

California

4 Tier Formulary

California Large Group and Small Group

The 4 Tier 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 All previous versions are no longer in effect.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 Formulary by going to our website at www.healthnet.com. Refer to Evidence of Coverage for specific cost share information.

[Drug Lists](#) - Use the “4 Tier” Formulary.

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

If you have questions about your pharmacy coverage, call Customer Service at:

Small Group

If you have questions about your pharmacy coverage, call Customer Service at **1-800-361-3366**

Hours of Operation 8:00am – 6:00pm Monday through Friday

Large Group

If you have questions about your pharmacy coverage, call Customer Service at **1-800-522-0088**

Hours of Operation 8:00am – 6:00pm Monday through Friday



Updated January 1, 2027

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

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 current 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 categorical list. There are three ways to find out if your drug is covered.

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

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

Categorical list: The drugs are grouped into therapeutic categories. If you know what therapeutic category 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>terbutaline sulfate tabs</i>	1	

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

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

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

Tier Descriptions

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

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.
- Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

<i>Tier</i>	<i>Description</i>
1	Tier one consists of most generic drugs and low-cost preferred brand name drugs.
2	Tier two consists of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three consists of non-preferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that have a preferred and often less costly therapeutic alternative at a lower Tier.
4	Tier four consists of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	Tier five 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, if applicable).

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 any of 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 authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies, and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
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.
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.

How often does the Drug List change?

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

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

Before 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 plan may not deny the request thereafter.

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

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

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

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

fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

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

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

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

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

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

- Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
 - Possess 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 durable medical equipment (DME) benefit.

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies.

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

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy.

After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

For maintenance prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or 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 [Forms and Brochures - Pharmacy](#) or you may call us at the telephone number on your Health Net ID card 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 also covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter;

- Covid-19
- Influenza (Flu)
- RSV
- Shingrix

Are Weight Loss Drugs Covered?

Most plans do cover weight loss medications after Health Net has approved the prior authorization request. 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 includes 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:

<i>Weight Loss Medications</i>	
ORAL MEDICATIONS	SELF-INJECTED MEDICATIONS
Contrave	Wegovy
Phentermine-Topiramate (Qsymia)	Liraglutide (Saxenda)
Phentermine	Zepbound
Orlistat (Xenical)	
Foundayo Tablets	
Wegovy Tablets	

Are hemophilia drugs covered?

Hemophilia drugs are covered when medically necessary. Preventive therapy is available through our Specialty pharmacy, AcariaHealth, after authorization has been approved. Refer to your plan documents for your cost share.

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 plan 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 is a health care provider who 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>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW</i>	2	QL(1 EA daily)
<i>methamphetamine hcl</i>	1	PA
Analeptics		
<i>caffeine citrate SOLN PO 60 MG/3ML</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>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
Stimulants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
<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>	2	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl CPCR</i>	1	QL(1 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 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 180 EA per fill retail)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 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 PTCH</i>	2	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
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
4=High Cost Drugs/Specialty 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			ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); SP; PA
ARIKAYCE	4	SP; PA	ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); SP; PA
HUMATIN	2	SP	ADALIMUMAB-BWWD SOSY 40 MG/0.4ML	4	QL(0.143 ML daily); SP; PA
<i>neomycin sulfate TABS</i>	1		HADLIMA PUSHTOUCH SOAJ	4	QL(0.143 ML daily); SP; PA
TOBI PODHALER CAPS	4	SP; PA	HADLIMA SOSY	4	QL(0.143 ML daily); SP; PA
<i>tobramycin NEBU</i>	4	SP; PA	HUMIRA (2 PEN) AJKT	4	Check plan documents for benefits and copay; 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	4	Check plan documents for benefits and copay; QL(0.072 EA daily); SP; PA
Antirheumatic - Enzyme Inhibitors			HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
RINVOQ LQ SOLN	4	QL(12 ML daily); SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
RINVOQ TB24 15 MG, 30 MG	4	QL(1 EA daily); SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for benefits and copay; QL(3 EA per 365 day(s) retail); SP; PA
RINVOQ TB24 45 MG	4	QL(84 EA per 365 day(s) retail); SP; PA	HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for benefits and copay; QL(4 EA per 365 day(s) retail); SP; PA
<i>tofacitinib citrate SOLN 1 MG/ML</i>	4	QL(10 ML daily); SP; PA			
<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	4	QL(2 EA daily); SP; PA			
<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	4	QL(1 EA daily); SP; PA			
Antirheumatic Antimetabolites					
OTREXUP SOAJ 20 MG/0.4ML	4	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	4	SP; PA			
Anti-TNF-alpha - Monoclonal Antibodies					
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	QL(0.072 ML daily); SP; PA			
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA	<i>diclofenac w/ misoprostol TBEC</i>	1	
HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily; 3 EA per 365 day(s) retail); SP; PA	<i>etodolac CAPS</i>	1	
Gold Compounds			<i>etodolac TABS</i>	1	
AURANOFIN 3 MG	4		<i>etodolac TB24</i>	1	QL(2 EA daily)
RIDAURA	4		<i>fenoprofen calcium TABS</i>	3	
Interleukin-1 Blockers			<i>flurbiprofen TABS</i>	1	
ARCALYST	4	QL(4 EA per 30 day(s) retail); 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	4	QL(0.082 ML daily); SP; PA	<i>indomethacin CPR</i>	1	
KEVZARA SOSY	4	QL(0.082 ML daily); SP; PA	<i>indomethacin SUPP</i>	4	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin SUSP</i>	2	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>ketoprofen CAPS 50 MG</i>	1	
(Indomethacin) INDOCIN SUPP	4		<i>ketoprofen CP24</i>	2	
(Tolmetin Sodium) TOLECTIN 600 TABS 600 MG	1		<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA	<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>	2	
<i>diclofenac potassium TABS 50 MG</i>	1		<i>meloxicam CAPS</i>	3	PA
<i>diclofenac sodium TB24</i>	1		<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
<i>diclofenac sodium TBEC</i>	1		<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
			<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
			<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
			NALFON TABS 600 MG	3	
			<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 200 MG</i>	1	
			<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
			<i>tolmetin sodium CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tolmetin sodium TABS 600 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); SP; PA
OTEZLA/OTEZLA XR INITIATION PK TBPk	4	QL(41 EA per 365 day(s) retail); SP; PA
OTEZLA TABS	4	QL(2 EA daily); SP; PA
OTEZLA TBPk	4	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	4	QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	QL(0.143 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	QL(0.28 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(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 CAPS 40 MG-50 MG-325 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2	
<i>butalbital-aspirin-caffeine CAPS</i>	1	
Salicylates		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC 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 ADULT 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, 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, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diffunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
			(Levorphanol Tartrate) XYVONA TABS	4	QL(4 EA daily); PA
			(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
			(Methadone Hcl) METHADOSE TBSO	1	
			<i>codeine sulfate TABS 30 MG</i>	1	QL(2 EA daily)
			CODEINE SULFATE TABS 15 MG	2	QL(2 EA daily)
			CODEINE SULFATE TABS 60 MG	2	QL(6 EA daily)
			<i>fentanyl citrate LPOP</i>	2	QL(4 EA daily); PA

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<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>oxycodone hcl CAPS</i>	1	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydrocodone bitartrate CP12</i>	2	QL(2 EA daily); PA	<i>oxycodone hcl SOLN</i>	1	
<i>hydrocodone bitartrate T24A</i>	2	QL(1 EA daily); 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>	2	
<i>hydromorphone hcl TB24 32 MG</i>	2	QL(2 EA daily)	<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	2	QL(4 EA daily)	<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>HYSINGLA ER T24A</i>	3	QL(1 EA daily); PA	<i>tramadol hcl TABS 100 MG</i>	1	
<i>levorphanol tartrate TABS</i>	4	QL(4 EA daily); PA	<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2		<i>tramadol hcl TB24 100 MG</i>	2	QL(3 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>tramadol hcl TB24 200 MG, 300 MG</i>	2	QL(1 EA daily)
<i>methadone hcl CONC</i>	1		Opioid Combinations		
<i>methadone hcl SOLN PO</i>	1		(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	3	QL(6 EA daily)
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
<i>methadone hcl TBSO</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)
<i>morphine sulfate beads</i>	2	QL(1 EA daily)	<i>acetaminophen w/ codeine SOLN</i>	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)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1		<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)
<i>morphine sulfate SUPP</i>	2				
<i>morphine sulfate TABS</i>	1				
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)			

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<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	QL(6 EA daily)	PROLATE TABS 300 MG-5 MG	3	QL(6 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	3	QL(6 EA daily)	<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		Opioid Partial Agonists		
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 EA per fill retail)	<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>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	3	Not available through Mail Order	<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2		<i>buprenorphine PTWK 15 MCG/HR</i>	1	Limit 4 patches per 28 days; QL(4 EA per 28 day(s) retail)
<i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)	<i>buprenorphine PTWK 20 MCG/HR</i>	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>oxycodone w/acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)	<i>buprenorphine PTWK 5 MCG/HR, 7.5 MCG/HR, 10 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
OXYCODONE-ACETAMINOPHEN TABS 300 MG-5 MG	3	QL(6 EA daily)	<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-7.5 MG	3	QL(4 EA daily)	<i>pentazocine w/ naloxone hcl</i>	1	QL(12 EA daily)
PROLATE TABS 300 MG-10 MG, 300 MG-7.5 MG	3	QL(4 EA daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
			Androgens		
			(Methyltestosterone) METHITEST TABS	4	

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Drug Name	Drug Tier	Requirements/ Limits
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
<i>danazol CAPS</i>	1	
<i>methyltestosterone CAPS</i>	4	
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	2	QL(10 ML per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 1 %</i>	1	Limit 300gms per month; QL(10 GM daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 GM daily); PA
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %</i>	1	Limited to 300 gms per month; 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>	2	PA
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
Rectal Combinations		
ANALPRAM HC LOTN EX	3	
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1	QL(4 EA per fill retail)
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old); SP
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
<i>praziquantel</i>	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
<i>ranolazine TB12 1000 MG</i>	1	
Nitrates		
(Nitroglycerin) NITRO-BID OINT	1	
<i>isosorbide dinitrate TABS 40 MG</i>	2	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin OINT</i>	1	

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<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	2	
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>	2	
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); SP; PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); SP; PA
NUCALA SOAJ	4	QL(0.1073 ML daily); SP; PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); SP; PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Anti-Inflammatory Agents			<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	QL(1 EA daily)
<i>cromolyn sodium NEBU</i>	1		<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
Bronchodilators - Anticholinergics			<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
<i>ipratropium bromide hfa 17 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.86 GM daily)	<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1		<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.8 GM daily)
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	2	QL(1 EA daily)	PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)
<i>umeclidinium bromide 62.5 MCG/INH</i>	1	QL(1 EA daily)	QVAR REDHALER 80 MCG/ACT	2	QL(0.72 GM daily)
Leukotriene Modulators			Sympathomimetics		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
<i>zileuton TB12</i>	4		<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)
ZYFLO TABS	3				
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
<i>roflumilast</i>	1	QL(1 EA daily)			
Steroid Inhalants					
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)			
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)			
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)			

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<i>albuterol sulfate AERS</i>	1	QL(0.57 GM daily)	STIOLTO RESPIMAT	2	QL(0.14 GM daily)
<i>albuterol sulfate NEBU 0.083 %, 2.5 MG/0.5ML, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1		STRIVERDI RESPIMAT	2	QL(0.14 GM daily)
<i>albuterol sulfate NEBU</i>	1		<i>terbutaline sulfate TABS</i>	1	
ALBUTEROL SULFATE NEBU	2		TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>albuterol sulfate SYRP</i>	1		<i>umeclidinium-vilanterol</i>	2	QL(2 EA daily)
<i>albuterol sulfate TABS</i>	1		Xanthines		
<i>arformoterol tartrate</i>	2	QL(4 ML daily)	(Theophylline) ELIXOPHYLLIN ELIX	1	
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)	THEO-24 CP24	2	
<i>budesonide-formoterol fumarate dihydrate</i>	1		<i>theophylline ELIX</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)	<i>theophylline SOLN</i>	1	
<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)	<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)	<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)	<i>theophylline TB24</i>	1	QL(1 EA daily)
<i>formoterol fumarate NEBU</i>	2	QL(4 ML daily)	ANTICOAGULANTS - Blood Thinners		
<i>ipratropium-albuterol SOLN</i>	1		Coumarin Anticoagulants		
<i>levalbuterol hcl</i>	1		(Warfarin Sodium) JANTOVEN TABS	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)	<i>warfarin sodium TABS</i>	1	
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)	Direct Factor Xa Inhibitors		
SEREVENT DISKUS	2	QL(2 EA daily)	ELIQUIS (1.5 MG PACK) TBSO PO	2	
			ELIQUIS (2 MG PACK) TBSO PO	2	
			ELIQUIS DVT/PE STARTER PACK TBPk	2	QL(74 EA per 30 day(s) retail)
			ELIQUIS CPSP PO 0.15 MG	2	
			ELIQUIS TABS	2	QL(2 EA daily)
			ELIQUIS TBSO PO 0.5 MG	2	
			<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)

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XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)	FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ML per 90 day(s) retail); SP
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	2	QL(900 ML per 30 day(s) retail)	FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ML per 90 day(s) retail); SP
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)	FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ML per 90 day(s) retail); SP
XARELTO TABS 10 MG	2	QL(2 EA daily)	Thrombin Inhibitors		
XARELTO TABS 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)	<i>dabigatran etexilate mesylate CAPS</i>	1	QL(2 EA daily)
Heparins And Heparinoid-Like Agents			ANTICONVULSANTS - Drugs to Treat Seizures		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ML per 7 day(s) retail); SP	AMPA Glutamate Receptor Antagonists		
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ML per 7 day(s) retail); SP	<i>perampanel SUSP 0.5 MG/ML</i>	2	QL(24 ML daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(4.2 ML per 7 day(s) retail); SP	<i>perampanel TABS 2 MG</i>	2	QL(6 EA daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ML per 7 day(s) retail); SP	<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	2	QL(1 EA daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ML per 7 day(s) retail); SP	<i>perampanel TABS 4 MG</i>	2	QL(3 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	<i>perampanel TABS 6 MG</i>	2	QL(2 EA daily)
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ML per 90 day(s) retail); SP	Anticonvulsants - Benzodiazepines		
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ML per 90 day(s) retail); SP	<i>clobazam SUSP</i>	2	
<i>fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML</i>	4	QL(4 ML per 90 day(s) retail); SP	<i>clobazam TABS 10 MG</i>	1	QL(1 EA daily)
FRAGMIN SOLN 95000 UNIT/3.8ML	4	SP; PA	<i>clobazam TABS 20 MG</i>	1	QL(2 EA daily)
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ML per 90 day(s) retail); SP	<i>clonazepam TABS</i>	1	
FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ML per 90 day(s) retail); SP	<i>clonazepam TBDP</i>	1	
			<i>diazepam (anticonvulsant) GEL</i>	2	Limit 4 per month; QL(0.14 EA daily)
			NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
			Anticonvulsants - Misc.		
			(Carbamazepine) EPITOL TABS	1	
			(Gabapentin) RELGAABI CAPS 300 MG, 400 MG	1	

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(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2		<i>eslicarbazepine acetate</i> 200 MG, 400 MG, 600 MG, 800 MG	3	QL(1 EA daily); ST
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2		<i>gabapentin CAPS</i>	1	
(Lamotrigine) SUBVENITE TABS	1		<i>gabapentin SOLN</i>	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)	<i>gabapentin TABS 600 MG, 800 MG</i>	1	
<i>brivaracetam SOLN PO 10 MG/ML</i>	2	SP; PA	<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
<i>brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG</i>	2	SP; PA	<i>lacosamide TABS</i>	1	QL(2 EA daily)
<i>brivaracetam TABS 100 MG</i>	2	QL(2 EA daily); SP; PA	LAMICTAL XR KIT	3	PA
<i>carbamazepine CHEW 100 MG</i>	1		<i>lamotrigine CHEW</i>	1	
<i>carbamazepine CP12</i>	1		<i>lamotrigine KIT</i>	3	PA
<i>carbamazepine SUSP</i>	1		<i>lamotrigine KIT 25 MG</i>	2	
<i>carbamazepine TABS</i>	1		<i>lamotrigine TABS</i>	1	
<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)	<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>carbamazepine TB12 100 MG</i>	1		<i>lamotrigine TB24 250 MG</i>	2	PA
<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)	<i>lamotrigine TB24 300 MG</i>	2	QL(2 EA daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); SP; PA	<i>lamotrigine TBDP</i>	3	PA
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); SP; PA	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	
DIACOMIT PACK 500 MG	4	QL(6 EA daily); SP; PA	<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)
DIACOMIT PACK 250 MG	4	QL(12 EA daily); SP; PA	<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)
EPIDIOLEX	4	SP; PA	<i>levetiracetam TB24</i>	1	QL(4 EA daily)
			<i>levetiracetam TB3D 250 MG, 500 MG</i>	3	PA
			<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)
			<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)
			<i>oxcarbazepine TABS 150 MG</i>	1	
			<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)
			<i>oxcarbazepine TB24 150 MG, 300 MG</i>	2	

