imiquimod 5 %44	irbesartan21	
hydroxyzine pamoate CAPS8	INBRIJA CAPS26	irbesartan-hydrochlorothiazide21	
HYLAZINC TABS68	INCRELEX47	IRON FOLATE-F52	
hyoscyamine sulfate SUBL 0.125 MG84	INCRUSE ELLIPTA9	ISENTRESS CHEW29	
hyoscyamine sulfate TABS 0.125 MG	indapamide TABS 1.25 MG, 2.5 MG . 47	ISENTRESS HD TABS29	
	INDERAL XL30	ISENTRESS PACK29	
	indomethacin CAPS 25 MG, 50 MG 3	ISENTRESS TABS29	
		isoniazid SYRP23	
		isoniazid TABS23	

ISOPTO ATROPINE SOLN75	KALYDECO TABS82	KISQALI (600 MG DOSE)25
isosorbide dinitrate TABS8	KAMELEON LUBRICATED MISC .55	KISQALI FEMARA (200 MG DOSE) .24
isosorbide dinitrate-hydralazine hcl 31	ketoconazole (topical) CREA40	KISQALI FEMARA (400 MG DOSE) .24
isosorbide mononitrate TABS8	ketoconazole (topical) FOAM40	KISQALI FEMARA (600 MG DOSE) .24
ISOSORBIDE MONONITRATE TABS8	ketoconazole (topical) SHAM 2 % .40	
isosorbide mononitrate TB248	ketoconazole18	
isotretinoin40	KETONE TEST STRP45	KLARITY-A76
isradipine CAPS31	ketoprofen CP243	KLOXXADO LIQD18
itraconazole CAPS18	ketorolac tromethamine (ophth) ...77	KOSELUGO25
itraconazole SOLN18	ketorolac tromethamine TABS3	KOVALTRY 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT51
ivabradine hcl TABS32	KETOSTIX STRP45	K-PAX IMMUNE PROFESSIONAL ST TABS68
ivermectin (rosacea)45	KEVZARA SOAJ3	K-PHOS NO 250
ivermectin8	KEVZARA SOSY3	K-Y ME & YOU EXTRA LUBRICATED DEVI56
JAKAFI25	KEYFOLIC TABS68	K-Y ME & YOU INTENSE DEVI ...56
JANUMET TABS15	KEYLOSA TABS68	labetalol hcl TABS 100 MG, 200 MG, 300 MG30
JANUMET XR TB24 1000 MG-100 MG15	KIMONO COLORS DEVI55	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML12
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG15	KIMONO MAXX-LARGE FLARE MISC55	lacosamide TABS12
JANUVIA16	KIMONO MICRO THIN MISC55	lactic acid (ammonium lactate) CREA44
JARDIANCE17	KIMONO MICRO THIN PLUS MISC .55	lactulose (encephalopathy)50
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT51	KIMONO MISC56	lactulose SOLN54
JOINT HEALTH & BONE STRENGTH TABS68	KIMONO PLUS MISC55	LAGEVRIO30
JULUCA29	KIMONO PS MISC55	LAMICTAL XR KIT12
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG20	KIMONO PS PLUS MISC55	lamivudine (hbv) TABS29
KALETRA SOLN29	KIMONO SENSATION MISC55	lamivudine SOLN29
KALYDECO PACK82	KIMONO SENSATION PLUS MISC 55	lamivudine TABS29
	KIMONO SPECIAL DEVI55	lamivudine-zidovudine29
	KISQALI (200 MG DOSE)25	
	KISQALI (400 MG DOSE)25	

lisdexamphetamine dimesylate CHEW . 1	loteprednol etabonate SUSP 0.2 % 76	MAVYRET TABS 29
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 21	loteprednol etabonate SUSP 0.5 % 76	MAXIDEX SUSP OP76
lisinopril & hydrochlorothiazide 25 MG-20 MG 21	lovastatin TABS 10 MG, 20 MG ... 20	MAXX MISC56
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG 20	lovastatin TABS 40 MG20	MAXX PLUS MISC56
lisinopril TABS 40 MG 20	loxapine succinate27	meclofenamate sodium CAPS3
lithium 27	lubiprostone 49	MEDI TAB TABS68
lithium carbonate CAPS 150 MG, 600 MG 27	LUMAKRAS 120 MG, 240 MG 25	MEDROL TABS38
lithium carbonate CAPS 300 MG ..27	LUMAKRAS 320 MG25	medroxyprogesterone acetate 10 MG78
lithium carbonate TABS 27	LUMIGAN SOLN 0.01 %77	medroxyprogesterone acetate 2.5 MG, 5 MG78
lithium carbonate TBCR 27	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG24	mefenamic acid CAPS 3
LITHOSTAT 51	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG 24	mefloquine hcl23
LIVER DETOX TABS68	LUPRON DEPOT (3-MONTH) KIT IM24	MEGA MULTI FOR WOMEN TABS 68
LO LOESTRIN FE TABS 36	LUPRON DEPOT-PED (1-MONTH) 11.25 MG, 15 MG47	MEGA MULTI MEN TABS68
LOCOID LIPOCREAM 44	LUPRON DEPOT-PED (1-MONTH) 7.5 MG 47	MEGAVITE FRUITS & VEGGIES TABS68
lofexidine hcl78	LUPRON DEPOT-PED (3-MONTH) . 48	MEGAVITE GOLDEN YEARS 55+ TABS68
LOKELMA62	lurasidone hcl27	megestrol acetate (appetite) 78
LONSURF24	LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG68	megestrol acetate SUSP 24
lopinavir-ritonavir SOLN 29	LYNPARZA TABS 25	megestrol acetate TABS24
lopinavir-ritonavir TABS29	LYSODREN 24	MEKINIST TABS25
lorazepam CONC 9	malathion45	MEKTOVI 25
lorazepam TABS9	maraviroc TABS29	meloxicam SUSP3
LORBRENA25	MARPLAN14	meloxicam TABS 15 MG3
losartan potassium & hydrochlorothiazide 21	MATULANE 26	meloxicam TABS 7.5 MG 3
losartan potassium21		melphalan 23
LOTEMAX OINT76		memantine hcl CP2479
loteprednol etabonate GEL 76		memantine hcl SOLN79
		memantine hcl TABS 10 MG 79

memantine hcl TABS 5 MG79	methadone hcl SOLN PO6	methylphenidate hcl TBCR 10 MG ..1
memantine hcl TABS 79	methadone hcl TABS6	methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG 1
MENEST 2.5 MG49	methamphetamine hcl1	methylphenidate hcl TBCR 54 MG ..1
MENOPUR SC47	methazolamide TABS46	methylphenidate PTCH 1
MENOSTAR PTWK49	methenamine hippurate22	methylprednisolone TABS38
MENS 50+ MULTIVITAMIN TABS .68	methenamine mandelate22	methylprednisolone TBPK38
MENS MULTI HEALTH FORMULA TABS68	methimazole TABS 83	methyltestosterone CAPS7
MENS MULTIVITAMIN TABS 68	methocarbamol TABS 500 MG, 750 MG 74	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 49
meperidine hcl SOLN PO 50 MG/5ML 6	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 23	metoclopramide hcl TABS49
meperidine hcl TABS 50 MG6	methotrexate sodium TABS 2.5 MG 23	metoclopramide hcl TBDP49
meprobamate8	methoxsalen rapid42	metolazone47
mercaptopurine SUSP 2000 MG/100ML23	methscopolamine bromide84	METOPIRONE45
mercaptopurine TABS23	methsuximide14	metoprolol & hydrochlorothiazide TABS21
mesalamine CP2449	methyldopa TABS21	metoprolol succinate TB24 30
mesalamine CPCR49	methylergonovine maleate TABS ..78	metoprolol tartrate TABS 30
mesalamine CPDR49	methylphenidate hcl CHEW1	metronidazole (topical) CREA45
mesalamine ENEM 50	methylphenidate hcl CP24 60 MG ..1	metronidazole (topical) GEL 0.75 % 45
mesalamine SUPP50	methylphenidate hcl CP24 1	metronidazole (topical) GEL 1 % ..45
mesalamine TBEC 1.2 GM 50	methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG1	metronidazole (topical) LOTN 45
mesalamine TBEC 800 MG50	methylphenidate hcl CPCR 20 MG, 30 MG 1	metronidazole CAPS22
mesna TABS26	methylphenidate hcl SOLN1	metronidazole TABS 250 MG, 500 MG 22
MESNEX TABS26	methylphenidate hcl TABS 20 MG ..1	metronidazole vaginal86
metaxalone 800 MG 73	methylphenidate hcl TABS 5 MG, 10 MG1	mexiletine hcl9
metformin hcl SOLN 16	methylphenidate hcl TABS 18 MG, 27 MG, 54 MG1	MICROCHAMBER DEVI59
metformin hcl TABS 500 MG, 850 MG, 1000 MG16	methylphenidate hcl TB24 36 MG ...1	MICROCHAMBER MISC59
metformin hcl TB24 500 MG, 750 MG16		MICROSPACER MISC 59
methadone hcl CONC6		midazolam hcl SYRP 53

midodrine hcl	86	morphine sulfate TBCR	6	MYLERAN TABS	23
mifepristone	48	MOVANTIK	50	MYTESI	17
miglitol	15	moxifloxacin hcl (ophth) SOLN OP	76	nabumetone 500 MG	3
minocycline hcl CAPS	83	moxifloxacin hcl TABS	49	nabumetone 750 MG	3
minocycline hcl CP24	83	MULPLETA	52	nadolol TABS 20 MG, 40 MG, 80 MG	30
minocycline hcl TABS	83	multiple vitamins w/ minerals TABS	68	naftifine hcl CREA	40
minoxidil 2.5 MG, 10 MG	22	MULTITOL-M TABS	68	naftifine hcl GEL 2 %	40
mirtazapine TABS	14	MULTIVITAMIN ADULT (MINERALS)	68	NAFTIN GEL 1 %	40
mirtazapine TBDP	14	TABS	68	naloxone hcl LIQD	18
misoprostol	85	MULTIVITAMIN HEALTH		naltrexone hcl	18
M-NATAL PLUS TABS	72	FORM/CA/FE TABS	68	NAMZARIC C4PK	79
modafinil	1	MULTIVITAMIN MEN TABS	69	naproxen sodium TABS 275 MG, 550	3
moexipril hcl	20	MULTI-VITAMIN MONOCAPS TABS	69	MG	3
MOLNUPIRAVIR (MOLNUPIRAVIR		MULTIVITAMIN WOMEN TABS ..	69	naproxen SUSP	3
CAPS 200 MG)	29	MULTIVITAMIN/FLUORIDE CHEW	71	naproxen TABS	3
mometasone furoate (nasal) SUSP		71		naratriptan hcl	61
74		MULTIVITAMIN/FLUORIDE SOLN	71	NATACHEW CHEW 120 MG-10 MG-	
mometasone furoate CREA	44	71		20 UNIT-1 MG-400 UNIT-12 MCG-3	
mometasone furoate OINT	44	MULTIVITAMIN/FLUORIDE SUSP		MG-20 MG-2 MG-2700 UNIT-28 MG	
mometasone furoate SOLN	44	0.25 MG/ML	71	72	
montelukast sodium CHEW	9	MULTIVITAMIN/ZINC STRESS		NATACYN	76
montelukast sodium PACK	9	TABS	69	NATAZIA	36
montelukast sodium TABS	9	MULTIVITAMIN-MINERALS TABS	69	nateglinide	17
morphine sulfate beads	6	69		NAT-RUL THERAVITE-M TABS ..	69
morphine sulfate CP24 10 MG, 20		MULTI-VIT-FLOR CHEW	71	NATRUL-VITES TABS	69
MG, 30 MG, 50 MG, 60 MG, 80 MG,		mupirocin OINT	40	NAYZILAM	12
100 MG	6	MYALEPT	48	nebivolol hcl	30
morphine sulfate SOLN PO 10		mycophenolate mofetil CAPS	62	NEBUSAL NEBU	39
MG/5ML, 20 MG/5ML, 20 MG/ML,		mycophenolate mofetil SUSR	62	NEEVO DHA 85 MG-25 MG-15 MG-	
100 MG/5ML	6	mycophenolate mofetil TABS	62	5 MCG-1.4 MG-18 MG-27 MG-110	
morphine sulfate SUPP	6	mycophenolate sodium	62	MG-1.4 MG-60 MG-220 MCG-60	
morphine sulfate TABS	6			MCG-1 MG-1.13 MG	72

nefazodone hcl	14	nicardipine hcl CAPS	31	NIVA THYROID TABS	84
neomycin sulfate TABS	2	NICAZEL FORTE TABS	69	NIVA-PLUS TABS	72
neomycin-bacitracin zn-polymyxin	76	NICAZEL TABS	69	nizatidine CAPS	85
neomycin-polymy-dexameth OINT	76	NICOTINE KIT	82	NO IRON MULT VITAMIN- MINERALS TABS	69
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	76	nicotine polacrilex GUM	82	NORDITROPIN FLEXPPO SOPN	47
neomycin-polymyxin-gramicidin ...	76	nicotine polacrilex LOZG	82	norelgestromin-ethinyl estradiol ...	37
neomycin-polymyxin-hc (ophth) ...	76	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	82	norethin acet & estrad-fe CAPS ...	36
neomycin-polymyxin-hc (otic) SOLN . 78		NICOTROL INHA	82	norethin acet & estrad-fe CHEW ..	36
neomycin-polymyxin-hc (otic) SUSP . 78		NICOTROL NS SOLN	82	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	36
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	72	nifedipine CAPS	31	norethindrone & ethinyl estradiol-fe 36	
NEONATAL PLUS TABS	72	nifedipine TB24	31	norethindrone (contraceptive)	37
NEO-SYNALAR	40	nilotinib hcl 50 MG, 150 MG, 200 MG	25	norethindrone acet & eth estra TABS 37	
NEOVITE TABS	69	nilutamide	24	norethindrone acetate TABS	78
NERLYNX	25	nimodipine CAPS	31	norethindrone acetate-ethinyl estradiol	49
NESTABS	72	nimodipine SOLN	31	norethindrone acetate-ethinyl estradiol-fe	37
NESTABS DHA	72	NINLARO	25	norgestimate-ethinyl estradiol (triphasic)	37
NESTABS ONE	72	nisoldipine	31	norgestimate-ethinyl estradiol	37
NEUPRO	26	nitazoxanide TABS	22	NORPACE CR CP12	9
NEVANAC	77	nitisinone CAPS	48	nortriptyline hcl CAPS	15
nevirapine TABS	29	NITRO-BID OINT	8	nortriptyline hcl SOLN	15
nevirapine TB24 400 MG	29	NITRO-DUR PT24	8	NORVIR CAPS	29
NEXTSTELLIS	36	nitrofurantoin	22	NORVIR PACK	29
niacin (antihyperlipidemic) TABS ..	20	nitrofurantoin macrocrystal	22	NOVAREL IM	47
niacin (antihyperlipidemic) TBCR ..	20	nitrofurantoin monohyd macro	22	NOVOEIGHT 250 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	
NICADAN TABS	69	nitroglycerin (intra-anal)	8		
		nitroglycerin PT24	8		
		nitroglycerin SOLN TL 0.4 MG/SPRAY	8		
		nitroglycerin SUBL	8		