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<i>oxcarbazepine TB24 600 MG</i>	2	QL(4 EA daily)	(Vigabatrin) VIGADRONE TABS	4	SP; PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)	<i>tiagabine hcl</i>	2	
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)	<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>pregabalin SOLN</i>	1	QL(30 ML daily)	<i>vigabatrin TABS</i>	4	SP; PA
<i>primidone 50 MG, 250 MG</i>	1		Hydantoins		
<i>rufinamide SUSP</i>	2	SP	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
<i>rufinamide TABS 200 MG</i>	2	SP	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily); SP	DILANTIN 30 MG	2	
SPRITAM TB3D 750 MG, 1000 MG	3	PA	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA	<i>phenytoin CHEW</i>	1	
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA	<i>phenytoin SUSP</i>	1	
<i>topiramate CPSP 15 MG, 25 MG</i>	1		Succinimides		
<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA	<i>ethosuximide CAPS</i>	1	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA	<i>ethosuximide SOLN</i>	1	
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)	<i>methsuximide</i>	1	
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)	Valproic Acid		
<i>topiramate TABS 25 MG</i>	1		<i>divalproex sodium CSDR</i>	1	
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)	<i>divalproex sodium TB24</i>	1	
<i>zonisamide CAPS 25 MG, 50 MG</i>	1		<i>divalproex sodium TBEC</i>	1	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)	<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
Carbamates			<i>valproic acid CAPS</i>	1	
<i>felbamate SUSP</i>	1		ANTIDEPRESSANTS - Drugs to Treat Depression		
<i>felbamate TABS</i>	1		Alpha-2 Receptor Antagonists (Tetracyclics)		
GABA Modulators			<i>mirtazapine TABS</i>	1	
(Vigabatrin) VIGADRONE, VIGODER PACK	4	QL(6 EA daily); SP; PA	<i>mirtazapine TBDP</i>	1	
			Antidepressants - Misc.		
			<i>bupropion hcl TABS</i>	1	
			<i>bupropion hcl TB12</i>	1	

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<i>bupropion hcl TB24 450 MG</i>	2		<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 EA daily)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
EMSAM	3	QL(1 EA daily)	<i>paroxetine hcl SUSP</i>	1	
MARPLAN	3		<i>paroxetine hcl TABS</i>	1	
<i>phenelzine sulfate</i>	1		<i>paroxetine hcl TB24</i>	1	
<i>tranylcypromine sulfate</i>	2		<i>sertraline hcl CAPS 150 MG, 200 MG</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>sertraline hcl CONC</i>	1	
SPRAVATO (56 MG DOSE)	4	SP; PA	<i>sertraline hcl TABS</i>	1	QL(2 EA daily)
SPRAVATO (84 MG DOSE)	4	SP; PA	Serotonin Modulators		
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>nefazodone hcl</i>	1	
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)	<i>trazodone hcl TABS</i>	1	
<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)	TRINTELLIX	3	ST
<i>escitalopram oxalate SOLN</i>	1		<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)	<i>duloxetine hcl CPEP</i>	1	QL(2 EA daily)
<i>fluoxetine hcl CPDR</i>	1		FETZIMA TITRATION C4PK	3	ST
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)	FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
<i>fluoxetine hcl TABS 10 MG</i>	1		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)	<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily)
<i>fluvoxamine maleate CP24 150 MG</i>	1		<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 EA daily)
			<i>venlafaxine hcl TABS</i>	1	
			<i>venlafaxine hcl TB24 225 MG</i>	1	

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<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)	<i>sitagliptin phosphate-metformin hcl TABS</i>	1	QL(2 EA daily)
Tricyclic Agents			<i>sitagliptin phosphate-metformin hcl TB24</i>	1	QL(1 EA daily)
<i>amitriptyline hcl TABS</i>	1		<i>sitagliptin phosphate-metformin hcl TB24</i>	1	QL(2 EA daily)
<i>amoxapine</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 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 TABS	2	QL(2 EA daily)
<i>doxepin hcl CAPS</i>	1		TRIJARDY XR	2	
<i>doxepin hcl CONC</i>	1		XIGDUO XR TB24 PO 1000 MG-2.5 MG	2	QL(2 EA daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		Biguanides		
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)	<i>metformin hcl SOLN</i>	2	
<i>imipramine pamoate</i>	2		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>nortriptyline hcl CAPS</i>	1		<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
<i>nortriptyline hcl SOLN</i>	1		Diabetic Other		
<i>protriptyline hcl</i>	1		<i>diazoxide</i>	2	
<i>trimipramine maleate CAPS</i>	1		<i>glucagon SOLR IJ 1 MG</i>	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
ANTIDIABETICS - Drugs to Regulate Blood Sugar			Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
Alpha-Glucosidase Inhibitors			<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	2	
<i>acarbose</i>	1		<i>alogliptin benzoate 25 MG</i>	2	QL(1 EA daily)
<i>miglitol</i>	3		<i>saxagliptin hcl</i>	1	QL(1 EA daily)
Antidiabetic Combinations			<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	1	QL(1 EA daily)
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG</i>	1	QL(1 EA daily)	Incretin Mimetic Agents		
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG</i>	1	QL(2 EA daily)	<i>liraglutide</i>	2	QL(9 ML per 28 day(s) retail; 9 ML per 28 days mail); PA
<i>glipizide-metformin hcl</i>	1				
<i>glyburide-metformin</i>	1				
GLYXAMBI	2				
<i>pioglitazone hcl-glimepiride</i>	1				
<i>pioglitazone hcl-metformin hcl TABS</i>	1				
<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)			

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MOUNJARO	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA	HUMALOG MIX 75/25 SUSP	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA	HUMALOG SOCT	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA	HUMALOG SOLN IJ	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)
OZEMPIC (2 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); PA	HUMALOG SOLN IJ	2	QL(1.5 ML daily)
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	2	QL(1 EA daily); PA	HUMULIN 70/30 KWIKPEN SUPN	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)
RYBELSUS TABS	2	QL(1 EA daily); PA	HUMULIN 70/30 SUSP	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)
TRULICITY	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA	HUMULIN 70/30 SUSP	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)
Insulin			HUMULIN N KWIKPEN SUPN	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)
HUMALOG JUNIOR KWIKPEN SOPN	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)	HUMULIN N SUSP	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(24 ML per 30 day(s) retail; 72 ML per 90 days mail)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)	HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)	HUMULIN R SOLN IJ	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)
HUMALOG MIX 50/50 SUSP	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)	HUMULIN R SOLN IJ	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)			

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INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(27 ML per 30 day(s) retail; 81 ML per 90 days mail)
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	2	QL(27 ML per 30 day(s) retail; 81 ML per 90 days mail)	TRESIBA SOLN	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)
INSULIN DEGLUDEC SOLN	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)	Insulin Sensitizing Agents		
INSULIN GLARGINE-YFGN SOLN	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)	<i>pioglitazone hcl 15 MG</i>	1	
INSULIN GLARGINE-YFGN SOPN	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)	Meglitinide Analogues		
LANTUS SOLOSTAR SOPN	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)	<i>nateglinide</i>	1	
LANTUS SOLN	2	QL(40 ML per 30 day(s) retail; 120 ML per 90 days mail)	<i>repaglinide</i>	1	
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(6 ML per 30 day(s) retail; 18 ML per 90 days mail)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(4.5 ML per 30 day(s) retail; 14 ML per 90 days mail)	<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	1	QL(1 EA daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(45 ML per 30 day(s) retail; 135 ML per 90 days mail)	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		

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Drug Name	Drug Tier	Requirements/ Limits
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, IMODIUM A-D, QC ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	SP; PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferiprone TABS</i>	4	SP
FERRIPROX SOLN	4	Not available through Mail Order; SP
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	SP; PA
VISTOGARD	4	
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL, NARCAN 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>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	2	QL(4 EA per 30 day(s) retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and		

Drug Name	Drug Tier	Requirements/ Limits
Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	Limit 2 per month; 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	QL(20 EA per fill retail)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF, TRAVEL-EASE CHEW	1	RX/OTC
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 50 MG</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)
<i>dronabinol CAPS 10 MG</i>	2	PA
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)	<i>carbinoxamine maleate SUER</i>	2	
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)	<i>carbinoxamine maleate TABS 4 MG</i>	1	
<i>aprepitant CPPK PO</i>	2	Limit 3 per month; QL(0.1 EA daily)	<i>clemastine fumarate SYRP</i>	1	
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)	<i>clemastine fumarate TABS 2.68 MG</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections			Antihistamines - Non-Sedating		
Antifungals			(Cetirizine Hcl) ALL DAY ALLERGY, ALLERGY (CETIRIZINE), ALLERGY 24HOUR INDOOR/OUTDOOR, ALLERGY RELIEF (CETIRIZINE), ALLERGY RELIEF CETIRIZINE, CVS ALLERGY RELIEF(CETIRIZINE), CVS INDOOR/OUTDOOR ALLERGY RLF, EQ ALLERGY RELIEF (CETIRIZINE), EQL ALL DAY ALLERGY, FT ALL DAY ALLERGY, FT ALL DAY ALLERGY 24 HOUR, FT ALLERGY RELIEF CETIRIZINE, GNP ALL DAY ALLERGY, GOODSENSE ALL DAY ALLERGY, KLS ALLER-TEC, QC ALL DAY ALLERGY, QC ALLERGY RELIEF (CETIRIZINE), QC CETIRIZINE ALLERGY RELIEF, SB ALLERGY, SM ALL DAY ALLERGY, WAL-ZYR, ZYRTEC ALLERGY TABS 10 MG	1	QL(1 EA daily)
<i>flucytosine</i>	4				
<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					
<i>fluconazole SUSR</i>	1				
<i>fluconazole TABS</i>	1				
<i>itraconazole CAPS</i>	1	PA			
<i>itraconazole SOLN</i>	2	PA			
<i>ketoconazole</i>	1				
<i>posaconazole SUSP</i>	2				
<i>posaconazole TBEC</i>	2				
<i>voriconazole SUSR</i>	2				
<i>voriconazole TABS</i>	1	QL(2 EA daily)			
ANTI-HISTAMINES - Drugs to Treat Allergies					
Antihistamines - Ethanolamines					
(Carbinoxamine Maleate) CARBZAH SOLN	1				
<i>carbinoxamine maleate SOLN</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Loratadine) ALLERGY RELIEF, ALLERGY RELIEF (LORATADINE), ALLERGY RELIEF 24-HR, CLARITIN, CVS ALLERGY RELIEF, EQ ALL DAY ALLERGY RELIEF, EQ ALLERGY RELIEF, EQ LORATADINE, EQL ALLERGY RELIEF, FT ALL DAY ALLERGY RELIEF, FT ALLERGY RELIEF, FT ALLERGY RELIEF LORATADINE, GNP LORATADINE, GOODSENSE ALLERGY RELIEF, HM LORATADINE, KLS ALLERCLEAR, LORADAMED, MEIJER ALLERGY RELIEF, QC ALLERGY RELIEF, QC LORATADINE ALLERGY RELIEF, SB LORATADINE, SB LORATADINE ALLERGY RELIEF, SM ALL DAY ALLERGY RELIEF, SM LORATADINE, WAL-ITIN TABS	1	QL(1 EA daily)	<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 12.5 MG</i>	1	
			<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)
			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>	1	PA
			<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
			Bile Acid Sequestrants		
			(Cholestyramine Light) PREVALITE PACK	1	
			(Cholestyramine Light) PREVALITE POWD	1	
<i>cetirizine hcl TABS 10 MG</i>	1	QL(1 EA daily)	<i>cholestyramine light PACK</i>	1	
<i>desloratadine TABS</i>	3	QL(1 EA daily); PA	<i>cholestyramine light POWD</i>	1	
<i>desloratadine TBDP</i>	3	PA	<i>cholestyramine PACK</i>	1	
<i>loratadine TABS</i>	1	QL(1 EA daily)	<i>cholestyramine POWD</i>	1	
Antihistamines - Phenothiazines			<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1		<i>colesevelam hcl TABS</i>	2	QL(7 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)	<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1		<i>colestipol hcl PACK</i>	1	
			<i>colestipol hcl TABS</i>	1	
			Fibric Acid Derivatives		
			<i>choline fenofibrate 45 MG</i>	1	

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<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 48 MG</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
<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 40 MG</i>	1	QL(2 EA daily)
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	4	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	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); 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 40 MG</i>	1	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<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>metirosine</i>	4	SP
<i>phenoxybenzamine hcl</i>	1	Not available through Mail Order
Angiotensin II Receptor Antagonists		
<i>azilsartan medoxomil 80 MG</i>	3	QL(1 EA daily)

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<i>azilsartan medoxomil 40 MG</i>	3		<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)	<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1		<i>atenolol & chlorthalidone</i>	1	
<i>losartan potassium</i>	1		<i>benazepril & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)	<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)	<i>captopril & hydrochlorothiazide</i>	1	
<i>telmisartan 20 MG, 40 MG</i>	1		EDARBYCLOR	3	QL(1 EA daily)
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)	<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>irbesartan-hydrochlorothiazide</i>	1	
<i>clonidine hcl TABS</i>	1		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>clonidine TB24</i>	3		<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	
<i>prazosin hcl CAPS</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1				
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)			
Antihypertensive Combinations					
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1				
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>telmisartan-amlodipine</i>	1	
<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	
Antihypertensives - Misc.		
VECAMYL	4	SP; PA
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.		
IMPAVIDO	4	
<i>metronidazole CAPS</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>pentamidine isethionate IN</i>	2	
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	Limit 9 per month; QL(9 EA per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) Sulfatrim Pediatric Susp	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
<i>atovaquone</i>	2	
<i>nitazoxanide TABS</i>	2	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Oxazolidinones		
<i>linezolid SUSP</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	2	
<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	
COARTEM	2	QL(24 EA per 365 day(s) retail)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail)
<i>primaquine phosphate TABS</i>	1	
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	SP; PA
<i>pyridostigmine bromide SOLN PO</i>	2	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat		