51	ODEFSEY	29	ondansetron hcl TABS 4 MG, 8 MG	18	
NP THYROID TABS	84	ODOMZO	24	ondansetron TBDP 4 MG, 8 MG	18
NUBEQA	24	OFEV	83	ONE A DAY ENERGY TABS	69
NUCALA SOAJ	9	ofloxacin (ophth)	76	ONE A DAY MEN 50 PLUS TABS	69
NUCALA SOLR	9	ofloxacin (otic)	77	ONE A DAY TRIPLE IMMUNE	
NUCALA SOSY	9	ofloxacin 300 MG	49	SUPPRT TABS	69
NUEDEXTA	80	ofloxacin 400 MG	49	ONE A DAY WOMEN 50 PLUS	
NUPLAZID CAPS	27	olanzapine TABS 15 MG, 20 MG	27	TABS	69
NUPLAZID TABS 10 MG	27	olanzapine TABS 2.5 MG, 5 MG, 7.5		ONE DAILY MEN FORMULA W/O	
NUTRALYN TABS	69	MG, 10 MG	27	IRON TABS	69
NUTRICAP TABS	69	olanzapine TBDP	27	ONE DAILY MENS 50+ MULTIVIT	
NUWIQ KIT	51	olanzapine-fluoxetine hcl	79	TABS	69
NUWIQ SOLR 250 UNIT, 500 UNIT,		olmesartan medoxomil 40 MG	21	ONE DAILY MULTIVITAMIN	
1000 UNIT, 1500 UNIT, 2500 UNIT,		olmesartan medoxomil 5 MG, 20 MG		WOMEN TABS	69
3000 UNIT, 4000 UNIT	51	21		ONE DAILY WOMENS TABS	69
nystatin (mouth-throat)	62	olmesartan medoxomil-amlodipine-		ONE VITE WOMENS PLUS TABS	
nystatin (topical) CREA	40	hydrochlorothiazide	21	72	
nystatin (topical) OINT	41	olmesartan medoxomil-		ONE-A-DAY ENERGY TABS	69
nystatin (topical) POWD EX	41	hydrochlorothiazide 12.5 MG-20 MG		ONE-A-DAY MENOPAUSE	
nystatin TABS	18	21		FORMULA TABS	69
nystatin-triamcinolone CREA	41	olmesartan medoxomil-		ONE-A-DAY MENS (MINERALS)	
nystatin-triamcinolone OINT	41	hydrochlorothiazide 12.5 MG-40 MG,		TABS	69
NYVEPRIA	52	25 MG-40 MG	21	ONE-A-DAY MENS 50+	
OB COMPLETE ONE	72	olopatadine hcl (nasal)	74	ADVANTAGE TABS	69
OB COMPLETE PETITE	72	olopatadine hcl 0.1 %	77	ONE-A-DAY MENS 50+ TABS	69
OB COMPLETE/DHA	72	olopatadine hcl 0.2 %	77	ONE-A-DAY MENS HEALTH	
OBIZUR	51	omega-3-acid ethyl esters	19	FORMULA TABS	69
OALIVA	49	omeprazole CPDR 10 MG	85	ONE-A-DAY MENS PRO EDGE	
octreotide acetate SOLN	48	omeprazole CPDR 20 MG, 40 MG	85	TABS	69
octreotide acetate SOSY	48	omeprazole magnesium CPDR	85	ONE-A-DAY PROACTIVE 65+ TABS	
OCULAR VITAMINS TABS	69	ONCOVITE TABS	69		69
		ondansetron hcl SOLN PO 4		ONE-A-DAY TEEN	
		MG/5ML	18	ADVANTAGE/HIM TABS	69
				ONE-A-DAY WOMENS 50+ TABS	69

ONE-A-DAY WOMENS TABS69	OTEZLA TBPk4	325 MG-2.5 MG7
ONEVITE TABS69	OTREXUP SOAJ 10 MG/0.4ML, 12.5	oxycodone w/ acetaminophen TABS
ONUREG TABS23	MG/0.4ML, 15 MG/0.4ML, 17.5	325 MG-5 MG7
OPILL37	MG/0.4ML, 20 MG/0.4ML, 22.5	oxymorphone hcl TABS 10 MG6
OPSUMIT32	MG/0.4ML, 25 MG/0.4ML2	oxymorphone hcl TABS 5 MG6
OPTICHAMBER DIAMOND DEVI .59	OVACE PLUS LOTN42	oxymorphone hcl TB126
OPTICHAMBER DIAMOND MISC .60	OVIDREL SOSY47	OZEMPIC (0.25 OR 0.5 MG/DOSE)
OPTICHAMBER DIAMOND-LG	oxaprozin TABS3	SOPN16
MASK DEVI59	OXAYDO TABS 5 MG6	OZEMPIC (1 MG/DOSE) SOPN 4
OPTICHAMBER DIAMOND-MD	OXAYDO TABS 7.5 MG6	MG/3ML16
MASK MISC60	oxazepam CAPS 10 MG, 15 MG ...9	OZEMPIC (2 MG/DOSE) SOPN ...16
OPTICHAMBER DIAMOND-SM	oxazepam CAPS 30 MG9	paliperidone27
MASK MISC60	oxcarbazepine SUSP13	PALYNZIQ48
OPTIONS GYNOL II	oxcarbazepine TABS 150 MG13	PANCREAZE CPEP 149900 UNIT-
CONTRACEPTIVE GEL86	oxcarbazepine TABS 300 MG13	97300 UNIT-37000 UNIT, 15200
OPURITY TABS69	oxcarbazepine TABS 600 MG13	UNIT-8800 UNIT-2600 UNIT, 24600
ORAVIG62	oxcarbazepine TB24 150 MG, 300	UNIT-14200 UNIT-4200 UNIT, 61500
ORENITRAM MONTH 1 TEPK31	MG13	UNIT-35500 UNIT-10500 UNIT,
ORENITRAM MONTH 2 TEPK31	oxcarbazepine TB24 600 MG13	83900 UNIT-54700 UNIT-21000
ORENITRAM MONTH 3 TEPK31	oxiconazole nitrate CREA41	UNIT, 98400 UNIT-56800 UNIT-
ORENITRAM TBCR31	OXISTAT LOTN41	16800 UNIT46
ORFADIN SUSP48	oxybutynin chloride TABS 5 MG ..86	PANRETIN41
ORIAHNN49	oxybutynin chloride TB2486	pantoprazole sodium PACK85
ORKAMBI PACK 125 MG-100 MG,	oxycodone hcl CAPS6	pantoprazole sodium TBEC85
188 MG-150 MG82	oxycodone hcl CONC 100 MG/5ML 6	paricalcitol CAPS48
ORKAMBI PACK 94 MG-75 MG ..82	oxycodone hcl SOLN6	paroxetine hcl SUSP14
orphenadrine citrate TB1274	oxycodone hcl TABS 30 MG6	paroxetine hcl TABS14
oseltamivir phosphate CAPS30	oxycodone hcl TABS 5 MG, 10 MG,	paroxetine hcl TB2414
oseltamivir phosphate SUSR30	15 MG, 20 MG6	PARVLEX TABS69
OSPHERA47	oxycodone w/ acetaminophen TABS	PAXLOVID (150/100)29
OSTEOPRIME PLUS TABS69	325 MG-10 MG, 325 MG-7.5 MG ...7	PAXLOVID (300/100)29
OTEZLA TABS4	oxycodone w/ acetaminophen TABS	pazopanib hcl25
		ped multivitamins w/fl & iron SOLN
		71

pediatric multivitamins w/fl CHEW .71	phenytoin sodium extended 100 MG, 80	
peg 3350-kcl-nacl-na sulfate-na	200 MG, 300 MG13	PLEGRIDY STARTER PACK SOSY
ascorbate-ascorbic acid53	phenytoin SUSP 14	SC80
peg 3350-kcl-sod bicarb-sod	PHEXXI86	PNV 27-CA/FE/FA TABS72
chloride-sod sulfate SOLR 236 GM	PHYTOMULTI TABS69	PNV-DHA+DOCUSATE72
53	phytonadione TABS 5 MG87	PNV-OMEGA72
peg 3350-potassium chloride-sod	PIFELTRO29	POCKET CHAMBER DEVI60
bicarbonate-sod chloride53	pilocarpine hcl (oral) 5 MG63	POCKET SPACER DEVI60
PEGASYS SOLN29	pilocarpine hcl (oral) 7.5 MG63	PODOCON-25 SOLN44
PEG-PREP53	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	podofilox GEL44
penicillamine TABS62	75	podofilox SOLN44
penicillin v potassium SOLR78	pimecrolimus44	POLY HUB NEEDLE58
penicillin v potassium TABS78	pimozide80	polyethylene glycol 3350 POWD ..54
pentamidine isethionate IN22	pindolol TABS30	polymyxin b-trimethoprim76
pentazocine w/ naloxone hcl7	pioglitazone hcl 15 MG17	POLY-VI-FLOR CHEW71
pentoxifylline51	pioglitazone hcl 30 MG, 45 MG17	POLY-VI-FLOR SUSP71
perampanel TABS 2 MG12	pioglitazone hcl-glimepiride15	POLY-VI-FLOR/IRON SUSP71
perampanel TABS 4 MG12	pioglitazone hcl-metformin hcl TABS .	POMALYST24
perampanel TABS 6 MG12	15	posaconazole SUSP18
perampanel TABS 8 MG, 10 MG, 12	PIQRAY (200 MG DAILY DOSE) .25	posaconazole TBEC18
MG12	PIQRAY (250 MG DAILY DOSE) .25	pot & sod citrates w/citric ac SOLN
perindopril erbumine20	PIQRAY (300 MG DAILY DOSE) .25	50
permethrin CREA45	pirfenidone CAPS83	pot phosphate monobasic w/ sod
perphenazine TABS28	pirfenidone TABS83	phosphate dibasic & monobasic ..61
perphenazine-amitriptyline79	piroxicam CAPS 10 MG3	potassium chloride CPCR62
phenelzine sulfate14	piroxicam CAPS 20 MG3	potassium chloride
phenobarbital ELIX53	pitavastatin calcium20	microencapsulated crystals er 10
phenobarbital TABS53	PLEGRIDY SOAJ80	MEQ, 20 MEQ62
phenoxybenzamine hcl20	PLEGRIDY SOSY IM80	potassium chloride PACK PO 20
phenylephrine hcl (mydriatic) SOLN	PLEGRIDY SOSY SC80	MEQ62
75	PLEGRIDY STARTER PACK SOAJ .	potassium chloride SOLN PO 10 %,
phenytoin CHEW14		20 %, 10 %62

potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	62	PHOSPHATE	76	PRENATAL 19 TABS	72
potassium citrate (alkalinizer) TBCR . 50		prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 38		PRENATAL PLUS TABS	72
potassium citrate-citric acid SOLN .51		prednisolone sodium phosphate TBDP	38	PRENATAL PLUS VITAMIN/MINERAL TABS	72
potassium iodide (expectorant) SOLN	38	prednisolone TABS	38	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	72
PRALUENT SOAJ	20	PREDNISOLONE-MOXIFLOXACIN SOLN	76	PRENATAL-U CAPS	72
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	27	PREDNISONE INTENSOL CONC	38	PRENATE	72
pramipexole dihydrochloride TABS 1 MG	26	prednisone SOLN	38	PRENATE AM	73
pramipexole dihydrochloride TABS 1.5 MG	27	prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG	38	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	73
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	27	prednisone TBPk	38	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 ..	73
pramipexole dihydrochloride TB24 3 MG	27	pregabalin CAPS 225 MG, 300 MG 13		PRENATE ENHANCE	73
PRAMOSONE LOTN	44	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	13	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	73
PRAMOSONE OINT	44	pregabalin SOLN	13	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 ..	73
prasugrel hcl	52	PREGNYL IM	47	PRENATE PIXIE	73
pravastatin sodium 10 MG, 20 MG, 80 MG	20	PREMARIN	86	PRENATE RESTORE	73
pravastatin sodium 40 MG	20	PREMARIN TABS	49	PRENATRIX TABS	73
praziquantel	8	PREMESISRX	72	PRENATRYL TABS	73
prazosin hcl CAPS	21	PREMIUM SCAR	45	PRESERVISION AREDS TABS ...	69
PRECISION XTRA BLOOD GLUCOSE STRP	46	PREMPHASE	49	PREV-RX TABS	69
PRECISION XTRA KETONE	46	PREMPRO	49		
PRED MILD	76	PRENA 1 TRUE	72		
prednisolone acetate (ophth)	76	PRENA1	72		
PREDNISOLONE SODIUM		PRENA1 PEARL	72		
		PRENAISSANCE	72		
		PRENAISSANCE PLUS CAPS ...	72		
		PRENATAL 19 CHEW	72		