Drug Name	Drug Tier	Requirements/ Limits
Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	4	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
<i>rifapentine 150 MG</i>	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
LEUKERAN	2	AC
<i>lomustine</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	2	SP; AC
Antimetabolites		
<i>capecitabine</i>	2	SP; AC
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	AC
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	4	SP; AC; PA
TABLOID	2	SP; AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
INLYTA	4	SP; AC; PA
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); SP; AC; PA
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	4	SP; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPB	4	SP; AC; PA
VENCLEXTA TABS 10 MG	4	QL(2 EA daily); SP; AC; PA
VENCLEXTA TABS 50 MG	4	SP; AC; PA
VENCLEXTA TABS 100 MG	4	QL(4 EA daily); SP; AC; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	4	SP; AC; PA
<i>gefitinib</i>	4	SP; AC; PA
GILOTRIF	4	SP; AC; PA
TAGRISSE	4	SP; AC; PA
VIZIMPRO	4	SP; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	SP; PA
ERIVEDGE	4	SP; AC; PA
ODOMZO	4	SP; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	4	SP; AC; PA
<i>abiraterone acetate</i>	4	SP; AC; PA
<i>anastrozole</i>	1	QL(1 EA daily); PV; AC
<i>bicalutamide</i>	1	QL(1 EA daily); AC
EMCYT	2	SP; AC
ERLEADA	4	SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	1	PV; AC
<i>letrozole</i>	1	AC
LUPRON DEPOT (1-MONTH) KIT IM	4	covered w-gender transformation diagnosis; PA required for other diagnosis; SP
LYSODREN	2	SP; AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
<i>nilutamide</i>	4	AC
NUBEQA	4	SP; AC; PA
SOLTAMOX SOLN	2	Preventative \$0 copay for members over 35 years; PV; AC
<i>tamoxifen citrate TABS</i>	1	Preventative \$0 copay for members over 35 years; PV; AC
<i>toremifene citrate</i>	2	AC
XTANDI CAPS	4	SP; AC; PA
XTANDI TABS	4	SP; AC; PA
YONSA	4	SP; AC; PA
Antineoplastic - Immunomodulators		
<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	4	QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - PDGFR-alpha Inhibitors			<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA
AYVAKIT	4	QL(1 EA daily); SP; AC; PA	<i>everolimus TBSO</i>	4	QL(1 EA daily); SP; AC; PA
Antineoplastic Combinations			IBRANCE CAPS 100 MG, 125 MG	3	SP; AC; PA
INQOVI	4	SP; PA	IBRANCE TABS	3	SP; AC; PA
LONSURF	4	SP; AC; PA	ICLUSIG	4	QL(1 EA daily); SP; AC; PA
Antineoplastic Enzyme Inhibitors			IDHIFA	4	SP; AC; PA
(Everolimus) TORPENZ, YULITHIRA TABS	4	QL(1 EA daily); SP; AC; PA	<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); SP; AC; PA
ALECENSA	4	SP; AC; PA	<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); SP; AC; PA
ALUNBRIG TABS	4	QL(1 EA daily); SP; AC; PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA
ALUNBRIG TBPk	4	QL(1 EA daily); SP; AC; PA	IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA
BALVERSA	4	SP; AC; PA	IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA
BOSULIF CAPS 100 MG	4	QL(2 EA daily); SP; AC; PA	IMBRUVICA TABS	4	QL(1 EA daily); SP; AC; PA
BOSULIF CAPS 50 MG	4	QL(1 EA daily); SP; AC; PA	INREBIC	4	SP; AC; PA
<i>bosutinib TABS 400 MG, 500 MG</i>	4	QL(1 EA daily); SP; AC; PA	JAKAFI	4	QL(2 EA daily); SP; AC; PA
<i>bosutinib TABS 100 MG</i>	4	QL(2 EA daily); SP; AC; PA	KISQALI (200 MG DOSE)	3	QL(1 EA daily); SP; AC; PA
BRAFTOVI 75 MG	4	SP; AC; PA	KISQALI (400 MG DOSE)	3	QL(1 EA daily); SP; AC; PA
BRUKINSA	4	QL(4 EA daily); SP; AC; PA	KISQALI (600 MG DOSE)	3	QL(1 EA daily); SP; AC; PA
BRUKINSA PO 160 MG	4	QL(2 EA daily); SP; AC; PA	KOSELUGO	4	SP; AC; PA
CABOMETYX TABS	4	QL(1 EA daily); SP; AC; PA	<i>lapatinib ditosylate</i>	4	SP; AC; PA
CALQUENCE	4	QL(2 EA daily); SP; AC; PA	LORBRENA	4	SP; AC; PA
CAPRELSA	4	SP; AC; PA	LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	SP; AC; PA	LUMAKRAS 320 MG	4	QL(3 EA daily); SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	SP; AC; PA	LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	SP; AC; PA	MEKINIST SOLR	4	SP; AC; PA
COPIKTRA	4	SP; AC; PA	MEKINIST TABS	4	SP; AC; PA
COTELLIC	4	SP; AC; PA	MEKTOVI	4	SP; AC; PA
<i>dasatinib</i>	4	SP; AC; PA	NERLYNX	4	SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	4	QL(4 EA daily); SP; AC; PA	VITRAKVI SOLN	4	SP; AC; PA
NINLARO	4	QL(0.1 EA daily); SP; AC; PA	XALKORI CAPS	4	SP; AC; PA
<i>pazopanib hcl</i>	4	SP; AC; PA	XALKORI CPSP	4	SP; AC; PA
PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	4	SP; AC; PA	XOSPATA	4	SP; AC; PA
PIQRAY (200 MG DAILY DOSE)	4	SP; AC; PA	ZEJULA TABS	4	SP; AC; PA
PIQRAY (250 MG DAILY DOSE)	4	SP; AC; PA	ZELBORAF	4	SP; AC; PA
PIQRAY (300 MG DAILY DOSE)	4	SP; AC; PA	ZOLINZA	4	SP; AC; PA
QINLOCK	3	SP; AC; PA	ZYKADIA TABS	4	SP; AC; PA
RETEVMO CAPS	4	QL(6 EA daily); SP; AC; PA	Antineoplastics Misc.		
ROZLYTREK CAPS	4	SP; AC; PA	ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
ROZLYTREK PACK	4	SP; AC; PA	<i>bexarotene</i>	4	SP; AC; PA
RUBRACA	4	SP; AC; PA	<i>hydroxyurea</i>	1	AC
RYDAPT	4	SP; AC; PA	MATULANE	4	SP; AC
<i>sorafenib tosylate</i>	4	SP; AC; PA	<i>tretinoin (chemotherapy)</i>	2	SP; AC
STIVARGA	4	SP; AC; PA	Chemotherapy Rescue/Antidote/Protective Agents		
<i>sunitinib malate 25 MG</i>	2	SP; AC; PA	(Leucovorin Calcium) LEDERLE LEUCOVORIN TABS 5 MG	1	AC
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	QL(1 EA daily); SP; AC; PA	<i>leucovorin calcium TABS</i>	1	AC
TABRECTA	4	SP; AC; PA	<i>mesna TABS</i>	3	SP; AC
TAFINLAR CAPS 75 MG	4	QL(4 EA daily); SP; AC; PA	MESNEX TABS	3	SP; AC
TAFINLAR CAPS 50 MG	4	QL(6 EA daily); SP; AC; PA	Mitotic Inhibitors		
TAFINLAR TBSO	4	QL(15 EA daily); SP; AC; PA	<i>etoposide CAPS</i>	2	SP; AC; PA
TALZENNA	4	SP; AC; PA	Topoisomerase I Inhibitors		
TAZVERIK	4	SP; AC; PA	HYCAMTIN CAPS	4	SP; AC; PA
TIBSOVO	4	SP; AC; PA	ANTIPARKINSON AND RELATED THERAPY		
TURALIO 125 MG	4	SP; AC; PA	AGENTS - Drugs to Treat Parkinson's Disease		
VERZENIO	4	QL(2 EA daily); SP; AC; PA	Antiparkinson Adjunctive Therapy		
VITRAKVI CAPS	4	SP; AC; PA	<i>carbidopa</i>	2	
			Antiparkinson Anticholinergics		
			<i>benztropine mesylate TABS</i>	1	
			<i>trihexyphenidyl hcl SOLN</i>	1	
			<i>trihexyphenidyl hcl TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson COMT Inhibitors			<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>entacapone</i>	2		<i>ropinirole hydrochloride TABS</i>	1	
<i>tolcapone</i>	4		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
Antiparkinson Dopaminergics			<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
<i>amantadine hcl CAPS</i>	1		Antiparkinson Monoamine Oxidase Inhibitors		
<i>amantadine hcl TABS</i>	1		<i>rasagiline mesylate</i>	1	
<i>bromocriptine mesylate CAPS</i>	1		<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	1		<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
<i>carbidopa-levodopa CPCR</i>	3	QL(10 EA daily); PA	ZELAPAR TBDP	3	
<i>carbidopa-levodopa-entacapone</i>	2		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>carbidopa-levodopa TABS</i>	1		Antimanic Agents		
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1		<i>lithium</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)	<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>carbidopa-levodopa TBDP</i>	2		<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
DHIVY TABS	2		<i>lithium carbonate TABS</i>	1	
DUOPA SUSP	3	PA	<i>lithium carbonate TBCR</i>	1	
INBRIJA CAPS	3	PA	Antipsychotics - Misc.		
NEUPRO	3		EQUETRO	3	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)	<i>lurasidone hcl</i>	2	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)	NUPLAZID CAPS	4	QL(1 EA daily); PA
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1		NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)	VRAYLAR CAPS	3	
			<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
			<i>ziprasidone hcl 20 MG, 40 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
Benzisoxazoles		
<i>paliperidone</i>	3	
<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>	2	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP</i>	2	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<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)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TB24</i>	1	
VERSACLOZ SUSP	4	QL(18 ML daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	3	
<i>fluphenazine hcl ELIX</i>	2	
<i>fluphenazine hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
<i>aripiprazole SOLN PO</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY	2	
CIMDUO	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 120 MG-15 MG	2	
DESCOVY 200 MG-25 MG	5	PV
DOVATO	2	
<i>efavirenz CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)	NORVIR PACK	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		ODEFSEY	2	QL(1 EA daily)
<i>efavirenz TABS</i>	1		PIFELTRO	2	
<i>emtricitabine CAPS</i>	1		PREZCOBIX	2	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1		PREZISTA SUSP	2	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)	PREZISTA TABS 75 MG, 150 MG	2	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV	REYATAZ PACK	2	
EMTRIVA SOLN	2		<i>rilpivirine hcl 25 MG</i>	1	
<i>etravirine</i>	1		<i>ritonavir TABS</i>	1	
EVOTAZ	2		RUKOBIA	4	
<i>fosamprenavir calcium TABS</i>	1		SELZENTRY SOLN	2	
FUZEON SOLR	4	SP; PA	STRIBILD	2	
GENVOYA	2		SYMTUZA	2	
INTELENCE 25 MG	2		<i>tenofovir disoproxil fumarate TABS</i>	1	
ISENTRESS HD TABS	2		TIVICAY TABS 50 MG	2	
ISENTRESS CHEW	2		TRIUMEQ PD TBSO	2	
ISENTRESS TABS	2		TRIUMEQ TABS	2	
JULUCA	2		TYBOST	2	
KALETRA SOLN	2		VIRACEPT TABS	2	
<i>lamivudine SOLN</i>	1		VIREAD POWD	2	
<i>lamivudine TABS</i>	1		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
<i>lamivudine-zidovudine</i>	1		YEZTUGO TABS PO 300 MG	5	QL(4 EA per 180 day(s) retail); SP; PV
<i>lopinavir-ritonavir SOLN</i>	1		<i>zidovudine CAPS</i>	1	
<i>lopinavir-ritonavir TABS</i>	1		<i>zidovudine SYRP</i>	1	
<i>maraviroc TABS</i>	1		<i>zidovudine TABS</i>	1	
<i>nevirapine SUSP</i>	1		Antiviral Combinations		
<i>nevirapine TABS</i>	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
<i>nevirapine TB24 400 MG</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
PAXLOVID (300/100 & 150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	1	
<i>entecavir TABS</i>	2	
<i>lamivudine (hbw) TABS</i>	2	
MAVYRET TABS	4	QL(84 EA per 28 day(s) retail); SP; PA
PEGASYS SOLN	4	SP; PA
SOFOBUVIR-VELPATASVIR TABS	2	SP; PA
VEMLIDY	4	SP; PA
VOSEVI	4	SP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>acyclovir TABS PO 400 MG</i>	1	
<i>famciclovir</i>	1	
SITAVIG TABS BU	3	PA
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(125 ML per 5 day(s) retail)
RELENZA DISKHALER	3	QL(20 EA per fill retail)
<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)
<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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INDERAL XL	3		<i>diltiazem hcl extended release beads</i>	1	
INNOPRAN XL	3		<i>diltiazem hcl CP12</i>	1	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		<i>diltiazem hcl CP24</i>	1	
<i>pindolol TABS</i>	1		<i>diltiazem hcl TABS</i>	1	
<i>propranolol hcl CP24</i>	1		<i>diltiazem hcl TB24</i>	1	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>propranolol hcl TABS</i>	1		<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>sotalol hcl (afib/af)</i>	1		<i>isradipine CAPS</i>	1	
<i>sotalol hcl TABS</i>	1		<i>nicardipine hcl CAPS</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)	<i>nifedipine CAPS</i>	1	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)	<i>nifedipine TB24</i>	1	QL(1 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>nimodipine CAPS</i>	2	
Calcium Channel Blockers			<i>nimodipine SOLN</i>	3	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)	<i>nisoldipine</i>	2	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 180 MG, 300 MG	1		<i>verapamil hcl CP24 120 MG, 240 MG</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
(Diltiazem Hcl) DILT-XR CP24	1		<i>verapamil hcl CP24 360 MG</i>	2	QL(1 EA daily)
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	2	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)	<i>verapamil hcl TABS</i>	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)	<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)	<i>verapamil hcl TBCR 120 MG</i>	1	
			CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
			Cardiac Glycosides		
			(Digoxin) DIGITEK TABS 125 MCG	1	
			<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		

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Drug Name	Drug Tier	Requirements/ Limits
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	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	Check plan documents for benefits and copay; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	Check plan documents for benefits and copay; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for benefits and copay; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	4	QL(168 EA per 28 day(s) retail); SP; PA
ORENITRAM MONTH 2 TEPK	4	QL(336 EA per 28 day(s) retail); SP; PA
ORENITRAM MONTH 3 TEPK	4	QL(252 EA per 28 day(s) retail); SP; PA
ORENITRAM TBCR	4	QL(6 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); SP; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); SP; PA
TYVASO REFILL KIT SOLN IN	4	SP; PA
TYVASO STARTER KIT SOLN IN	4	SP; PA
TYVASO SOLN IN	4	SP; PA
VENTAVIS IN	4	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
<i>bosentan TABS</i>	4	SP; PA
<i>bosentan TBSO 32 MG</i>	4	SP; PA
<i>macitentan 10 MG</i>	4	QL(1 EA daily); SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	3	QL(2 EA daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	3	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	SP; PA
UPTRAVI TABS	4	QL(2 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	SP; PA
Sinus Node Inhibitors		
<i>ivabradine hcl TABS</i>	1	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); SP; PA
VYNDAQEL	4	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 250 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	

Drug Name	Drug Tier	Requirements/ Limits
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 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
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28)	5	PV

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(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESS	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESS 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, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, 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 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-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV			

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(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 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-0.4 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 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
(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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	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 25 MCG-0.8 MG-75 MG	5	PV
			(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV

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(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	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	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 1.5 MG-30 MCG	5	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, SPRINTEC 28, VYLIBRA	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	(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7	5	PV	AVERI TABS PO	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
			FEMLYV TBDP	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

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<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, PLAN B ONE-STEP, REACT, SHEWISE, TAKE ACTION, YOUR CHOICE 1.5 MG	5	PV
LO LOESTRIN FE TABS	5	PV	ELLA	5	PV
NATAZIA	5	PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
NEXTSTELLIS	5	PV	Progestin Contraceptives - Injectable		
<i>norethin acet & estrad-fe CAPS</i>	5	PV	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
<i>norethin acet & estrad-fe CHEW</i>	5	PV	Progestin Contraceptives - Oral		
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	5	PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	PV	<i>norethindrone (contraceptive)</i>	5	PV
<i>norethindrone acet & eth estra TABS</i>	5	PV	OPILL	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV	SLYND	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV	Glucocorticosteroids		
TYBLUME CHEW	5	PV	(Deflazacort) JAYTHARI, KYMBEE, PYQUVI SUSP	4	SP; PA
Combination Contraceptives - Transdermal			(Deflazacort) JAYTHARI, KYMBEE TABS	4	SP; PA
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV	AGAMREE	4	SP; PA
<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					

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Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide CPEP</i>	1	QL(3 EA daily)
<i>budesonide TB24</i>	2	PA
<i>deflazacort SUSP</i>	4	SP; PA
<i>deflazacort TABS</i>	4	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>hydrocortisone TABS</i>	1	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk</i>	1	
<i>prednisolone sodium phosphate SOLN 25 MG/5ML</i>	2	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML</i>	1	
<i>prednisolone sodium phosphate TBPk</i>	2	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Phenylephrine-Chlorphen-DM) CHLOR A-HIST DM, ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	1	
(Phenylephrine-Chlorphen-DM) CHLOR A-HIST DM, ED-A-HIST DM, NOHIST-DM LIQD	1	
(Phenylephrine-Guaifenesin) ED BRON GP, MAXI-TUSS PE MAX LIQD 5 MG/5ML-100 MG/5ML	1	
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)
(Pseudoephedrine W/ DM-GG) ACTINEL PEDIATRIC, TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3	

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(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCINEX D, MUCINEX D MAX STRENGTH, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS RELIEF D MAX ST TB12	1		<i>guaifenesin-codeine SOLN</i>	1	
			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
			LOHIST-DM SYRP	2	
			MAR-COF CG EXPECTORANT LIQD	3	
			MUCUS RELIEF D TABS 400 MG-40 MG	2	
			NEOTUSS PLUS LIQD	3	
			NINJACOF-XG LIQD	2	
			<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)
			<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
			<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
			<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCINEX D, MUCINEX D MAX STRENGTH, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS RELIEF D MAX ST TB12 600 MG-60 MG	1		PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
			PSE-DEXCHLORPHEN-CHLOPHEDIANOL	2	
			<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
			<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	1	
			RYDEX	2	
			TUSNEL C SYRP	3	
			TUSNEL TABS	3	
			VANACOF	2	
(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG	1		Expectorants		
GILTUSS COUGH & COLD TABS	3				
GILTUSS SINUS & CONGESTION TABS	3				

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(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, KLS MUCUS RELIEF CHEST, MUCOSA, MUCUS RELIEF, MUCUS RELIEF CHEST CONGESTION, PHARBINEX, QC MEDIFIN 400, REFENESEN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG	1		(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
guaifenesin TABS 400 MG	1		(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
potassium iodide (expectorant) SOLN	1		(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
POTASSIUM IODIDE (EXPECTORANT) SOLN 1 GM/ML	2		(Erythromycin (Acne Aid)) ERY PADS	1	
Misc. Respiratory Inhalants			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG	1	QL(2 EA daily)
HYPERSAL NEBU	2		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(5 EA daily)
NEBUSAL NEBU	3		(Sulfacetamide Sodium W/ Sulfur) BP 10-1 EMUL 10 %-1 %	1	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	1		adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	1	QL(1.5 GM daily); PA
Mucolytics			adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	Limit 45gms per month; QL(1.5 GM daily)
acetylcysteine SOLN	1		adapalene CREA	1	QL(45 GM per fill retail)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			adapalene GEL 0.3 %	1	QL(45 GM per fill retail; 135 per fill mail)
Acne Products			adapalene GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, DIFFERIN, GNP ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC	benzoyl peroxide-erythromycin GEL	1	QL(2 GM daily)
			clindamycin phosphate (topical) FOAM	1	
			clindamycin phosphate (topical) GEL	1	
			clindamycin phosphate (topical) LOTN	1	

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<i>clindamycin phosphate (topical) SOLN</i>	1		<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 GM daily)
<i>clindamycin phosphate (topical) SWAB</i>	1		<i>tretinoin microsphere 0.08 %</i>	2	PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
<i>clindamycin phosphate-tretinoin</i>	2	QL(1 GM daily)	<i>tretinoin GEL 0.05 %</i>	1	QL(1.5 GM daily)
<i>dapsone (topical) 5 %</i>	1	PA	Agents for External Genital and Perianal Warts		
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily); PA	VEREGEN	3	QL(30 GM per fill retail)
DIFFERIN LOTN	2	QL(1.97 ML daily)	Antibiotics - Topical		
<i>erythromycin (acne aid) GEL</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		<i>gentamicin sulfate (topical) OINT</i>	1	
<i>isotretinoin 10 MG, 20 MG, 25 MG, 30 MG, 35 MG</i>	1	QL(2 EA daily)	<i>mupirocin OINT</i>	1	
<i>isotretinoin 40 MG</i>	1	QL(5 EA daily)	Antifungals - Topical		
SSS 10-5 FOAM 10 %-5 %	2		(Ciclopirox) CICLODAN SOLN	1	
<i>sulfacetamide sodium (acne)</i>	1		(Ketoconazole (Topical)) KETODAN FOAM	2	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	1		<i>ciclopirox olamine CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1		<i>ciclopirox olamine SUSP</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)	<i>ciclopirox GEL</i>	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	2		<i>ciclopirox SHAM</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>ciclopirox SOLN</i>	1	
			<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
			<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
			<i>econazole nitrate CREA</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ECONAZOLE NITRATE FOAM 1 %	3	Limit 70gms per month; QL(2.34 GM daily)	(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, VOLTAREN ARTHRITIS PAIN GEL EX	1	RX/OTC
ECOZA FOAM	3	Limit 70gms per month; QL(2.34 GM daily)			
ERTACZO	4	PA			
EXODERM	2				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1				
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)			
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
<i>naftifine hcl CREA</i>	2				
<i>naftifine hcl GEL 2 %</i>	2				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				
<i>nystatin (topical) POWD EX</i>	1				
<i>nystatin-triamcinolone CREA</i>	1		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>nystatin-triamcinolone OINT</i>	1		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
<i>oxiconazole nitrate CREA</i>	2		Antineoplastic or Premalignant Lesion Agents - Topical		
OXISTAT LOTN	3		<i>bexarotene (topical)</i>	2	SP; PA
<i>sulconazole nitrate CREA</i>	2		<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
<i>sulconazole nitrate SOLN</i>	2		<i>fluorouracil (topical) CREA 5 %</i>	2	
Anti-inflammatory Agents - Topical			<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)
			<i>fluorouracil (topical) SOLN</i>	1	
			PANRETIN	3	PA
			VALCHLOR	4	SP; PA
			Antipruritics - Topical		