PREZCOBIX	29	38	MCG/ACT	10
PREZISTA SUSP	29	promethazine hcl SOLN PO 6.25	PULMOZYME	83
PREZISTA TABS 75 MG, 150 MG	29	MG/5ML, 12.5 MG/10ML	PURE COMFORT SPACER	
PRIFTIN	23	promethazine hcl SUPP 12.5 MG, 25	CHAMBER DEVI	60
PRILOSEC PACK	85	MG	pyrazinamide	23
primaquine phosphate TABS	23	promethazine hcl TABS 12.5 MG ..	pyridostigmine bromide SOLN PO	23
primidone 50 MG, 250 MG	13	promethazine hcl TABS 25 MG	pyridostigmine bromide TABS 60 MG	
PRO COMFORT SPACER ADULT		promethazine hcl TABS 50 MG		23
MISC	60	promethazine w/codeine SOLN	pyridostigmine bromide TBCR	23
PRO COMFORT SPACER CHILD		promethazine w/codeine SYRP	QBRELIS SOLN	20
MISC	60	promethazine-dm SYRP	QC MULTI-VITE TABS	69
PRO COMFORT SPACER INFANT		propafenone hcl CP12	QINLOCK	25
DEVI	60	propafenone hcl TABS 150 MG	quetiapine fumarate TABS 200 MG	
PROAIR RESPICLICK AEPB	11	propafenone hcl TABS 225 MG, 300	27	
probenecid	51	MG	quetiapine fumarate TABS 25 MG, 50	
PRO-CAL TABS	69	proparacaine hcl	MG, 100 MG, 150 MG	28
PROCARE SPACER/ADULT MASK		propranolol hcl CP24	quetiapine fumarate TABS 300 MG,	
DEVI	60	propranolol hcl SOLN PO 20	400 MG	27
PROCARE SPACER/CHILD MASK		MG/5ML, 40 MG/5ML	quetiapine fumarate TB24	28
DEVI	60	propranolol hcl TABS	QUFLORA FE PEDIATRIC LIQD ..	71
PROCERV HP TABS	69	propylthiouracil	QUFLORA PEDIATRIC CHEW	71
PROCHAMBER VHC DEVI	60	PRO-RED AC SYRP 9 MG/5ML-5	QUFLORA PEDIATRIC SOLN	71
prochlorperazine	28	MG/5ML-1 MG/5ML	QUILLICHEW ER CHER 20 MG, 40	
prochlorperazine maleate TABS	28	PRORENAL + D TABS	MG	1
PROCTOFOAM HC FOAM EX	8	protriptyline hcl	QUILLICHEW ER CHER 30 MG	1
PROCYSBI CPDR	51	PROVIDA OB	QUILLIVANT XR SRER	1
PROFOLA TABS	69	PROVIT TABS	QUIN B STRONG TABS	70
progesterone CAPS	78	pseudoephed-bromphen-dm SYRP	quinapril hcl	20
progesterone OIL	78	10 MG/5ML-30 MG/5ML-2 MG/5ML	quinapril-hydrochlorothiazide 12.5	
PROGRAF PACK	62	38	MG-10 MG, 12.5 MG-20 MG	21
PROLIA SOSY	47	PULMICORT FLEXHALER AEPB	quinapril-hydrochlorothiazide 25 MG-	
promethazine & phenylephrine SYRP		180 MCG/ACT	20 MG	21
		PULMICORT FLEXHALER AEPB 90	quinidine gluconate TBCR	9

quinidine sulfate TABS	9	REBIF SOSY	80	risperidone TABS 3 MG	27
quinine sulfate CAPS 324 MG	23	REBIF TITRATION PACK SOSY ..	80	risperidone TBDP	27
QUINTABS-M TABS	70	RELENZA DISKHALER	30	RITEFLO DEVI	60
QVAR REDIHALER 40 MCG/ACT ..	10	RELION INSULIN SYRINGE	58	ritonavir TABS	29
QVAR REDIHALER 80 MCG/ACT ..	10	RELION KETONE TEST STRP ...	46	rivaroxaban SUSR 1 MG/ML	11
RA CENTRAL-VITE TABS	70	RENAL MULTIVITAMIN TABS	70	rivaroxaban TABS 2.5 MG	11
RABEPRAZOLE SODIUM CPSP ..	85	RENAPLEX-D TABS	70	rivastigmine	79
rabeprazole sodium TBEC	85	RENTHYROID TABS 15 MG, 30 MG,		rivastigmine tartrate CAPS	79
RADICAVA ORS STARTER KIT		60 MG, 90 MG, 120 MG	84	rizatriptan benzoate TABS	61
SUSP	75	repaglinide	17	rizatriptan benzoate TBDP	61
RADICAVA ORS SUSP	75	RETACRIT 2000 UNIT/ML, 3000		roflumilast	9
raloxifene hcl	47	UNIT/ML, 4000 UNIT/ML, 10000		ropinirole hydrochloride TABS	27
ramelteon	53	UNIT/ML, 40000 UNIT/ML	52	ropinirole hydrochloride TB24 12 MG	
ramipril CAPS	20	RETACRIT 20000 UNIT/ML	52	27	
ranolazine TB12 1000 MG	8	RETEVMO CAPS	25	ropinirole hydrochloride TB24 2 MG,	
ranolazine TB12 500 MG	8	REXULTI	28	4 MG, 6 MG, 8 MG	27
rasagiline mesylate	27	REYATAZ PACK	29	rosuvastatin calcium TABS	20
RASUVO SOAJ 20 MG/0.4ML	2	RHOFADE	45	RUBRACA	25
RASUVO SOAJ 7.5 MG/0.15ML, 10		ribavirin (hepatitis c) CAPS	29	rufinamide SUSP	13
MG/0.2ML, 12.5 MG/0.25ML, 15		RIDAURA	3	rufinamide TABS 200 MG	13
MG/0.3ML, 17.5 MG/0.35ML, 22.5		rifabutin	23	rufinamide TABS 400 MG	13
MG/0.45ML, 25 MG/0.5ML, 30		rifampin CAPS	23	RUKOBIA	29
MG/0.6ML	2	riluzole TABS	75	RYBELSUS TABS	16
RAYAVIT TABS	70	rimantadine hydrochloride TABS ..	30	RYDAPT	25
REALITY LATEX CONDOMS MISC .		RINVOQ LQ SOLN	2	RYTARY CPCR	27
56		RINVOQ TB24	2	sacubitril-valsartan TABS	31
REALITY LATEX/ULTRA		risedronate sodium TABS 150 MG	47	salicylic acid SHAM 6 %	44
TEXTURED DEVI	56	risedronate sodium TABS 5 MG, 30		SALIMEZ CREA	44
REALITY LATEX/ULTRA THIN DEVI		MG, 35 MG	47	salsalate	5
56		risperidone SOLN	27	SALYCIM CREA	44
REBIF REBIDOSE SOAJ	80	risperidone TABS 0.25 MG, 0.5 MG,		SANCUSO PTCH	18
REBIF REBIDOSE TITRATION		1 MG, 2 MG, 4 MG	27		
PACK SOAJ	80				