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<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
(Tazarotene) TRILITAS GEL 0.1 %	1	QL(1 GM daily)
<i>acitretin 10 MG</i>	1	QL(1 EA daily)
<i>acitretin 17.5 MG</i>	1	
<i>acitretin 25 MG</i>	1	QL(2 EA daily)
<i>calcipotriene CREA</i>	1	QL(5 GM daily)
CALCIPOTRIENE FOAM	4	QL(4 GM daily)
<i>calcipotriene OINT</i>	1	QL(5 GM daily)
<i>calcipotriene SOLN</i>	1	
<i>calcitriol (topical)</i>	2	Limit 100gms per month; QL(3.34 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); SP; PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); SP; PA
COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); SP; PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); SP; PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); SP; PA
<i>methoxsalen rapid</i>	2	
PYZCHIVA 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
PYZCHIVA SC 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
PYZCHIVA 90 MG/ML	4	QL(0.018 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PEN SOAJ	4	Check plan documents for benefits and copay; QL(1 ML per 84 day(s) retail); SP; PA
SKYRIZI SOSY	4	Check plan documents for benefits and copay; QL(1 ML per 84 day(s) retail); SP; PA
SORILUX FOAM	4	QL(4 GM daily)
STELARA SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; PA
STEQEYMA 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
STEQEYMA 90 MG/ML	3	QL(0.018 ML daily); SP; PA
<i>tazarotene CREA</i>	1	QL(1 GM daily)
<i>tazarotene GEL</i>	1	QL(1 GM daily)
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); SP; PA
TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); SP; PA
USTEKINUMAB-TTWE SC	4	QL(0.012 ML daily); SP; PA
YESINTEK SOLN 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
YESINTEK SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; PA
YESINTEK SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	

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sulfacetamide sodium LIQD	1		betamethasone dipropionate (topical) OINT	1	
Antivirals - Topical			betamethasone dipropionate augmented CREA	1	
acyclovir topical CREA	1	QL(0.17 GM daily); PA	betamethasone dipropionate augmented GEL 0.05 %	1	
acyclovir topical OINT	1	QL(1 GM daily)	betamethasone dipropionate augmented LOTN	1	
Burn Products			betamethasone dipropionate augmented OINT	1	
(Silver Sulfadiazine) SSD	1		betamethasone valerate CREA	1	
mafenide acetate PACK	2		betamethasone valerate FOAM	2	
silver sulfadiazine	1		betamethasone valerate LOTN	1	
SULFAMYLON CREA	3		betamethasone valerate OINT	1	
Corticosteroids - Topical			calcipotriene-betamethasone dipropionate OINT	2	Use steroid and Vectical or Dovonex; QL(2 GM daily)
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1		calcipotriene-betamethasone dipropionate SUSP	2	QL(2 GM daily); ST
(Clobetasol Propionate Emulsion) TOVET	2		clobetasol propionate emollient base 0.05 %	1	
(Clobetasol Propionate) CLODAN SHAM	1		clobetasol propionate emulsion	2	
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	2		clobetasol propionate CREA 0.05 %	1	
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	2		clobetasol propionate FOAM	2	
(Hydrocortisone Butyrate) EVESSE LOTN	2	PA	clobetasol propionate GEL 0.05 %	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		clobetasol propionate LIQD	2	
alclometasone dipropionate CREA	1		clobetasol propionate LOTN	1	
alclometasone dipropionate OINT	1				
amcinonide OINT	3				
APEXICON E CREA	2				
betamethasone dipropionate (topical) CREA	1				
betamethasone dipropionate (topical) LOTN	1				

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<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluticasone propionate LOTN</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluticasone propionate OINT</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>halobetasol propionate CREA</i>	1	
<i>clocortolone pivalate</i>	1		HALOBETASOL PROPIONATE LOTN 0.05 %	3	PA
CORDRAN TAPE	3		<i>halobetasol propionate OINT</i>	1	
<i>desonide CREA</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desonide GEL</i>	2		<i>hydrocortisone (topical) LOTN 2 %</i>	2	
<i>desonide LOTN</i>	1		<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
<i>desonide OINT</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone (topical) SOLN 2.5 %</i>	2	
<i>desoximetasone GEL</i>	2		<i>hydrocortisone butyrate CREA</i>	1	
<i>desoximetasone LIQD</i>	2	ST	<i>hydrocortisone butyrate LOTN</i>	2	PA
<i>desoximetasone OINT 0.25 %</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>desoximetasone OINT 0.05 %</i>	2		<i>hydrocortisone butyrate SOLN</i>	1	
<i>diflorasone diacetate CREA</i>	2		<i>hydrocortisone valerate CREA</i>	1	
<i>diflorasone diacetate OINT</i>	2		<i>hydrocortisone valerate OINT</i>	1	
EPIFOAM FOAM	3		LOCOID LIPOCREAM	2	
<i>fluocinolone acetonide CREA</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinolone acetonide OIL</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinolone acetonide OINT</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinolone acetonide SOLN</i>	1		PRAMOSONE LOTN	3	
<i>fluocinonide emulsified base</i>	1				
<i>fluocinonide CREA</i>	1				
<i>fluocinonide GEL</i>	1				
<i>fluocinonide OINT</i>	1				
<i>fluocinonide SOLN</i>	1				
<i>fluticasone propionate CREA 0.05 %</i>	1				

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PRAMOSONE OINT 1 %-1 %	3		MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
PRAMOSONE OINT 2.5 %-1 %	2		PODOCON-25 SOLN	3	
<i>triamcinolone acetonide (topical) AERS</i>	1		<i>podofilox GEL</i>	2	
<i>triamcinolone acetonide (topical) CREA</i>	1		<i>podofilox SOLN</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1		SALICYLIC ACID OINT	3	RX/OTC
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		<i>salicylic acid SHAM 6 %</i>	1	
ULTRAVATE LOTN	3	PA	<i>salicylic acid SOLN 26 %</i>	2	
Eczema Agents			<i>salicylic acid SOLN 28.5 %</i>	2	PA
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); SP; PA	SALIMEZ CREA	3	
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA	SALYCIM CREA	3	
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA	Local Anesthetics - Topical		
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); SP; PA	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
Enzymes - Topical			<i>lidocaine-prilocaine CREA</i>	1	
SANTYL OINT	3		<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
Immunomodulating Agents - Topical			Misc. Topical		
<i>imiquimod 5 %</i>	1		DRYSOL SOLN	2	
Immunosuppressive Agents - Topical			XERAC AC	3	
<i>pimecrolimus</i>	1	QL(60 GM per fill retail)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)	EUCRISA	3	QL(2 GM daily); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)	Rosacea Agents		
Keratolytic/Antimitotic/Vesicant Agents			<i>azelaic acid GEL</i>	1	
BENSAL HP OINT	3	RX/OTC	<i>brimonidine tartrate (topical)</i>	2	PA
			<i>doxycycline (rosacea)</i>	2	QL(1 EA daily); PA
			FINACEA FOAM	3	
			<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
			<i>metronidazole (topical) CREA</i>	1	
			<i>metronidazole (topical) GEL 1 %</i>	1	

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<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)
<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)
<i>oxymetazoline hcl (topical) 1 %</i>	3	PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN, RID ONE & DONE, SKLICE	1	
<i>ivermectin (pediculicide)</i>	1	
<i>malathion</i>	2	
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
<i>spinosad</i>	2	AL(At least 4 yrs old)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
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)
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month

Drug Name	Drug Tier	Requirements/ Limits
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)
KETOSTIX STRP	2	QL(50 EA per fill retail)
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)
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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		<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
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		Loop Diuretics		
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
Carbonic Anhydrase Inhibitors			<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>acetazolamide CP12</i>	1	QL(2 EA daily)	<i>ethacrynic acid</i>	2	ST
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>acetazolamide TABS 125 MG</i>	1		<i>furosemide TABS</i>	1	
<i>methazolamide TABS</i>	1		<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
Diuretic Combinations			<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
<i>amiloride & hydrochlorothiazide</i>	1		Potassium Sparing Diuretics		
<i>spironolactone & hydrochlorothiazide</i>	1		<i>amiloride hcl TABS</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		<i>spironolactone TABS</i>	1	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)	<i>triamterene CAPS</i>	2	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	1	
			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>	2	
			<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>calcitonin (salmon) IJ</i>	4	PA
<i>calcitonin (salmon) NA</i>	1	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
NATPARA	4	PA
<i>risedronate sodium TABS 150 MG</i>	1	Limit 1 per month; QL(0.04 EA daily)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>risedronate sodium TABS 35 MG</i>	1	Limit 4 for 28 days; QL(0.15 EA daily)
<i>teriparatide SOPN</i>	4	PA
TYMLOS	4	SP; PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID, MILOPHENE TABS	1	Check plan documents for benefits and copay; QL(15 EA per 30 day(s) retail)
CHORIONIC GONADOTROPIN IM	4	Check plan documents for benefits and copay; PA
<i>clomiphene citrate TABS</i>	1	Check plan documents for benefits and copay; QL(15 EA per 30 day(s) retail)
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	4	Check plan documents for benefits and copay; PA
GONAL-F RFF REDIJECT SOPN	4	Check plan documents for benefits and copay; PA

Drug Name	Drug Tier	Requirements/ Limits
GONAL-F SOLR IJ 450 UNIT	4	Check plan documents for benefits and copay; PA
MENOPUR SC	4	Check plan documents for benefits and copay; PA
NOVAREL IM 5000 UNIT	4	Check plan documents for benefits and copay; PA
OVIDREL SOSY	4	Check if fertility benefits apply; PA
PREGNYL IM	4	Check plan documents for benefits and copay; PA
GnRH/LHRH Antagonists		
(Ganirelix Acetate) FYREMADEL	4	Check plan documents for benefits and copay; PA
<i>cetrorelix acetate</i>	4	Check plan documents for benefits and copay; PA
<i>ganirelix acetate</i>	4	Check plan documents for benefits and copay; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	4	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	Check plan documents for benefits and copay; QL(1 EA daily); SP; PA

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GENOTROPIN CART SC	4	Check plan documents for benefits and copay; QL(1 EA per 30 day(s) retail); SP; PA	(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK	4	SP
NORDITROPIN FLEXPPO SOPN 30 MG/3ML	4	Check plan documents for benefits and copay; QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); SP; PA	(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	SP
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	Check plan documents for benefits and copay; QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); SP; PA	<i>betaine</i>	4	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	QL(1 EA daily); SP; PA	<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
Hormone Receptor Modulators			<i>calcitriol CAPS 0.25 MCG</i>	1	
OSPHEA	3	QL(1 EA daily)	<i>calcitriol SOLN PO</i>	1	
<i>raloxifene hcl</i>	1	Preventative \$0 copay for members over 35 years; PV	<i>cinacalcet hcl</i>	2	SP; PA
Insulin-Like Growth Factors (Somatomedins)			<i>doxercalciferol CAPS</i>	2	
INCRELEX	4	SP; PA	GALAFOLD	4	QL(0.5 EA daily); SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis; SP	<i>levocarnitine (metabolic modifiers) TABS</i>	2	
SYNAREL	2	SP	MYALEPT	4	SP; PA
Metabolic Modifiers			<i>nitisinone CAPS</i>	4	SP; PA
			ORFADIN SUSP	4	SP; PA
			PALYNZIQ	4	SP; PA
			<i>paricalcitol CAPS 4 MCG</i>	2	
			<i>paricalcitol CAPS 1 MCG, 2 MCG</i>	1	
			<i>sapropterin dihydrochloride PACK</i>	4	SP
			<i>sapropterin dihydrochloride TABS</i>	4	SP
			<i>sodium phenylbutyrate POWD</i>	2	SP; PA
			<i>sodium phenylbutyrate TABS</i>	2	SP; PA
			STRENSIQ	4	SP; PA
			Posterior Pituitary Hormones		
			<i>desmopressin acetate spray</i>	1	
			<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	

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DESMOPRESSIN ACETATE SOLN NA	3	SP	DUAVEE	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1		<i>estradiol & norethindrone acetate TABS</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)	<i>norethindrone acetate-ethinyl estradiol</i>	1	
Progesterone Receptor Antagonists			ORIAHNN	4	PA
<i>mifepristone</i>	5	PV	PREMPHASE	2	QL(1 EA daily)
Prolactin Inhibitors			PREMPRO	2	QL(1 EA daily)
<i>cabergoline</i>	1		Estrogens		
Somatostatic Agents			(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
<i>octreotide acetate SOLN</i>	4	SP; PA	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
<i>octreotide acetate SOSY</i>	4	SP; PA	ELESTRIN GEL	3	QL(1.74 GM daily)
SIGNIFOR	4	SP; PA	<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
Vasopressin Receptor Antagonists			<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
<i>tolvaptan TBPK 15 MG</i>	4	SP; PA	<i>estradiol GEL</i>	1	
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
Estrogen Combinations			<i>estradiol PTWK</i>	1	Limit 4 per 28 days; QL(0.15 EA daily)
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, MIMVEY TABS 1 MG-0.5 MG	1		<i>estradiol TABS</i>	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, MIMVEY TABS	1		<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	1	QL(1 EA daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		EVAMIST SOLN	3	QL(0.27 ML daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		MENEST 2.5 MG	2	QL(3 EA daily)
ANGELIQ	3		MENOSTAR PTWK	3	Limit 4 per 28 days; QL(0.15 EA daily)
CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 EA daily)	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
COMBIPATCH PTTW	3		Fluoroquinolones		

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<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1		<i>mesalamine ENEM</i>	1	QL(60 ML daily)
CIPRO SUSR	2		<i>mesalamine SUPP</i>	2	QL(1 EA daily)
<i>levofloxacin SOLN PO</i>	1		<i>mesalamine TBEC 800 MG</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)	<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)
<i>moxifloxacin hcl TABS</i>	1		SFROWASA ENEM	2	
<i>ofloxacin 300 MG</i>	1		SKYRIZI SOCT	4	1 package(s) per fill retail; SP; PA
<i>ofloxacin 400 MG</i>	2	QL(28 EA per 90 day(s) retail)	<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
GASTROINTESTINAL AGENTS - MISC. -			<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
Miscellaneous Gastrointestinal Drugs			TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
Bile Acid Synthesis Disorder Agents			TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
CTEXLI TABS PO 250 MG	4	SP; PA	TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
Farnesoid X Receptor (FXR) Agonists			Intestinal Acidifiers		
OCALIVA	4	QL(1 EA daily); SP; PA	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
Gallstone Solubilizing Agents			<i>lactulose (encephalopathy)</i>	1	
(Chenodiol) CHENODAL	4	SP; PA	Irritable Bowel Syndrome (IBS) Agents		
<i>ursodiol CAPS</i>	1		<i>alose tron hcl</i>	2	
<i>ursodiol TABS</i>	1		LINZESS	2	QL(1 EA daily)
Gastrointestinal Chloride Channel Activators			VIBERZI	3	QL(2 EA daily); PA
<i>lubiprostone</i>	1		Peripheral Opioid Receptor Antagonists		
Gastrointestinal Stimulants			<i>alvimopan</i>	4	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2		MOVANTIK	3	QL(1 EA daily)
<i>metoclopramide hcl TABS</i>	1		Phosphate Binder Agents		
<i>metoclopramide hcl TBDP</i>	2		(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
Inflammatory Bowel Agents			<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily; 280 EA per fill retail)			
<i>mesalamine CP24</i>	1	QL(4 EA daily)			
<i>mesalamine CPR</i>	2	QL(8 EA daily); PA			
<i>mesalamine CPDR</i>	1	QL(6 EA daily)			

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<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>ferric citrate</i>	3	PA
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 500 MG</i>	2	
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily); PA
<i>sevelamer hcl 400 MG</i>	1	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	2	
CYTRA-3 SYRP	3	
CYTRA-K SOLN 334 MG/5ML-1100 MG/5ML	2	RX/OTC
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	SP; PA
PROCYSBI CPDR	4	SP; PA
PROCYSBI PACK	4	SP; PA
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 8 MG</i>	1	QL(1 EA daily)
<i>silodosin 4 MG</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	2	SP
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	SP
<i>tiopronin TBEC</i>	2	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	

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<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	SP; PA
ADYNOVATE	4	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	SP; PA
ALPHANATE SOLR	4	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
ALPROLIX	4	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	SP; PA
BALFAXAR	4	SP; PA
BENEFIX KIT	4	SP; PA
COAGADEX	4	SP; PA
CORIFACT	4	SP; PA
ELOCTATE	4	SP; PA
ESPEROCT	4	SP; PA
FEIBA	4	SP; PA
FIBRYGA	4	SP; PA
HEMLIBRA	4	SP; PA
HEMLIBRA	4	SP; PA
HEMOFIL M SOLR 1700 UNIT	4	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	SP; PA
HUMATE-P SOLR	4	SP; PA
IDELVION	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
IXINITY SOLR	4	SP; PA
JIVI	4	SP; PA
KCENTRA	4	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	SP; PA
KOATE SOLR	3	SP; PA
KOGENATE FS KIT	4	SP; PA
KOVALTRY	4	SP; PA
NOVOEIGHT	4	SP; PA
NOVOSEVEN RT	4	SP; PA
NUWIQ KIT	4	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	SP; PA
OBIZUR	4	SP; PA
PROFILNINE	4	SP; PA
REBINYN	4	SP; PA
RECOMBINATE SOLR	4	SP; PA
RIASTAP	4	SP; PA
RIXUBIS SOLR	4	SP; PA
SEVENFACT	4	SP; PA
TRETTEN	4	SP; PA
VONVENDI	4	SP; PA
WILATE KIT	4	SP; PA
XYNTHA	4	SP; PA
XYNTHA SOLOFUSE	4	SP; PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	SP; PA
<i>icatibant acetate SOSY</i>	4	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 EA daily)
Human Protein C		

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Drug Name	Drug Tier	Requirements/ Limits
CEPROTIN	4	SP; PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	2	
<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>	2	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	SP; PA
CERDELGA	4	SP; PA
<i>miglustat</i>	4	SP; PA
Agents for Sickie Cell Disease		
DROXIA CAPS	2	
<i>glutamine (sickle cell)</i>	2	QL(6 EA daily); SP; PA
SIKLOS TABS	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 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 25 MG</i>	4	QL(1 EA daily); SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	4	QL(1 EA daily); SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG</i>	4	QL(1 EA daily); SP; PA
<i>eltrombopag olamine TABS 50 MG, 75 MG</i>	4	QL(2 EA daily); SP; PA
FULPHILA	4	SP; PA
RETACRIT	4	SP; PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	SP; PA
ZARXIO	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2	SP
<i>aminocaproic acid TABS</i>	2	SP
<i>tranexamic acid TABS</i>	1	QL(42 EA per 7 day(s) retail; 42 EA per 7 days mail)
HYPNOTICS/SEDATIVES/SLEEP DISORDER		

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Drug Name	Drug Tier	Requirements/ Limits
AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 EA daily)
<i>flurazepam hcl 15 MG</i>	3	QL(2 EA daily)
<i>flurazepam hcl 30 MG</i>	3	QL(1 EA daily)
<i>midazolam hcl SYRP</i>	2	
<i>quazepam</i>	3	
<i>temazepam 15 MG</i>	1	QL(2 EA daily)
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>triazolam 0.125 MG</i>	1	
<i>zaleplon</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TABS 10 MG</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TABS 5 MG</i>	1	QL(30 EA per 30 day(s) retail)
<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

Drug Name	Drug Tier	Requirements/ Limits
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	QL(4000 ML per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 EA per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, INSTALAX, KLS LAXACLEAR, MIRALAX, MM CLEARLAX, QC NATURA-LAX, QC ORAL LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	QL(17.6 GM daily)	(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C- LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, DULCOLAX, DULCOLAX PINK LAXATIVE, 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, HM LAXATIVE, KP BISACODYL, LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC 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
<i>lactulose SOLN</i>	1				
<i>polyethylene glycol 3350 POWD</i>	1	QL(17.6 GM daily)			
Stimulant Laxatives			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, DULCOLAX, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl SUPP</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/Limits
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 500 MG</i>	1	QL(3 EA daily)
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
ZITHROMAX PACK	2	
Clarithromycin		
<i>clarithromycin SUSR</i>	2	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	3	QL(14 EA per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	2	
Fidaxomicin		
<i>fidaxomicin TABS 200 MG</i>	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

Drug Name	Drug Tier	Requirements/Limits
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); 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
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN BARESKIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS PLUS 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
KIMONO PS 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
KIMONO SENSATION PLUS 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
KIMONO SENSATION 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
KIMONO SPECIAL DEVI	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
KIMONO MISC	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
MAXX PLUS MISC	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 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
OMNIFLEX DIAPHRAGM	5	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			

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TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 80	5	PV
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 85	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 90	5	PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 95	5	PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	Diabetic Supplies		
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK GUIDE ME 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	ACCU-CHEK GUIDE 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 FREEDOM 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 LITE 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	FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
WIDE-SEAL DIAPHRAGM 60	5	PV	MINT REFILL KIT MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA
WIDE-SEAL DIAPHRAGM 65	5	PV	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
WIDE-SEAL DIAPHRAGM 70	5	PV	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA
WIDE-SEAL DIAPHRAGM 75	5	PV			

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OMNIPOD 5 LIBRE INTRO KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA	BD PEN NEEDLE MINI ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
OMNIPOD 5 LIBRE PODS MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA	BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA	BD PEN NEEDLE NANO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA	BD PEN NEEDLE ORIG ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)
OMNIPOD DASH PDM (GEN 4) KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA	BD PEN NEEDLE SHORT ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
OMNIPOD DASH PODS (GEN 4) MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA	BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
OMNIPOD POD PALS	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail)	BD VEO INSULIN SYR U/F 1/2UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
PRECISION XTRA-GLUCOSE/KETONE DEVI	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)	BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
Parenteral Therapy Supplies			COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)			

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DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	2	RX/OTC
EASY COMFORT INSULIN SYRINGE	2		AEROCHAMBER MV MISC	2	RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	2	RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily)	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER W/FLOWSIGNAL MISC	2	RX/OTC
ADULT MASK DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS MISC	2	RX/OTC
			AEROCHAMBER2GO ANTI-STATIC DEVI	2	RX/OTC
			AEROVENT PLUS DEVI	2	RX/OTC
			ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC
			ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC

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ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC	EASIVENT MISC	2	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/RED DEVI	2	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	RX/OTC	EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	RX/OTC	EASY FLOW WHITE/BLUE DEVI	2	RX/OTC
BREATHE EASE LARGE DEVI	2	RX/OTC	EASY FLOW WHITE/GREEN DEVI	2	RX/OTC
BREATHE EASE MEDIUM DEVI	2	RX/OTC	EASY FLOW WHITE/PINK DEVI	2	RX/OTC
BREATHE EASE SMALL DEVI	2	RX/OTC	EASY FLOW WHITE/WHITE DEVI	2	RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	RX/OTC	EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	RX/OTC
CO MONITOR DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	RX/OTC	FLEXICHAMBER DEVI	2	RX/OTC
COMPACT SPACE CHAMBER DEVI	2	RX/OTC	IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC
EASIVENT MASK LARGE MISC	2	RX/OTC	IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC
EASIVENT MASK MEDIUM MISC	2	RX/OTC	INSPIREASE MISC	2	RX/OTC
EASIVENT MASK SMALL MISC	2	RX/OTC	MICROCHAMBER DEVI	2	RX/OTC
			MICROCHAMBER MISC	2	RX/OTC
			MICROSPACER MISC	2	RX/OTC
			NAVAGE NASAL ASPIRATOR BABY DEVI	2	RX/OTC

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NEBULIZER CUP/TUBING DEVI	2	RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC	QUAKE DEVI	2	RX/OTC
ONE FLOW SPIROMETER DEVI	2	RX/OTC	RITEFLO DEVI	2	RX/OTC
OPTICHAMBER DIAMOND DEVI	2	RX/OTC	SPIRO PD DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	RX/OTC	THRESHOLD PEP DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	RX/OTC	VERSAPAP DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	RX/OTC
PARI MANUAL INTERRUPTER DEVI	2	RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	RX/OTC
PARI TREK S COMBO PACK DEVI	2	RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	RX/OTC
POCKET CHAMBER DEVI	2	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC
POCKET SPACER DEVI	2	RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PRO COMFORT SPACER ADULT MISC	2	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
PRO COMFORT SPACER CHILD MISC	2	RX/OTC	AJOVY SOAJ	2	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); SP; PA
PRO COMFORT SPACER INFANT DEVI	2	RX/OTC	AJOVY SOSY	2	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); SP; PA
PROCARE SPACER/ADULT MASK DEVI	2	RX/OTC	EMGALITY SOAJ	2	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); SP; PA
PROCARE SPACER/CHILD MASK DEVI	2	RX/OTC			
PROCHAMBER VHC DEVI	2	RX/OTC			
PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC			

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EMGALITY SOSY	2	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); SP; PA	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST	<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
Migraine Combinations			<i>sumatriptan succinate SOAJ</i>	1	QL(0.14 ML daily)
<i>ergotamine w/ caffeine TABS</i>	1		<i>sumatriptan succinate SOCT</i>	1	QL(0.14 ML daily)
MIGERGOT SUPP	2		<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	QL(2 ML per 30 day(s) retail); PA
Migraine Products			<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily)	<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	4	PA	<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)
ERGOMAR SUBL	4		<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 EA daily)
Serotonin Agonists			ZOMIG SOLN	2	Limit 6 per month; QL(0.2 EA daily)
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)	MINERALS & ELECTROLYTES		
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)	Calcium		
<i>eletriptan hydrobromide</i>	1	Limit 6 per month; QL(0.2 EA daily)	CALCIFOL	3	
<i>frovatriptan succinate</i>	2	Limit 9 per month; QL(0.3 EA daily)	Fluoride		
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)	FLORIVA	3	
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)	<i>sodium fluoride CHEW 1 MG</i>	1	AL(Up to 6 yrs old)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 EA daily)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
			<i>sodium fluoride SOLN 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
			SODIUM FLUORIDE SOLN 0.5 MG/ML	5	AL(Up to 6 yrs old); PV; RX/OTC

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sodium fluoride TABS	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 10 MEQ	1	
Iodine Products			(Potassium Chloride) Klor-Con Pack PO 20 MEQ	1	
IODINE STRONG 5 %	3	RX/OTC	EFFER-K	3	
iodine strong (Iugol's)	3	RX/OTC	EFFER-K TBEF 25 MEQ	2	
Phosphate			Klor-Con TBCR 8 MEQ (potassium chloride)	2	
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHO-TRIN 250 NEUTRAL	1	RX/OTC	potassium chloride microencapsulated crystals er	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		potassium chloride CPCR	1	
PHOSPHA 250 NEUTRAL	2	RX/OTC	potassium chloride PACK PO 20 MEQ	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	RX/OTC	potassium chloride SOLN PO 10 %, 20 %, 10 %	1	
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	2	RX/OTC	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1	
Potassium			Zinc		
(Potassium Bicarbonate) K-PRIME, Klor-Con/EF TBEF	1		GALZIN	3	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ	1		MISCELLANEOUS THERAPEUTIC CLASSES		
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ	1		Chelating Agents		
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ	1		penicillamine CAPS	4	SP; PA
(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 8 MEQ	1		penicillamine TABS	4	SP
			trientine hcl	4	SP; PA
			Immunomodulators		
			lenalidomide	2	QL(1 EA daily); SP; AC; PA
			THALOMID 50 MG, 100 MG, 200 MG	3	SP; AC; PA
			Immunosuppressive Agents		
			(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
			(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	

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(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
<i>azathioprine TABS 50 MG</i>	1	
<i>azathioprine TABS 75 MG, 100 MG</i>	2	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	4	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	2	
<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	2	
PROGRAF PACK	4	PA
<i>sirolimus SOLN</i>	2	
<i>sirolimus TABS</i>	2	
<i>tacrolimus CAPS</i>	2	
<i>tacrolimus CP24 0.5 MG, 1 MG, 5 MG</i>	3	PA
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	2	QL(1 EA daily)
<i>sodium polystyrene sulfonate POWD</i>	1	
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	SP; PA

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BENLYSTA SOSY	4	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Dental Products		
<i>sodium fluoride (dental) SOLN 0.2 %</i>	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	QL(3 EA daily)
MUCOTROL WAFR	3	
<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		
Ped Multi Vitamins w/FI & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	1	RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)

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POLY-VI-FLOR/IRON SUSP	3	RX/OTC	SOLUVITA WITH FLUORIDE SUSP 0.25 MG/ML	3	RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	SOLUVITA WITH FLUORIDE SUSP 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			TRI-VI-FLOR SUSP 0.25 MG/ML	3	RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3	RX/OTC
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC SUSP 0.25 MG/ML	3	RX/OTC	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA PLUS SUSP 0.25 MG/ML	3	RX/OTC	FLORIVA	3	
FLOTREX CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC	Prenatal Vitamins		
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3	RX/OTC	ATABEX EC TBEC	2	
MULTIVITAMIN/FLUORIDE SUSP 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	2	
<i>pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG</i>	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
<i>pediatric multivitamins w/fl SUSP 0.25 MG/ML</i>	3	RX/OTC	CITRANATAL MEDLEY	3	
<i>pediatric multivitamins w/fl SUSP 0.5 MG/ML</i>	1	AL(Up to 6 yrs old); RX/OTC	C-NATE DHA CAPS	3	
POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC	COMPLETENATE CHEW	2	
POLY-VI-FLOR SUSP	3	RX/OTC	CONCEPT DHA	2	
QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC	CONCEPT OB	2	
QUFLORA PEDIATRIC SUSP 0.25 MG/ML	3	RX/OTC	CVS WOMENS PRENATAL+DHA MISC	3	
QUFLORA PEDIATRIC SUSP 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	ENBRACE HR	3	
SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	FOLIVANE-OB	2	

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INATAL GT TABS 120 MG-20 MG-30 MCG-1 MG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-200 MG-3 MG-50 MG-30 MG-15 MG-2 MG-90 MG-10 UNIT-2700 UNIT	2		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	2	RX/OTC
MATRIAPRO CHEW	2		PRENATAL 19 CHEW	2	
NATALCHEW CHEW	2		PRENATAL 19 TABS	2	RX/OTC
NATACORE CHEW	2		PRENATAL+DHA MISC	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		PRENATAL-U CAPS	2	
NESTABS	3		PRENATE	3	
NESTABS DHA	2		PRENATE AM	3	
OB COMPLETE ONE	3		PRENATE ENHANCE	3	
OB COMPLETE PETITE	3		PROVIDA OB	2	
OB COMPLETE PREMIER	3		RELNATE DHA CAPS	3	
OB COMPLETE/DHA	3		SELECT-OB+DHA MISC	3	
OBSTETRIX DHA MISC	2		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2		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	
PNV 27-CA/FE/FA TABS	2		SE-NATAL 19 CHEW	2	
PNV-DHA+DOCUSATE	3		SE-NATAL 19 TABS	2	RX/OTC
PNV-OMEGA	3		THRIVITE RX TABS	2	RX/OTC
PREMESISRX	3		TRINATAL RX 1 TABS	2	
PRENA 1 TRUE	2		VINATE DHA RF	3	
PRENA1 PEARL	3		VITAFOL GUMMIES	3	
PRENACORE CHEW	2		VITAFOL-NANO	3	
PRENAISSANCE	3		VITAFOL-ONE CAPS	3	
PRENAISSANCE PLUS CAPS	3		VITAMEDMD ONE RX/QUATREFOLIC	3	
			VITAPEARL	3	
			VITATRUE	2	

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VIVA DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 EA daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 800 MG</i>	2	QL(4 EA daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 2 MG</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 bottle per month; QL(0.77 GM daily)
Nasal Antiallergy		

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(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ML daily)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, FLONASE ALLERGY REL CHILDRENS, FLONASE ALLERGY RELIEF, 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	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET), NASONEX 24HR SUSP	1	QL(1.22 ML daily); RX/OTC

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(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, NASACORT ALLERGY 24HR, NASAL ALLERGY 24 HOUR, NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 GM daily); RX/OTC	Beta-blockers - Ophthalmic		
<i>mometasone furoate (nasal) SUSP</i>	1	QL(1.22 GM daily); RX/OTC	(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	<i>betaxolol hcl (ophth) SOLN</i>	1	
XHANCE EXHU	3	QL(1.07 ML daily); ST	BETOPTIC-S SUSP	2	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			<i>brimonidine tartrate-timolol maleate</i>	1	
ALS Agents			<i>carteolol hcl (ophth)</i>	1	
RADICAVA ORS STARTER KIT SUSP	4	QL(70 ML per 28 day(s) retail); SP; PA	DORZOLAMIDE HCL-TIMOLOL MAL	2	
RADICAVA ORS SUSP	4	QL(70 ML per 28 day(s) retail); SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	
RELYVRIO	4	SP; PA	<i>levobunolol hcl 0.5 %</i>	1	
<i>riluzole TABS</i>	1		<i>timolol</i>	1	
Spinal Muscular Atrophy Agents (SMA)			<i>timolol maleate (ophth) SOLG</i>	1	
EVRYSDI	4	SP; PA	<i>timolol maleate (ophth) SOLN</i>	2	
NUTRIENTS			<i>timolol maleate (ophth) SOLN</i>	1	
Lipids			Cycloplegic Mydriatics		
DOJOLVI	4	SP; PA	<i>atropine sulfate (ophthalmic) OINT</i>	1	
			<i>atropine sulfate (ophthalmic) SOLN</i>	1	
			ATROPINE SULFATE SOLN 1 %	2	
			CYCLOGYL	2	
			CYCLOMYDRIL	3	
			<i>cyclopentolate hcl 1 %</i>	1	
			HOMATROPAIRE 5 %	2	
			<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	2	
			<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
			<i>tropicamide SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>besifloxacin hcl 0.6 %</i>	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>levofloxacin (ophth) 1.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)
NATACYN	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
<i>polymyxin b-trimethoprim</i>	1	
POVIDONE-IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
ZIRGAN GEL	3	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2.14 EA daily; 64 EA per fill retail)
Ophthalmic Local Anesthetics		
AKTEN	3	
<i>proparacaine hcl</i>	1	
TETRACAINE HCL 0.5 %	2	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>difluprednate</i>	2	
FLAREX	2	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	2	
LOTEMAX OINT	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loteprednol etabonate GEL</i>	2		(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, PATADAY, QC EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
<i>loteprednol etabonate SUSP 0.2 %</i>	2				
<i>loteprednol etabonate SUSP 0.5 %</i>	2	QL(0.2 ML daily)			
<i>loteprednol etabonate-tobramycin</i>	3	QL(5 ML per fill retail)			
MAXIDEX SUSP OP	2				
<i>neomycin-polymyx-dexameth OINT</i>	1				
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1				
<i>neomycin-polymyxin-hc (ophth)</i>	1		(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, PATADAY 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily)
PRED MILD	2				
<i>prednisolone acetate (ophth)</i>	1				
PREDNISOLONE SODIUM PHOSPHATE	2				
PREDNISOLONE-MOXIFLOXACIN SOLN	3		(Olopatadine Hcl) EYE ALLERGY ITCH RELIEF, PATADAY 0.7 %	3	Limit 1 bottle per month; QL(0.084 ML daily)
<i>sulfacetamide sod-prednisolone SOLN</i>	1				
TOBRADEX ST SUSP	3		ACUVAIL	3	
TOBRADEX OINT	3		ALOCRI	3	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)	ALOMIDE	2	
Ophthalmic Surgical Aids			<i>azelastine hcl (ophth)</i>	1	
GELFILM	3		<i>bepotastine besilate</i>	1	QL(0.34 ML daily)
Ophthalmics - Misc.			<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.34 ML daily)
			<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
			<i>bromfenac sodium (ophth) 0.09 %</i>	1	
			<i>cromolyn sodium (ophth)</i>	1	