SANTYL OINT	44	sevelamer carbonate TABS	50	sodium phenylbutyrate TABS	48
sapropterin dihydrochloride PACK	48	sevelamer hcl 400 MG	50	sodium polystyrene sulfonate POWD	62
sapropterin dihydrochloride TABS	48	sevelamer hcl 800 MG	50	SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	42
SAVELLA TABS	79	SFROWASA ENEM	50	sodium sulfate-potassium sulfate-magnesium sulfate	53
SAVELLA TITRATION PACK MISC	79	SIDEROL TABS	70	solifenacin succinate TABS 10 MG	86
saxagliptin hcl	16	SIGNIFOR	48	solifenacin succinate TABS 5 MG	86
saxagliptin-metformin hcl	15	SIKLOS TABS	52	SOLO TABS	70
scopolamine	18	sildenafil citrate (pulmonary hypertension) SUSR	32	SOLUVITA ACD WITH FLUORIDE SOLN	71
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	73	sildenafil citrate (pulmonary hypertension) TABS	32	SOLUVITA SOLN	61
SELECT-OB+DHA MISC	73	sildenafil citrate	31	SOLUVITA WITH FLUORIDE SOLN .	71
selegiline hcl CAPS	27	silodosin 4 MG	51	SOMAVERT	47
selegiline hcl TABS	27	silodosin 8 MG	51	sorafenib tosylate	25
selenium sulfide LOTN 2.5 %	42	silver sulfadiazine	42	SORILUX FOAM	42
SELZENTRY SOLN	29	simvastatin TABS	20	sotalol hcl (afib/afib)	30
SE-NATAL 19 CHEW	73	sirolimus SOLN	62	sotalol hcl TABS	30
SE-NATAL 19 TABS	73	sirolimus TABS	62	SPECTRAVITE TABS	70
SENTRY SENIOR MENS 50+ TABS .	70	SKYRIZI PEN SOAJ	42	spinosad	45
SENTRY SENIOR/LUTEIN TABS	70	SKYRIZI SOCT	50	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	9
SENTRY TABS	70	SKYRIZI SOSY	42	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	9
SEREVENT DISKUS	11	SLYND	37	spironolactone & hydrochlorothiazide	46
SEROSTIM SC 4 MG, 5 MG, 6 MG	47	SOAANZ TABS 20 MG	46	spironolactone TABS	46
sertraline hcl CONC	14	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	39	SPRAVATO (56 MG DOSE)	14
sertraline hcl TABS	14	sodium citrate & citric acid	51	SPRAVATO (84 MG DOSE)	14
sevelamer carbonate PACK 0.8 GM .	50	sodium fluoride CHEW	61	STELARA SOLN 45 MG/0.5ML ...	42
sevelamer carbonate PACK 2.4 GM .	50	sodium fluoride SOLN 0.5 MG/ML	61		
		sodium fluoride TABS	61		
		SODIUM OXYBATE SOLN	79		
		sodium phenylbutyrate POWD	48		

STELARA SOSY 45 MG/0.5ML ... 42	sulfasalazine TBEC 50	(levothyroxine sodium) 84
STELARA SOSY 90 MG/ML 42	sulindac TABS 150 MG 3	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG
STIOLTO RESPIMAT 11	sulindac TABS 200 MG 3	(levothyroxine sodium) 84
STIVARGA 25	sumatriptan 20 MG/ACT 61	SYSTANE ICAPS AREDS2 TABS .70
STRENSIQ 48	sumatriptan 5 MG/ACT 61	TABLOID 23
STRIBILD 29	sumatriptan succinate SOAJ 4 MG/0.5ML 61	TABRECTA 26
STRIVERDI RESPIMAT 11	sumatriptan succinate SOAJ 6 MG/0.5ML 61	tacrolimus (topical) OINT 0.03 % .. 44
STROVITE ONE TABS 70	sumatriptan succinate SOCT 61	tacrolimus (topical) OINT 0.1 % ... 44
sucralfate SUSP 85	sumatriptan succinate SOLN 6 MG/0.5ML 61	tacrolimus CAPS 62
sucralfate TABS 85	sumatriptan succinate TABS 61	tadalafil (pulmonary hypertension) TABS 32
sulconazole nitrate CREA 41	sunitinib malate 12.5 MG, 37.5 MG, 50 MG 26	tadalafil 2.5 MG 31
sulconazole nitrate SOLN 41	sunitinib malate 25 MG 26	tadalafil 5 MG, 10 MG, 20 MG 31
sulfacetamide sodium (acne) 40	SUPER D-ZINC-SELENIUM-COPPER TABS 70	TAFINLAR CAPS 26
sulfacetamide sodium (ophth) OINT 76	SUPERIOR MENS MULTI TABS ..70	TAFINLAR TBSO 26
sulfacetamide sodium (ophth) SOLN . 76	SUPERIOR WOMENS MULTI TABS 70	tafluprost 77
sulfacetamide sodium LIQD 42	SUPRAX CHEW 33	TAGRISSO 24
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 % 40	SUPRAX SUSR 500 MG/5ML 33	TALZENNA 26
sulfacetamide sodium w/ sulfur LOTN 40	SYMDEKO 83	tamoxifen citrate TABS 24
sulfacetamide sod-prednisolone SOLN 76	SYMTUZA 29	tamsulosin hcl 51
SULFACETAMIDE-SULFUR IN UREA EMUL 40	SYNDROS SOLN 18	tazarotene CREA 42
sulfadiazine TABS 83	SYNJARDY TABS 15	TAZAROTENE FOAM 40
sulfamethoxazole-trimethoprim SUSP 22	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG 15	tazarotene GEL 42
sulfamethoxazole-trimethoprim TABS 22	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG 15	TAZVERIK 26
SULFAMYLON CREA 42	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	TECHLITE INSULIN SYRINGE ... 58
sulfasalazine TABS 50		TEGSEDI 82
		telmisartan 20 MG, 40 MG 21
		telmisartan 80 MG 21
		telmisartan-amlodipine 21

telmisartan-hydrochlorothiazide ...22	THERA M PLUS TABS70	tinidazole22
temazepam 15 MG53	THERAGRAN-M ADVANCED 50 PLUS TABS70	tiopronin TABS51
temazepam 22.5 MG, 30 MG53	THERAGRAN-M ADVANCED TABS .70	tiopronin TBEC51
temazepam 7.5 MG53	THERAGRAN-M PREMIER 50 PLUS TABS70	tiotropium bromide monohydrate CAPS9
temozolomide CAPS23	THERAGRAN-M PREMIER TABS 70	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG84
tenofovir disoproxil fumarate TABS 29	THERAGRAN-M TABS70	TIVICAY TABS29
terazosin hcl 1 MG, 2 MG, 5 MG ..21	THERA-M PLUS MV W/BETA-CAROT TABS70	tizanidine hcl CAPS74
terazosin hcl 10 MG21	THERA-M TABS70	tizanidine hcl TABS 2 MG74
terbinafine hcl TABS18	THERANATAL CORE NUTRITION TABS73	tizanidine hcl TABS 4 MG74
terbutaline sulfate TABS11	THERA-TABS M TABS70	TOBI PODHALER CAPS2
terconazole vaginal CREA86	THERA-VITE MAX-M TABS70	TOBRADEX OINT76
terconazole vaginal SUPP86	THEREMS-M TABS70	TOBRADEX ST SUSP76
teriflunomide80	thioridazine hcl 10 MG, 25 MG, 100 MG28	tobramycin (ophth) SOLN76
teriparatide SOPN47	thioridazine hcl 50 MG28	tobramycin NEBU2
testosterone cypionate SOLN IM ...7	thiothixene28	tobramycin-dexamethasone SUSP 76
testosterone enanthate SOLN IM ...7	THRIVITE RX TABS73	TOBREX OINT76
testosterone GEL TD 10 MG/ACT ..7	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG84	TODAY SPONGE MISC86
testosterone GEL TD7	tiagabine hcl13	tolcapone26
tetrabenazine79	TIBSOVO26	TOLSURA CAPS18
tetracaine hcl (ophth)76	ticagrelor 60 MG, 90 MG52	tolterodine tartrate CP2486
tetracycline hcl CAPS83	timolol75	tolterodine tartrate TABS86
THALITONE47	timolol maleate (ophth) SOLG75	topiramate CP24 200 MG13
THALOMID62	timolol maleate (ophth) SOLN75	topiramate CP24 25 MG, 50 MG, 100 MG13
THEO-24 CP2411	timolol maleate TABS 10 MG30	topiramate CPSP 15 MG, 25 MG ..13
theophylline ELIX11	timolol maleate TABS 5 MG, 20 MG .30	topiramate CS24 100 MG, 150 MG, 200 MG13
theophylline SOLN11		topiramate CS24 25 MG, 50 MG ..13
theophylline TB12 300 MG11		topiramate TABS 100 MG13
theophylline TB12 450 MG11		
theophylline TB2411		

topiramate TABS 200 MG 13	TREMFYA PEN SOAJ SC 200 MG/2ML 50	triazolam 0.125 MG 53
topiramate TABS 25 MG 13	TREMFYA SOSY 100 MG/ML 42	triazolam 0.25 MG 53
topiramate TABS 50 MG 13	TREMFYA SOSY SC 200 MG/2ML 50	TRICARE TABS 73
toremifene citrate 24	TRESIBA FLEXTOUCH SOPN 17	trientine hcl 250 MG 62
torsemide TABS 100 MG 46	TRESIBA SOLN 17	trientine hcl 500 MG 62
torsemide TABS 5 MG, 10 MG, 20 MG 46	tretinoin (chemotherapy) 26	trifluoperazine hcl TABS 28
TOUJEO MAX SOLOSTAR SOPN 17	tretinoin CREA 0.025 %, 0.05 %, 0.1 % 40	trifluridine 76
TOUJEO SOLOSTAR SOPN 17	tretinoin GEL 0.01 %, 0.025 % 40	trihexyphenidyl hcl SOLN 26
TPOXX (TECOVIRIMAT CAP 200 MG) 30	tretinoin GEL 0.05 % 40	trihexyphenidyl hcl TABS 26
TPOXX CAPS 30	tretinoin microsphere 0.04 % 40	TRIJARDY XR 15
tramadol hcl TABS 100 MG 6	tretinoin microsphere 0.1 % 40	TRIKAFTA TBPK 100 MG-50 MG . 83
tramadol hcl TABS 50 MG 6	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 23	TRIKAFTA TBPK 50 MG-25 MG .. 83
tramadol hcl TB24 100 MG 6	triamcinolone acetonide (mouth) .. 63	TRIKAFTA THPK 83
tramadol hcl TB24 200 MG 6	triamcinolone acetonide (nasal) AERO 74	trimethobenzamide hcl CAPS 18
tramadol hcl TB24 6	triamcinolone acetonide (topical) AERS 44	trimethoprim TABS 22
tramadol-acetaminophen 7	triamcinolone acetonide (topical) CREA 44	TRINATAL RX 1 TABS 73
trandolapril 20	triamcinolone acetonide (topical) LOTN 44	TRINTELLIX 14
trandolapril-verapamil hcl 22	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % 44	TRISTART DHA 73
tranexamic acid TABS 53	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG 46	TRIUMEQ PD TBSO 29
tranylcypromine sulfate 14	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG 46	TRIUMEQ TABS 29
travoprost SOLN 77	triamterene & hydrochlorothiazide TABS 50 MG-75 MG 46	TRI-VI-FLOR SUSP 0.25 MG/ML . 71
trazodone hcl TABS 14	triamterene CAPS 46	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML 71
TRELEGY ELLIPTA 11		TROJAN ENZ MISC 56
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML 50		TROJAN MAGNUM MISC 56
TREMFYA ONE-PRESS SOAJ 100 MG/ML 42		TROJAN ULTRA THIN MISC 56
TREMFYA PEN SOAJ 100 MG/ML 42		TROJAN ULTRA THIN/SPERMICIDAL MISC 56
		TROJAN-ENZ LUBRICATED MISC 56
		TROJAN-ENZ/SPERMICIDAL MISC .

56	T-VITES TABS	70	valacyclovir hcl 500 MG	30	
tropicamide SOLN	75	TWIRLA	37	VALCHLOR	41
tropium chloride CP24	86	TYBLUME CHEW	37	valganciclovir hcl SOLR	29
tropium chloride TABS	86	TYBOST	29	valganciclovir hcl TABS	29
TRUE COVER DEVI	56	TYMLOS	47	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	14
TRULICITY	16	TYVASO DPI INSTITUTIONAL KIT POWD	31	valproic acid CAPS	14
TRUSTEX COLOR CONDOMS + LUBE MISC	56	TYVASO DPI MAINTENANCE KIT POWD	31	valsartan TABS 160 MG	21
TRUSTEX LUB/RIBBED/STUDED MISC	56	TYVASO DPI TITRATION KIT POWD	32	valsartan TABS 40 MG, 80 MG, 320 MG	21
TRUSTEX LUB/SPERMICIDE EX ST MISC	56	TYVASO REFILL KIT SOLN IN ...	32	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	22
TRUSTEX LUB/SPERMICIDE XL MISC	56	TYVASO SOLN IN	32	valsartan-hydrochlorothiazide 25 MG- 160 MG	22
TRUSTEX LUBRICATED EX LARGE MISC	56	TYVASO STARTER KIT SOLN IN	32	vancomycin hcl CAPS	22
TRUSTEX LUBRICATED EXTRA ST MISC	56	UBRELVY	60	VANDAZOLE	86
TRUSTEX LUBRICATED MISC ...	56	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG ...	70	varenicline tartrate TABS	82
TRUSTEX LUBRICATED/SPERMICIDE MISC 56		UDENYCA ONBODY SOSY	52	varenicline tartrate TBPK	82
		UDENYCA SOAJ	52	VARUBI (180 MG DOSE) TBPK ...	18
		UDENYCA SOSY	52	VASCEPA (icosapent ethyl)	19
TRUSTEX NATURAL CONDOMS + LUBE MISC	56	ULTRA BONEUP TABS	70	VCF VAGINAL CONTRACEPTIVE FILM	86
TRUSTEX NON-LUBRICATED MISC	57	umeclidinium-vilanterol	11	VCF VAGINAL CONTRACEPTIVE FOAM	86
TRUSTEX RIA LUB/SPERMICIDE MISC	57	UPTRAVI TABS 200 MCG	32	VEMLIDY	29
TRUSTEX RIA LUBRICATED MISC . 57		UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	32	VENCLEXTA STARTING PACK TBPK	24
TRUSTEX RIA NON-LUBRICATED MISC	57	UPTRAVI TITRATION TBPK	32	VENCLEXTA TABS 10 MG	24
TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	57	urea LOTN 40 %	44	VENCLEXTA TABS 100 MG	24
TUKYSA	24	ursodiol CAPS	49	VENCLEXTA TABS 50 MG	24
		ursodiol TABS	49	VENEXA FE TABS	70
		valacyclovir hcl 1 GM	30	VENEXA TABS	70