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CYSTARAN	4	Limit 4 bottles per month; QL(2.15 ML daily); SP; PA
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	QL(0.34 ML daily)
DORZOLAMIDE HCL	2	QL(0.34 ML daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.7 %</i>	3	Limit 1 bottle per month; QL(0.084 ML daily)
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ML daily)
BIMATOPROST SOLN	2	Limit 2.5mls per month; QL(0.084 ML daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ML daily)
LATANOPROST SOLN	2	QL(0.0949 ML daily)
<i>tafluprost</i>	1	QL(1 EA daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ML daily)
OTIC AGENTS - Drugs to Treat the Ear		

Drug Name	Drug Tier	Requirements/ Limits
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	2	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail)
<i>ciprofloxacin-fluocinolone acetonide</i>	2	
<i>ciprofloxacin-hydrocortisone</i>	3	
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		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		

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Aminopenicillins			(Norethindrone Acetate) GALLIFREY TABS	1	
<i>amoxicillin CAPS</i>	1		<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>amoxicillin SUSR</i>	1		<i>megestrol acetate (appetite)</i>	2	AC
<i>amoxicillin TABS</i>	1		<i>norethindrone acetate TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1		<i>progesterone CAPS</i>	1	QL(1 EA daily)
Natural Penicillins			PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
<i>penicillin v potassium SOLR</i>	1		Agents for Chemical Dependency		
<i>penicillin v potassium TABS</i>	1		<i>acamprosate calcium</i>	1	
Penicillin Combinations			<i>disulfiram</i>	1	
<i>amoxicillin & pot clavulanate CHEW 57 MG-400 MG</i>	1		<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
<i>amoxicillin & pot clavulanate SUSR</i>	1		Anti-Cataleptic Agents		
<i>amoxicillin & pot clavulanate TABS</i>	1		<i>sodium oxybate SOLN</i>	2	QL(18 ML daily); SP; PA
<i>amoxicillin & pot clavulanate TB12</i>	1		Antidementia Agents		
AMOXICILLIN-POT CLAVULANATE CHEW	2		<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2		<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)
Penicillinase-Resistant Penicillins			<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>dicloxacillin sodium</i>	1		<i>galantamine hydrobromide SOLN</i>	2	
PHARMACEUTICAL ADJUVANTS			<i>galantamine hydrobromide TABS</i>	1	
Liquid Vehicles			<i>memantine hcl CP24</i>	1	PA
BASE GELATIN GUMMY TROCHE	3	RX/OTC	<i>memantine hcl-donepezil hcl CP24</i>	3	PA
GUM BASE (GELATIN)	3	RX/OTC	<i>memantine hcl SOLN</i>	1	
KLEAR GUMMY BASE	3	RX/OTC	<i>memantine hcl TABS</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs					
Progestins					

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<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)	INGREZZA CPSP	4	QL(1 EA daily); SP; PA
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)	<i>tetrabenazine</i>	2	SP
NAMZARIC C4PK	3	PA	Multiple Sclerosis Agents		
NAMZARIC CP24 7 MG-10 MG	3	PA	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail); SP
<i>rivastigmine</i>	1		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily); SP
<i>rivastigmine tartrate CAPS</i>	1		AVONEX PEN AJKT	4	QL(1 EA per 30 day(s) retail); SP; PA
Combination Psychotherapeutics			AVONEX PREFILLED PSKT	4	QL(1 EA per 30 day(s) retail); SP; PA
<i>chlordiazepoxide-amitriptyline</i>	1		BETASERON KIT	4	SP; PA
<i>olanzapine-fluoxetine hcl</i>	2		<i>dalfampridine</i>	2	SP; PA
<i>perphenazine-amitriptyline</i>	3		<i>dimethyl fumarate CDPK</i>	2	QL(60 EA per 365 day(s) retail); SP
Fibromyalgia Agents			<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily); SP
<i>milnacipran hcl MISC</i>	4	QL(2 EA daily); PA	<i> fingolimod hcl</i>	2	QL(1 EA daily); SP
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	4	QL(2 EA daily); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	2	QL(1 ML daily); SP
Movement Disorder Drug Therapy			<i>glatiramer acetate SOSY 40 MG/ML</i>	2	QL(12 ML per 28 day(s) retail); SP
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	PLEGRIDY STARTER PACK SOAJ	4	SP; PA
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA	PLEGRIDY STARTER PACK SOSY SC	4	SP; PA
AUSTEDO TABS 6 MG, 9 MG	4	QL(2 EA daily); SP; PA	PLEGRIDY SOAJ	4	SP; PA
AUSTEDO TABS 12 MG	4	QL(4 EA daily); SP; PA	PLEGRIDY SOSY IM	4	SP; PA
INGREZZA CAPS	4	QL(1 EA daily); SP; PA	REBIF REBIDOSE TITRATION PACK SOAJ	4	SP; PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	REBIF REBIDOSE SOAJ	4	SP; PA
			REBIF TITRATION PACK SOSY	4	SP; PA
			REBIF SOSY	4	SP; PA
			<i>teriflunomide</i>	2	QL(1 EA daily); SP

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Premenstrual Dysphoric Disorder (PMDD) Agents			(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, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV
<i>fluoxetine hcl (pmdd) TABS</i>	2				
Pseudobulbar Affect (PBA) Agents					
<i>dextromethorphan hbr-quinidine sulfate</i>	4	PA			
NUDEXTA	4	PA			
Psychotherapeutic and Neurological Agents - Misc.			(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, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV
<i>ergoloid mesylates TABS</i>	3				
<i>pimozide</i>	1				
Smoking Deterrents					
(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, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG	5	PV			

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(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 21 MG/24HR	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, 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, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 14 MG/24HR	5	PV

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(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV	TRIKAFTA TBPk	4	QL(3 EA daily); SP; PA
<i>bupropion hcl (smoking deterrent)</i>	5	PV	TRIKAFTA THPK	4	QL(3 EA daily); SP; PA
<i>nicotine polacrilex GUM</i>	5	PV	Pulmonary Fibrosis Agents		
<i>nicotine polacrilex LOZG</i>	5	PV	<i>nintedanib esylate 100 MG, 150 MG</i>	4	QL(2 EA daily); SP; PA
NICOTINE KIT	5	PV	<i>pirfenidone CAPS</i>	2	QL(3 EA daily); SP; PA
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV	<i>pirfenidone TABS</i>	2	QL(3 EA daily); SP; PA
NICOTROL NS SOLN	5	PV	SULFONAMIDES - Drugs to Treat Bacterial Infections		
NICOTROL INHA	5	PV	Sulfonamides		
<i>varenicline tartrate TABS</i>	5	QL(2 EA daily); PV	<i>sulfadiazine TABS</i>	3	
<i>varenicline tartrate TBPk</i>	5	QL(53 EA per 365 day(s) retail); PV	TETRACYCLINES - Drugs to Treat Bacterial Infections		
Transthyretin Amyloidosis Agents			Tetracyclines		
TEGSEDI	4	SP; PA	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
Cystic Fibrosis Agents			(Doxycycline Hyclate) LYMEPAK, TARGADOX TABS 100 MG	1	
KALYDECO PACK	4	SP; PA	<i>demeclocycline hcl TABS</i>	1	
KALYDECO TABS	4	SP; PA	<i>doxycycline (monohydrate) CAPS</i>	1	
ORKAMBI PACK	4	SP; PA	<i>doxycycline (monohydrate) SUSR</i>	1	
ORKAMBI TABS	4	QL(4 EA daily); SP; PA	<i>doxycycline (monohydrate) TABS 150 MG</i>	1	ST
PULMOZYME	4	QL(5 ML daily); SP; PA	<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
SYMDEKO	4	SP; PA	<i>doxycycline hyclate CAPS</i>	1	

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<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1		ARMOUR THYROID TABS	2	
<i>minocycline hcl CAPS</i>	1		CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	
<i>minocycline hcl TABS</i>	1		CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)
<i>tetracycline hcl CAPS</i>	1		EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	2	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>levothyroxine sodium CAPS 125 MCG</i>	2	QL(1 EA daily)
Antithyroid Agents			<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	2	
<i>methimazole TABS</i>	1		<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
<i>propylthiouracil</i>	1	QL(3 EA daily)	<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
Thyroid Hormones			<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 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		<i>liothyronine sodium TABS 5 MCG</i>	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	NIVA THYROID TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		NP THYROID TABS	2	
(Liothyronine Sodium) LIOMNY TABS 5 MCG	1		RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG	1	QL(2 EA daily)	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
ADTHYZA TABS	2				
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2				

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SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)	(Famotidine) ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PEPCID AC MAXIMUM STRENGTH, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	QL(4 EA daily); RX/OTC
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2				
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3				
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
BELLADONNA ALKALOIDS-OPIMUM	3				
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	PA			
DERMACINRX DIGENYX TABS 0.125 MG	2				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN PO</i>	1				
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1		<i>cimetidine hcl PO 300 MG/5ML</i>	1	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1		<i>cimetidine TABS 300 MG, 800 MG</i>	1	
GLYCOPYRROLATE TABS	3		<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>famotidine SUSR</i>	1	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		<i>famotidine TABS 20 MG</i>	1	QL(4 EA daily); RX/OTC
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1		<i>nizatidine CAPS</i>	1	
<i>methscopolamine bromide</i>	1		Misc. Anti-Ulcer		
H-2 Antagonists			<i>sucralfate SUSP</i>	1	
			<i>sucralfate TABS</i>	1	QL(4 EA daily)
			Proton Pump Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, PREVACID 24HR, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC	(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)
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>lansoprazole CPDR</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>lansoprazole TBDD 30 MG</i>	2	QL(1 EA daily); AL(Up to 12 yrs old)
(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>lansoprazole TBDD 15 MG</i>	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
(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>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)
			<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)
			<i>pantoprazole sodium PACK</i>	2	QL(1 EA daily)
			<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)
			PRIOSEC PACK	3	PA
			RABEPRAZOLE SODIUM CPSP	3	PA
			<i>rabeprazole sodium TBEC</i>	3	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		
			Urinary Antispasmodic - Antimuscarinics		

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Drug Name	Drug Tier	Requirements/ Limits
(Anticholinergic)		
<i>darifenacin hydrobromide</i>	2	
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<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		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 EA daily)
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	2	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	PA
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXX	5	PV
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)
FEMRING	3	Limit 1 per month; QL(0.04 EA daily)
PREMARIN	2	QL(2 GM daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	Check plan documents for benefits and copay; PA
<i>progesterone (vaginal) INST 100 MG</i>	1	Check plan documents for benefits and copay; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

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AUVI-Q SOAJ 0.1 MG/0.1ML	3	QL(2 EA per fill retail; 4 EA per 30 day(s) retail); AL(Up to 2 yrs old)
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	PV
<i>phytonadione TABS 5 MG</i>	2	

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(Abiraterone Acetate) ABIRTEGA 250 MG	26	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, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN CHEW	5	LAXATIVE TBEC	59
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, DIFFERIN, GNP ADAPALENE GEL 0.1 %	42			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, DULCOLAX, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	59
(Alprazolam) ALPRAZOLAM XR TB24	9			(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	10
(Amiodarone Hcl) PACERONE TABS	9	(Azathioprine) AZASAN TABS 75 MG, 100 MG	68	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	4
(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 ADULT 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, 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	(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	72	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 4	
		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	74	(Butalbital-Acetaminophen-Caffeine) ESGIC CAPS 40 MG-50 MG-325 MG	4
		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	74	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	6
		(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, DULCOLAX, DULCOLAX PINK LAXATIVE, 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, HM LAXATIVE, KP BISACODYL, LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX- WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS		(Calcipotriene) CALCITRENE OINT 45	
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ALLERGY, FT ALL DAY ALLERGY, FT ALL DAY ALLERGY 24 HOUR, FT ALLERGY RELIEF CETIRIZINE, GNP ALL DAY ALLERGY, GOODSENSE ALL DAY ALLERGY, KLS ALLER-TEC, QC ALL DAY ALLERGY, QC ALLERGY RELIEF (CETIRIZINE), QC CETIRIZINE ALLERGY RELIEF, SB ALLERGY, SM ALL DAY ALLERGY, WAL-ZYR, ZYRTEC ALLERGY TABS 10 MG .20	Microemulsion)) GENGRAF CAPS 25 MG, 100 MG 68 (Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 69 (Deflazacort) JAYTHARI, KYMBEE TABS 39 (Deflazacort) JAYTHARI, KYMBEE, PYQUVI SUSP 39 (Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ...35 (Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG 35 (Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA 35 (Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET 35 (Dextroamphetamine Sulfate) PROCENTRA SOLN 1 (Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG 1 (Diazepam) DIAZEPAM INTENSOL CONC 9 (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, VOLTAREN ARTHRITIS PAIN GEL EX 44 (Digoxin) DIGITEK TABS 125 MCG 33 (Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG 33 (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .33 (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 180 MG, 300 MG 33 (Diltiazem Hcl) DILT-XR CP24 33 (Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 33 (Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG 81 (Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG .81 (Doxycycline Hyclate) LYMEPAK, TARGADOX TABS 100 MG 81 (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG 35 (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG 35 (Drospirenone-Ethinyl Estradiol-
(Chenodiol) CHENODAL 54 (Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD 69 (Chlorzoxazone) LORZONE TABS 375 MG, 750 MG 72 (Cholestyramine Light) PREVALITE PACK 21 (Cholestyramine Light) PREVALITE POWD 21 (Ciclopirox) CICLODAN SOLN 43 (Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB 42 (Clindamycin Phosphate (Topical)) CLINDACIN FOAM 42 (Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ...42 (Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 % 46 (Clobetasol Propionate Emulsion) TOVET 46 (Clobetasol Propionate) CLODAN SHAM 46 (Clomiphene Citrate) CLOMID, MILOPHENE TABS 51 (Cyclosporine Modified (For		

Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG 35	HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID- PEP MAXIMUM STRENGTH, PEPCID AC MAXIMUM STRENGTH, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG . 83	FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 57
(Erythromycin (Acne Aid)) ERY PADS 42		(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 57
(Erythromycin Base) ERY-TAB TBEC 60		(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG 57
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS 60		(Gabapentin) RELGAABI CAPS 300 MG, 400 MG 12
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, MIMVEY TABS 1 MG-0.5 MG 53		(Ganirelix Acetate) FYREMADEL .51
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, MIMVEY TABS 53	(Fluocinolone Acetonide (Otic)) FLAC 76	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML 78
(Estradiol Vaginal) YUVAFEM TABS . 85	(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, FLONASE ALLERGY REL CHILDRENS, FLONASE ALLERGY RELIEF, 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 72	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML 78
(Estradiol) DOTTI, LYLLANA PTTW . 53		(Glipizide) GLIPIZIDE XL TB24 18
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) ...35		(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, KLS MUCUS RELIEF CHEST, MUCOSA, MUCUS RELIEF, MUCUS RELIEF CHEST CONGESTION, PHARBINEX, QC MEDIFIN 400, REFENESIN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG ...42
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) 35 MCG-1 MG 36	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 10	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML 40
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) 50 MCG-1 MG 36		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 40
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE 39	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 57	(Hydrocortisone (Rectal)) PROCTO-
(Everolimus) TORPENZ, YULITHIRA TABS 27	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP	
(Famotidine) ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL		

MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 8	STARTER KIT-ORANGE KIT 13	SRONYX, VIENVA TABS 30 MCG- 0.15 MG 36
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 % 46	(Lamotrigine) SUBVENITE TABS . 13	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, PLAN B ONE-STEP, REACT, SHEWISE, TAKE ACTION, YOUR CHOICE 1.5 MG 39
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 % 46	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, PREVACID 24HR, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .. 84	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 36
(Hydrocortisone Butyrate) EVESSE LOTN 46	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .. 84	(Levonorgestrel-Ethinyl Estradiol (91- Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE 36
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG 3	(Leucovorin Calcium) LEDERLE LEUCOVORIN TABS 5 MG 28	(Levonorgestrel-Ethinyl Estradiol (91- Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE 36
(Icatibant Acetate) SAJAZIR SOSY 56	(Levetiracetam) ROWEEPRA TABS 500 MG 13	(Levonorgestrel-Ethinyl Estradiol (91- Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE 0.03 MG- 0.15 MG 36
(Indomethacin) INDOCIN SUPP 3	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG- 0.15 MG 36	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 36
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG 42	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG 36	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX, MINZOYA 36
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG 42	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG 36	(Levorphanol Tartrate) XYVONA TABS 5
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN, RID ONE & DONE, SKLICE 49	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG 36	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 82
(Ketoconazole (Topical)) KETODAN FOAM 43	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG 36	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 54	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG 36	
(Lactulose) CONSTULOSE SOLN 10 GM/15ML 58	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG 36	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 13	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG 36	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG 36	

MCG, 300 MCG 82	MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF, TRAVEL-EASE CHEW 19	MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 2 MG 79
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 82	(Methadone Hcl) METHADONE HCL INTENSOL CONC 5	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % 48	(Methadone Hcl) METHADOSE TBSO 5	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 4 MG 79
(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG 82	(Methylgonovine Maleate) METHERGINE TABS 76	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE
(Liothyronine Sodium) LIOMNY TABS 5 MCG 82	(Methyltestosterone) METHITEST TABS 7	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 79
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, IMODIUM A-D, QC ANTI-DIARRHEAL CAPS 19	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG ..85	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE
(Loratadine) ALLERGY RELIEF, ALLERGY RELIEF (LORATADINE), ALLERGY RELIEF 24-HR, CLARITIN, CVS ALLERGY RELIEF, EQ ALL DAY ALLERGY RELIEF, EQ ALLERGY RELIEF, EQ LORATADINE, EQL ALLERGY RELIEF, FT ALL DAY ALLERGY RELIEF, FT ALLERGY RELIEF, FT ALLERGY RELIEF LORATADINE, GNP LORATADINE, GOODSENSE ALLERGY RELIEF, HM LORATADINE, KLS ALLERCLEAR, LORADAMED, MEIJER ALLERGY RELIEF, QC ALLERGY RELIEF, QC LORATADINE ALLERGY RELIEF, SB LORATADINE, SB LORATADINE ALLERGY RELIEF, SM ALL DAY ALLERGY RELIEF, SM LORATADINE, WAL-ITIN TABS ..21	(Miglustat) YARGESA 57	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 79
(Lorazepam) LORAZEPAM INTENSOL CONC 9	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET), NASONEX 24HR SUSP 72	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 80
(Meclizine Hcl) BONINE, CVS	(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL, NARCAN LIQD 19	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 80
	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN 74	(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, NICORETTE, NICORETTE
	(Niacin (Antihyperlipidemic)) NIACOR TABS 22	
	(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, NICORETTE, NICORETTE	

CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 80	FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 21 MG/24HR ..80 (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 80 (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR ... 80 (Nitroglycerin) NITRO-BID OINT ...8 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 39 (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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 36 (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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 37 (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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 37 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 37 (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 37 (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 37 (Norethindrone & Eth Estradiol)
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 80 (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 14 MG/24HR, 21 MG/24HR 81 (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 14 MG/24HR ..80 (Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3,		

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 37	(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 38	(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 38
(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 37	(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 38	(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 38
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 37	(Norethindrone Acetate) GALLIFREY TABS 77	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 43
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 37	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 53	(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, PATADAY, QC EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 % 75
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG 37	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG 53	(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, PATADAY 0.1 % 75
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL 39	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE 38	(Olopatadine Hcl) EYE ALLERGY ITCH RELIEF, PATADAY 0.7 % ...75
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL 39	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7 38	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 84
(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 38	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO 38	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE,
	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, SPRINTEC 28, VYLIBRA 38	

KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 84	GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, INSTALAX, KLS LAXACLEAR, MIRALAX, MM CLEARLAX, QC NATURA-LAX, QC ORAL LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD 59	(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP 40
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-7.5 MG .. 6		(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 21
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 6		(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 21
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN 70	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHO-TRIN 250 NEUTRAL .68	(Pseudoephedrine W/ DM-GG) ACTINEL PEDIATRIC, TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML 40
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT 58	(Potassium Bicarbonate) K-PRIME, KLOR-CON/EF TBEF 68	(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCINEX D, MUCINEX D MAX STRENGTH, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS RELIEF D MAX ST TB12 600 MG-60 MG 41
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM 58	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLORECON M15, KLOR-CON M20 10 MEQ 68	
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 58	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLORECON M15, KLOR-CON M20 15 MEQ 68	
(Phenylephrine-Chlorphen-DM) CHLOR A-HIST DM, ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 40	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLORECON M15, KLOR-CON M20 20 MEQ 68	(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCINEX D, MUCINEX D MAX STRENGTH, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS RELIEF D MAX ST TB12 41
(Phenylephrine-Chlorphen-DM) CHLOR A-HIST DM, ED-A-HIST DM, NOHIST-DM LIQD 40	(Potassium Chloride) KLORECON PACK PO 20 MEQ 68	
(Phenylephrine-Guaifenesin) ED BRON GP, MAXI-TUSS PE MAX LIQD 5 MG/5ML-100 MG/5ML 40	(Potassium Chloride) KLORECON, KLOR-CON 10 TBCR 10 MEQ 68	
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 14	(Potassium Chloride) KLORECON, KLOR-CON 10 TBCR 8 MEQ 68	
(Phenytoin) PHENYTOIN INFATABS CHEW 14	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 68	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX,	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT 70	(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG 41
	(Prochlorperazine) COMPRO 30	(Sapropterin Dihydrochloride) JAVYGTOR TABS 52

(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK 52	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % 46	acitretin 25 MG 45
(Silver Sulfadiazine) SSD 46	(Vigabatrin) VIGADRONE TABS .. 14	ACTIMMUNE 100 MCG/0.5ML 28
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML 69	(Vigabatrin) VIGADRONE, VIGPODER PACK 14	ACUVAIL 75
(Sulfacetamide Sodium W/ Sulfur) BP 10-1 EMUL 10 %-1 % 42	(Warfarin Sodium) JANTOVEN TABS 11	acyclovir CAPS 32
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP .. 24	(Zolmitriptan) ZOMIG TABS 67	acyclovir SUSP 32
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS 34	abacavir sulfate SOLN 30	acyclovir TABS PO 400 MG 32
(Tazarotene) TRILITAS GEL 0.1 % 45	abacavir sulfate TABS 30	acyclovir TABS PO 800 MG 32
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM 8	abacavir sulfate-lamivudine 30	acyclovir topical CREA 46
(Theophylline) ELIXOPHYLLIN ELIX . 11	abiraterone acetate 26	acyclovir topical OINT 46
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 73	acamprosate calcium 77	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML 2
(Tiopronin) VENXXIVA TBEC 55	acarbose 16	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML 2
(Tolmetin Sodium) TOLECTIN 600 TABS 600 MG 3	ACCU-CHEK AVIVA PLUS STRP .49	ADALIMUMAB-ADAZ SOSY 2
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE 69	ACCU-CHEK GUIDE KIT 62	ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML 2
(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, NASACORT ALLERGY 24HR, NASAL ALLERGY 24 HOUR, NASAL ALLERGY SPRAY AERO 73	ACCU-CHEK GUIDE ME KIT 62	ADALIMUMAB-BWWD SOSY 40 MG/0.4ML 2
	ACCU-CHEK GUIDE TEST STRP 49	adapalene CREA 42
	ACCU-CHEK SMARTVIEW STRP 49	adapalene GEL 0.1 % 42
	acebutolol hcl CAPS 32	adapalene GEL 0.3 % 42
	acetaminophen w/ codeine SOLN .. 6	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % 42
	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG 6	adapalene-benzoyl peroxide GEL 2.5 %-0.3 % 42
	acetaminophen w/ codeine TABS 60 MG-300 MG 6	adefovir dipivoxil 32
	acetazolamide CP12 50	ADEMPAS 35
	acetazolamide TABS 125 MG 50	ADTHYZA TABS 82
	acetazolamide TABS 250 MG 50	ADULT MASK DEVI 64
	acetic acid (otic) 76	ADVATE 56
	acetylcysteine SOLN 42	ADYNOVATE 56
	acitretin 10 MG 45	AEROBIKA DEVI 64
	acitretin 17.5 MG 45	

AEROCHAMBER HOLDING CHAMBER DEVI	64	DEVI	64	ALL FLOW 2000 PFT FILTER DEVI .	64
AEROCHAMBER MINI CHAMBER DEVI	64	AEROVENT PLUS DEVI	64	ALL FLOW 3000 PFT FILTER DEVI .	65
AEROCHAMBER MV MISC	64	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	56	ALL FLOW 4000 PFT FILTER DEVI .	65
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	64	AGAMREE	39	ALL FLOW 5000 PFT FILTER DEVI .	65
AEROCHAMBER PLUS FLO-VU INTERM DEVI	64	AIMSCO LUBRICATED MISC	60	ALL FLOW 6000 PFT FILTER DEVI .	65
AEROCHAMBER PLUS FLO-VU LARGE DEVI	64	AJOVY SOAJ	66	ALL FLOW 7000 PFT FILTER DEVI .	65
AEROCHAMBER PLUS FLO-VU LARGE MISC	64	AJOVY SOSY	66	allopurinol 100 MG	55
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	64	AKTEN	74	allopurinol 300 MG	55
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	64	albendazole	8	almotriptan malate	67
AEROCHAMBER PLUS FLO-VU SMALL DEVI	64	albuterol sulfate AERS	10	ALOCRIIL	75
AEROCHAMBER PLUS FLOW VU MISC	64	albuterol sulfate AERS	11	alogliptin benzoate 25 MG	16
AEROCHAMBER W/FLOWSIGNAL MISC	64	albuterol sulfate NEBU 0.083 %, 2.5 MG/0.5ML, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	11	alogliptin benzoate 6.25 MG, 12.5 MG	16
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	64	albuterol sulfate NEBU	11	ALOMIDE	75
AEROCHAMBER Z-STAT PLUS MISC	64	ALBUTEROL SULFATE NEBU	11	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	53
AEROCHAMBER Z-STAT PLUS/LARGE MISC	64	albuterol sulfate SYRP	11	alosetron hcl	54
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	64	albuterol sulfate TABS	11	ALPHANATE SOLR	56
AEROCHAMBER2GO ANTI-STATIC		alclometasone dipropionate CREA	46	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	56
		alclometasone dipropionate OINT	46	ALPRAZOLAM INTENSOL CONC .	9
		ALECENSA	27	alprazolam TABS	9
		alendronate sodium SOLN	50	alprazolam TB24	9
		alendronate sodium TABS 35 MG, 70 MG	50	alprazolam TBDP	9
		alendronate sodium TABS 5 MG, 10 MG	51	ALPROLIX	56
		alfuzosin hcl	55	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	56
		aliskiren fumarate	24		
		ALL FLOW 1000 PFT FILTER DEVI .	64		

ALUNBRIG TABS	27	hydrochlorothiazide	23	aprepitant CAPS 40 MG	20
ALUNBRIG TBPK	27	amoxapine	16	aprepitant CAPS 80 MG, 125 MG	20
alvimopan	54	amoxicillin & pot clavulanate CHEW 57 MG-400 MG	77	aprepitant CPPK PO	20
amantadine hcl CAPS	29	amoxicillin & pot clavulanate SUSR 77		APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	30
amantadine hcl TABS	29	amoxicillin & pot clavulanate TABS 77		APTIVUS CAPS	30
ambrisentan	34	amoxicillin & pot clavulanate TB12 77		ARCALYST	3
amcinonide OINT	46	amoxicillin CAPS	77	arformoterol tartrate	11
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	82	amoxicillin CHEW 125 MG, 250 MG . 77		ARIKAYCE	2
amiloride & hydrochlorothiazide ...	50	amoxicillin SUSR	77	aripiprazole SOLN PO	30
amiloride hcl TABS	50	amoxicillin TABS	77	aripiprazole TABS 15 MG	30
aminocaproic acid SOLN PO 0.25 GM/ML	57	amoxicillin-clarithromycin w/ lansoprazole THPK	84	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	30
aminocaproic acid TABS	57	AMOXICILLIN-POT CLAVULANATE CHEW	77	aripiprazole TABS 20 MG	30
amiodarone hcl TABS	9	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	armodafinil	1
amitriptyline hcl TABS	16	amphetamine-dextroamphetamine TABs	1	ARMOUR THYROID TABS	82
amlodipine besylate TABS 2.5 MG 33		ampicillin CAPS 500 MG	77	asenapine maleate	30
amlodipine besylate TABS 5 MG, 10 MG	33	anagrelide hcl	57	aspirin CHEW	5
amlodipine besylate-atorvastatin calcium	34	ANALPRAM HC LOTN EX	8	aspirin TBEC 81 MG	5
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	23	ANALPRAM-HC LOTN EX	8	aspirin-dipyridamole	57
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 23		anastrozole	26	ATABEX EC TBEC	70
amlodipine besylate-valsartan 10 MG-160 MG	23	ANDEXXA 200 MG	19	atazanavir sulfate CAPS	30
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	23	ANGELIQ	53	atenolol & chlorthalidone	23
amlodipine-valsartan-		ANNOVERA	39	atenolol TABS	32
		APEXICON E CREA	46	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1
		apraclonidine hcl	74	atomoxetine hcl 60 MG, 80 MG, 100 MG	1
				atorvastatin calcium TABS	22
				atovaquone	24
				atovaquone-proguanil hcl	25

atropine sulfate (ophthalmic) OINT 73	azithromycin SUSR 60	BD VEO INSULIN SYR ULTRAFINE 63
atropine sulfate (ophthalmic) SOLN 73	azithromycin TABS 250 MG 60	BELLADONNA ALKALOIDS-OPIMUM 83
ATROPINE SULFATE SOLN 1 % .73	azithromycin TABS 500 MG 60	BELSOMRA 58
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML 77	azithromycin TABS 600 MG 60	benazepril & hydrochlorothiazide .23
AURANOFIN 3 MG 3	bacitracin (ophthalmic) 74	benazepril hcl 22
AUSTEDO TABS 12 MG 78	bacitracin-polymyxin b (ophth) 74	BENEFIX KIT 56
AUSTEDO TABS 6 MG, 9 MG 78	bacitracin-poly-neomycin-hc 74	BENLYSTA SOAJ 69
AUSTEDO XR PATIENT TITRATION TEPK 78	baclofen TABS 10 MG 72	BENLYSTA SOSY 69
AUSTEDO XR TB24 78	baclofen TABS 15 MG 72	BENSAL HP OINT 48
AUVI-Q SOAJ 0.1 MG/0.1ML 86	baclofen TABS 20 MG 72	BENZNIDAZOLE 8
AVERI TABS PO 38	baclofen TABS 5 MG 72	benzonatate 40
AVONEX PEN AJKT 78	BALFAXAR 56	benzoyl peroxide-erythromycin GEL .42
AVONEX PREFILLED PSKT 78	balsalazide disodium CAPS 54	benztropine mesylate TABS 28
AYVAKIT 27	BALVERSA 27	bepotastine besilate 75
AZASITE 74	BASE GELATIN GUMMY TROCHE .77	besifloxacin hcl 0.6 % 74
azathioprine TABS 50 MG 69	BD AUTOSHIELD DUO 63	BETADINE OPHTHALMIC PREP .74
azathioprine TABS 75 MG, 100 MG 69	BD PEN NEEDLE MICRO ULTRAFINE 63	betaine 52
azelaic acid GEL 48	BD PEN NEEDLE MINI ULTRAFINE 63	betamethasone dipropionate (topical) CREA 46
azelastine hcl (ophth) 75	BD PEN NEEDLE NANO 2ND GEN .63	betamethasone dipropionate (topical) LOTN 46
azelastine hcl 0.1 %, 137 MCG/SPRAY 72	BD PEN NEEDLE NANO ULTRAFINE 63	betamethasone dipropionate (topical) OINT 46
azelastine hcl 0.15 %, 205.5 MCG/SPRAY 72	BD PEN NEEDLE ORIG ULTRAFINE 63	betamethasone dipropionate augmented CREA 46
azelastine hcl-fluticasone propionate SUSP 72	BD PEN NEEDLE SHORT ULTRAFINE 63	betamethasone dipropionate augmented GEL 0.05 % 46
azilsartan medoxomil 40 MG 23	BD SAFETYGLIDE INSULIN SYRINGE 63	betamethasone dipropionate augmented LOTN 46
azilsartan medoxomil 80 MG 22	BD VEO INSULIN SYR U/F 1/2UNIT 63	betamethasone dipropionate
azithromycin PACK 60		

augmented OINT	46	BREATHE EASE LARGE DEVI ...	65	budesonide-formoterol fumarate dihydrate	11
betamethasone valerate CREA ...	46	BREATHE EASE MEDIUM DEVI ..	65	bumetanide TABS 0.5 MG, 1 MG ..	50
betamethasone valerate FOAM ...	46	BREATHE EASE SMALL DEVI ...	65	bumetanide TABS 2 MG	50
betamethasone valerate LOTN	46	BREATHERITE VALVED MDI CHAMBER DEVI	65	buprenorphine hcl SUBL 2 MG	7
betamethasone valerate OINT	46	BREZTRI AEROSPHERE	11	buprenorphine hcl SUBL 8 MG	7
BETASERON KIT	78	brimonidine tartrate (topical)	48	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7
betaxolol hcl (ophth) SOLN	73	brimonidine tartrate	74	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7
betaxolol hcl	32	brimonidine tartrate-timolol maleate . 73		buprenorphine hcl-naloxone hcl dihydrate SUBL	7
bethanechol chloride	85	brinzolamide	75	buprenorphine PTWK 15 MCG/HR .	7
BETOPTIC-S SUSP	73	brivaracetam SOLN PO 10 MG/ML 13		buprenorphine PTWK 20 MCG/HR .	7
bexarotene (topical)	44	brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG	13	buprenorphine PTWK 5 MCG/HR, 7.5 MCG/HR, 10 MCG/HR	7
bexarotene	28	brivaracetam TABS 100 MG	13	bupropion hcl (smoking deterrent) 81	
bicalutamide	26	bromfenac sodium (ophth) 0.07 %, 0.075 %	75	bupropion hcl TABS	14
BIKTARVY	30	bromfenac sodium (ophth) 0.09 % .	75	bupropion hcl TB12	14
bimatoprost SOLN	76	bromocriptine mesylate CAPS	29	bupropion hcl TB24 150 MG, 300 MG	15
BIMATOPROST SOLN	76	bromocriptine mesylate TABS 2.5 MG	29	bupropion hcl TB24 450 MG	15
bisacodyl SUPP	59	BRUKINSA	27	buspirone hcl	9
bisacodyl TBEC	59	BRUKINSA PO 160 MG	27	butalbital-acetaminophen CAPS 50 MG-300 MG	4
bisoprolol & hydrochlorothiazide ..	23	budesonide (inhalation) SUSP 0.25 MG/2ML	10	butalbital-acetaminophen TABS 50 MG-300 MG	4
bisoprolol fumarate	32	budesonide (inhalation) SUSP 0.5 MG/2ML	10	butalbital-acetaminophen TABS 50 MG-325 MG	4
bosentan TABS	34	budesonide (inhalation) SUSP 1 MG/2ML	10	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	4
bosentan TBSO 32 MG	34	budesonide (intrarectal)	8	butalbital-acetaminophen-caffeine	
BOSULIF CAPS 100 MG	27	budesonide CPEP	40		
BOSULIF CAPS 50 MG	27	budesonide TB24	40		
bosutinib TABS 100 MG	27				
bosutinib TABS 400 MG, 500 MG .	27				
BRAFTOVI 75 MG	27				
BREATHE COMFORT CHAMBER/ADULT DEVI	65				
BREATHE COMFORT CHAMBER/CHILD DEVI	65				