venlafaxine hcl CP24 150 MG 15	250 MG 29	VITRUM 50+ ADULT-MULTI TABS 70
venlafaxine hcl CP24 37.5 MG, 75 MG 15	VITABASIC COMPLETE TABS ... 70	VITRUM 50+ SENIOR MULTI TABS . 70
venlafaxine hcl TABS 15	VITABASIC SENIOR TABS 70	VIZIMPRO 24
venlafaxine hcl TB24 225 MG 15	VITACORE TABS 70	voriconazole SUSR 19
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG 15	VITAFOL GUMMIES 73	voriconazole TABS 19
VENTAVIS IN 32	VITAFOL-NANO 73	VORTEX HOLD CHMBR/MASK/CHILD DEVI 60
VENTRIXYL FE TABS 70	VITAFOL-ONE CAPS 73	VORTEX HOLD CHMBR/MASK/TODDLER DEVI .. 60
VENTRIXYL TABS 70	VITAMEDMD ONE RX/QUATREFOLIC 73	VORTEX VALVE CHAMBER-PEDI MASK DEVI 60
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ... 31	VITAMEDMD REDICHEW RX ... 73	VORTEX VALVED HOLDING CHAMBER DEVI 60
verapamil hcl CP24 180 MG 31	VITAMIN D3 COMPLETE TABS ... 70	VOSEVI 29
verapamil hcl CP24 360 MG 31	VITAMINS ACD-FLUORIDE SOLN 71	VOTRIENT 26
verapamil hcl TABS 31	VITAPEARL 73	VRAYLAR CAPS 27
verapamil hcl TBCR 120 MG 31	VITASANA TABS 70	VRAYLAR CPPK 27
verapamil hcl TBCR 180 MG, 240 MG 31	VITATHELY WITH GINGER TABS 73	VYLEESI 79
VEREGEN 40	VITATRUE 73	VYNDAMAX 32
VERSACLOZ SUSP 28	VITATRUM TABS 70	VYNDAQEL 32
VERZENIO 26	VITEYES CLASSIC MULTIVITAMIN TABS 70	VYVANSE CHEW 1
VIBERZI 50	VITEYES OPTIC NERVE SUPPORT TABS 70	warfarin sodium TABS 11
vigabatrin PACK 13	VITRAKVI CAPS 26	WELLFOLA TABS 70
vigabatrin TABS 13	VITRAKVI SOLN 26	WESCAP-C DHA 73
VIIBRYD STARTER PACK KIT 15	VITRAMYN TABS 70	WESTAB PLUS TABS 73
vilazodone hcl TABS 10 MG, 40 MG . 15	VITRANOL FE TABS 70	WESTGEL DHA 73
vilazodone hcl TABS 20 MG 15	VITRANOL TABS 70	WIDE-SEAL DIAPHRAGM 60 57
VINATE DHA RF 73	VITREXATE FE TABS 70	WIDE-SEAL DIAPHRAGM 65 57
VINATE ONE TABS 73	VITREXATE TABS 70	WIDE-SEAL DIAPHRAGM 70 57
VIRACEPT TABS 29	VITREXYL + IRON TABS 70	WIDE-SEAL DIAPHRAGM 75 57
VIREAD TABS 150 MG, 200 MG, 250 MG 29	VITREXYL TABS 70	

WIDE-SEAL DIAPHRAGM 80 57	XTANDI CAPS24	zolmitriptan TABS61
WIDE-SEAL DIAPHRAGM 85 57	XTANDI TABS 24	zolmitriptan TBDP61
WIDE-SEAL DIAPHRAGM 90 57	YELETS TEENAGE FORMULA	zolpidem tartrate TABS53
WIDE-SEAL DIAPHRAGM 95 57	TABS71	zolpidem tartrate TBCR53
WOMENS 50+ MULTI VITAMIN	YONSA24	zonisamide CAPS 100 MG 13
TABS71	zafirlukast 10 MG9	zonisamide CAPS 25 MG, 50 MG .13
XADAGO27	zafirlukast 20 MG9	ZYDELIG26
XALKORI CAPS 26	zaleplon53	ZYFLO TABS9
XARELTO STARTER PACK TBPk	ZARXIO52	ZYKADIA TABS26
11	ZEJULA CAPS26	ZYLET76
XARELTO TABS 10 MG11	ZEJULA TABS 26	
XARELTO TABS 2.5 MG, 15 MG, 20	ZELAPAR TBDP27	
MG (rivaroxaban) 11	ZELBORAF26	
XARELTO TABS 2.5 MG, 15 MG, 20	ZENPEP CPEP 105000 UNIT-79000	
MG 11	UNIT-25000 UNIT, 14000 UNIT-	
XATMEP SOLN PO23	10000 UNIT-3000 UNIT, 168000	
XELJANZ SOLN2	UNIT-126000 UNIT-40000 UNIT,	
XELJANZ TABS2	24000 UNIT-17000 UNIT-5000 UNIT,	
XELJANZ XR TB24 2	252600 UNIT-189600 UNIT-60000	
XERAC AC45	UNIT, 42000 UNIT-32000 UNIT-	
XERMELO50	10000 UNIT, 63000 UNIT-47000	
XHANCE EXHU74	UNIT-15000 UNIT, 84000 UNIT-	
XIFAXAN 200 MG 22	63000 UNIT-20000 UNIT46	
XIFAXAN 550 MG 22	zidovudine CAPS 29	
XIGDUO XR (dapagliflozin	zidovudine SYRP 29	
propanediol-metformin hcl) 15	zidovudine TABS29	
XIGDUO XR (dapagliflozin	zileuton TB129	
propanediol-metformin hcl) 16	ziprasidone hcl 20 MG, 40 MG 27	
XIGDUO XR 1000 MG-10 MG, 500	ziprasidone hcl 60 MG, 80 MG 27	
MG-10 MG 16	ZIRGAN GEL76	
XIGDUO XR 1000 MG-2.5 MG, 1000	ZITHROMAX PACK54	
MG-5 MG, 500 MG-5 MG15	ZOLINZA 26	
XOSPATA26	zolmitriptan SOLN61	