CHEMSTRIP K STRP	49	cimetidine TABS 400 MG	83	clindamycin hcl	24
chlordiazepoxide hcl CAPS	9	cinacalcet hcl	52	clindamycin palmitate hydrochloride .	24
chlordiazepoxide hcl-clidinium		CIPRO SUSR	54	clindamycin phosphate (topical)	
bromide	83	ciprofloxacin hcl (ophth) SOLN	74	FOAM	42
chlordiazepoxide-amitriptyline	78	ciprofloxacin hcl (otic)	76	clindamycin phosphate (topical) GEL	42
chlorhexidine gluconate (mouth-		ciprofloxacin hcl TABS 250 MG, 500			
throat)	69	MG, 750 MG	54	clindamycin phosphate (topical)	
chloroquine phosphate TABS	25	ciprofloxacin-dexamethasone	76	LOTN	42
chlorpromazine hcl TABS	30	ciprofloxacin-fluocinolone acetonide .		clindamycin phosphate (topical)	
chlorthalidone 25 MG, 50 MG	50	76		SOLN	43
chlorzoxazone TABS 250 MG	72	ciprofloxacin-hydrocortisone	76	clindamycin phosphate (topical)	
chlorzoxazone TABS 375 MG, 500		citalopram hydrobromide SOLN ...	15	SWAB	43
MG, 750 MG	72	citalopram hydrobromide TABS ...	15	clindamycin phosphate vaginal CREA	
cholestyramine light PACK	21	CITRANATAL 90 DHA 120 MG-20			85
cholestyramine light POWD	21	MG-1 MG-3 MG-400 UNIT-3.4 MG-		clindamycin phosphate-benzoyl	
cholestyramine PACK	21	20 MG-50 MG-25 MG-2 MG-159 MG-		peroxide (refrigerate)	43
cholestyramine POWD	21	90 MG-150 MCG-30 UNIT-0.75 MG-		clindamycin phosphate-benzoyl	
		300 MG	70	peroxide GEL 5 %-1 %	43
choline fenofibrate 135 MG	22	CITRANATAL ASSURE	70	clindamycin phosphate-tretinoin ..	43
choline fenofibrate 45 MG	21	CITRANATAL B-CALM 120 MG-25		CLINDESSE	85
CHORIONIC GONADOTROPIN IM		MG-1 MG-400 UNIT-120 MG-20 MG		clobazam SUSP	12
51		70		clobazam TABS 10 MG	12
ciclopirox GEL	43	CITRANATAL MEDLEY	70	clobazam TABS 20 MG	12
ciclopirox olamine CREA	43	clarithromycin SUSR	60	clobetasol propionate CREA 0.05 % .	46
ciclopirox olamine SUSP	43	clarithromycin TABS	60		
ciclopirox SHAM	43	clarithromycin TB24	60	clobetasol propionate emollient base	
ciclopirox SOLN	43	clemastine fumarate SYRP	20	0.05 %	46
cilostazol	57	clemastine fumarate TABS 2.68 MG .		clobetasol propionate emulsion ...	46
CILOXAN OINT	74	20		clobetasol propionate FOAM	46
CIMDUO	30	CLEOCIN SUPP	85	clobetasol propionate GEL 0.05 %	46
cimetidine hcl PO 300 MG/5ML ...	83	CLEVER CHOICE HOLDING		clobetasol propionate LIQD	46
		CHAMBER DEVI	65	clobetasol propionate LOTN	46
cimetidine TABS 300 MG, 800 MG		CLIMARA PRO	53	clobetasol propionate OINT 0.05 %	
83					

47	colesevelam hcl TABS	21	COSENTYX SENSOREADY (300 MG) SOAJ	45	
clobetasol propionate SHAM	47	colestipol hcl GRAN	21	COSENTYX SENSOREADY PEN SOAJ	45
clobetasol propionate SOLN 0.05 %	47	colestipol hcl PACK	21	COSENTYX SOSY 150 MG/ML	45
clocortolone pivalate	47	colestipol hcl TABS	21	COSENTYX SOSY 75 MG/0.5ML	45
clomiphene citrate TABS	51	COMBIPATCH PTTW	53	COSENTYX UNOREADY SOAJ	45
clomipramine hcl	16	COMBIVENT RESPIMAT AERS	11	COTELLIC	27
clonazepam TABS	12	COMETRIQ (100 MG DAILY DOSE) KIT	27	COVID VACCINES	85
clonazepam TBDP	12	COMETRIQ (140 MG DAILY DOSE) KIT	27	COVID-19 AT HOME TEST KITS	49
clonidine hcl TABS	23	COMETRIQ (60 MG DAILY DOSE) KIT	27	CREON CPEP	49
clonidine TB24	23	COMFORT EZ INSULIN SYRINGE	63	CRINONE GEL 8 %	85
clopidogrel bisulfate	57	COMPACT SPACE CHAMBER DEVI	65	cromolyn sodium (ophth)	75
clorazepate dipotassium TABS	9	COMPACT SPACE CHAMBER/LG MASK DEVI	65	cromolyn sodium NEBU	10
clotrimazole	69	COMPACT SPACE CHAMBER/MED MASK DEVI	65	CTEXLI TABS PO 250 MG	54
clotrimazole w/ betamethasone CREA	43	COMPACT SPACE CHAMBER/SM MASK DEVI	65	CVS WOMENS PRENATAL+DHA MISC	70
clotrimazole w/ betamethasone LOTN	43	COMPLETENATE CHEW	70	cyclobenzaprine hcl TABS 5 MG, 10 MG	72
clozapine TABS	30	CONCEPT DHA	70	CYCLOGYL	73
clozapine TBDP	30	CONCEPT OB	70	CYCLOMYDRIL	73
C-NATE DHA CAPS	70	CONDOMS	60	cyclopentolate hcl 1 %	73
CO MONITOR DEVI	65	COPIKTRA	27	cyclophosphamide CAPS	25
COAGADEX	56	CORDRAN TAPE	47	CYCLOPHOSPHAMIDE TABS	25
COARTEM	25	CORIFACT	56	cycloserine	25
CODEINE SULFATE TABS 15 MG	5	CORTIFOAM EX 10 %	8	cyclosporine (ophth) EMUL	74
codeine sulfate TABS 30 MG	5	CORTISPORIN-TC	76	cyclosporine CAPS	69
CODEINE SULFATE TABS 60 MG	5	COSENTYX (300 MG DOSE) SOSY	45	cyclosporine modified (for microemulsion) CAPS	69
colchicine CAPS	55			cyclosporine modified (for microemulsion) SOLN	69
colchicine TABS	55			cyproheptadine hcl SYRP	21
colchicine w/ probenecid	55				
colesevelam hcl PACK	21				

cyproheptadine hcl TABS	21	deferiprone TABS	19	desoximetasone LIQD	47
CYSTAGON CAPS	55	deflazacort SUSP	40	desoximetasone OINT 0.05 %	47
CYSTARAN	76	deflazacort TABS	40	desoximetasone OINT 0.25 %	47
CYTOMEL TABS 25 MCG, 50 MCG (lithyronine sodium)	82	DELSTRIGO	30	desvenlafaxine succinate	15
CYTOMEL TABS 5 MCG (lithyronine sodium)	82	demeclocycline hcl TABS	81	dexamethasone ELIX	40
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	55	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	39	DEXAMETHASONE INTENSOL CONC	40
CYTRA-3 SYRP	55	DERMACINRX DIGENYX TABS 0.125 MG	83	dexamethasone sodium phosphate (ophth)	74
CYTRA-K SOLN 334 MG/5ML-1100 MG/5ML	55	DESCOVY 120 MG-15 MG	30	dexamethasone SOLN	40
dabigatran etexilate mesylate CAPS . 12		DESCOVY 200 MG-25 MG	30	dexamethasone TABS	40
dalfampridine	78	desipramine hcl TABS	16	dexmethylphenidate hcl CP24	1
danazol CAPS	8	desloratadine TABS	21	dexmethylphenidate hcl TABS	1
dantrolene sodium CAPS	72	desloratadine TBDP	21	dextroamphetamine sulfate CP24 ...	1
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG	16	DESMOPRESSIN ACETATE SOLN NA	53	dextroamphetamine sulfate SOLN ..	1
dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG	16	desmopressin acetate spray	52	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
dapagliflozin TABS PO 5 MG, 10 MG	18	desmopressin acetate spray refrigerated 0.01 %	52	dextromethorphan hbr-quinidine sulfate	79
dapsone (topical) 5 %	43	desmopressin acetate TABS 0.1 MG 53		DHIVY TABS	29
dapsone (topical) 7.5 %	43	desmopressin acetate TABS 0.2 MG 53		DIACOMIT CAPS 250 MG	13
dapsone 100 MG	24	desogestrel-ethinyl estradiol (biphasic)	38	DIACOMIT CAPS 500 MG	13
dapsone 25 MG	24	desonide CREA	47	DIACOMIT PACK 250 MG	13
darifenacin hydrobromide	85	desonide GEL	47	DIACOMIT PACK 500 MG	13
darunavir TABS	30	desonide LOTN	47	diazepam (anticonvulsant) GEL ...	12
dasatinib	27	desonide OINT	47	diazepam CONC	9
DAURISMO	26	desoximetasone CREA	47	diazepam SOLN PO 5 MG/5ML	9
deferasirox PACK	19	desoximetasone GEL	47	diazepam TABS 10 MG	9
deferasirox TABS	19			diazepam TABS 2 MG, 5 MG	9
				diazoxide	16
				diclofenac potassium TABS 50 MG .	3

diclofenac sodium (actinic keratoses) EX	44	diltiazem hcl TABS	33	doxycycline (monohydrate) TABS 150 MG	81
diclofenac sodium (ophth)	76	diltiazem hcl TB24	33	doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	81
diclofenac sodium (topical) GEL EX 44		dimethyl fumarate CDPK	78	doxycycline (rosacea)	48
diclofenac sodium (topical) SOLN EX 1.5 %	44	dimethyl fumarate CPDR	78	doxycycline hyclate CAPS	81
diclofenac sodium TB24	3	diphenoxylate w/ atropine LIQD ...	19	doxycycline hyclate TABS 20 MG, 100 MG	82
diclofenac sodium TBEC	3	diphenoxylate w/ atropine TABS ...	19	doxylamine-pyridoxine TBEC	19
diclofenac w/ misoprostol TBEC	3	dipyridamole	57	dronabinol CAPS 10 MG	19
dicloxacillin sodium	77	disopyramide phosphate CAPS	9	dronabinol CAPS 2.5 MG, 5 MG ...	19
dicyclomine hcl CAPS	83	disulfiram	77	DROPLET INSULIN SYRINGE ...	63
dicyclomine hcl SOLN PO	83	DIURIL SUSP	50	DROPSAFE SAFETY SYRINGE/NEEDLE	64
dicyclomine hcl TABS	83	divalproex sodium CSDR	14	drospirenone-ethinyl estradiol	38
DIFFERIN LOTN	43	divalproex sodium TB24	14	drospirenone-ethinyl estradiol-levomefolate calcium	38
diflorasone diacetate CREA	47	divalproex sodium TBEC	14	DROXIA CAPS	57
diflorasone diacetate OINT	47	dofetilide	9	droxidopa	86
diflunisal TABS	5	DOJOLVI	73	DRYSOL SOLN	48
difluprednate	74	donepezil hydrochloride TABS	77	DUAVEE	53
digoxin SOLN PO 0.05 MG/ML	33	donepezil hydrochloride TBDP	77	duloxetine hcl CPEP	15
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	33	dorzolamide hcl	76	DUOPA SUSP	29
dihydroergotamine mesylate SOLN IJ 1 MG/ML	67	DORZOLAMIDE HCL	76	DUPIXENT SOAJ 200 MG/1.14ML 48	
dihydroergotamine mesylate SOLN NA 4 MG/ML	67	DORZOLAMIDE HCL-TIMOLOL MAL	73	DUPIXENT SOAJ 300 MG/2ML ...	48
DILANTIN 30 MG	14	DOVATO	30	DUPIXENT SOSY 200 MG/1.14ML 48	
diltiazem hcl coated beads CP24 ..	33	doxazosin mesylate	23	DUPIXENT SOSY 300 MG/2ML ...	48
diltiazem hcl CP12	33	doxepin hcl (antipruritic)	45	DUREX EXTRA SENSITIVE THIN DEVI	60
diltiazem hcl CP24	33	doxepin hcl CAPS	16	DUREX EXTRA SENSITIVE THIN MISC	60
diltiazem hcl extended release beads	33	doxepin hcl CONC	16		
		doxercalciferol CAPS	52		
		doxycycline (monohydrate) CAPS .	81		
		doxycycline (monohydrate) SUSR .	81		

DUREX TROPICAL MISC	60	disoproxil fumarate	31	EMBECTA PEN NEEDLE NANO 2 GEN	64
dutasteride	55	efavirenz-lamivudine-tenofovir		EMBECTA PEN NEEDLE ULTRAFINE	64
dutasteride-tamsulosin hcl	55	disoproxil fumarate	31	EMCYT	26
EASIVENT MASK LARGE MISC ..	65	EFFER-K	68	EMEND SUSR	20
EASIVENT MASK MEDIUM MISC	65	EFFER-K TBEF 25 MEQ	68	EMGALITY SOAJ	66
EASIVENT MASK SMALL MISC ..	65	EGRIFTA SV	51	EMGALITY SOSY	67
EASIVENT MISC	65	ELESTRIN GEL	53	EMSAM	15
EASY COMFORT INSULIN SYRINGE	64	eletriptan hydrobromide	67	emtricitabine CAPS	31
EASY FLOW BLACK/BLUE DEVI .	65	ELIQUIS (1.5 MG PACK) TBSO PO .	11	emtricitabine-rilpivirine-tenofovir	
EASY FLOW BLACK/ORANGE DEVI		ELIQUIS (2 MG PACK) TBSO PO .	11	disoproxil fumarate	31
.....	65	ELIQUIS CPSP PO 0.15 MG	11	emtricitabine-tenofovir disoproxil	
EASY FLOW BLACK/RED DEVI ..	65	ELIQUIS DVT/PE STARTER PACK		fumarate 100 MG-150 MG, 133 MG-	
EASY FLOW BLACK/WHITE DEVI		TBPK	11	200 MG, 167 MG-250 MG	31
65		ELIQUIS TABS	11	emtricitabine-tenofovir disoproxil	
EASY FLOW BLACK/YELLOW DEVI		ELIQUIS TBSO PO 0.5 MG	11	fumarate 200 MG-300 MG	31
.....	65	ELLA	39	EMTRIVA SOLN	31
EASY FLOW WHITE/BLUE DEVI .	65	ELMIRON CAPS	55	enalapril maleate &	
EASY FLOW WHITE/GREEN DEVI		ELOCTATE	56	hydrochlorothiazide	23
65		eltrombopag olamine PACK 12.5 MG		enalapril maleate TABS	22
EASY FLOW WHITE/PINK DEVI ..	65		57	ENBRACE HR	70
EASY FLOW WHITE/WHITE DEVI		eltrombopag olamine PACK 25 MG		ENBREL MINI SOCT	4
65		57		ENBREL SOLN	4
EASY FLOW WHITE/YELLOW DEVI		eltrombopag olamine TABS 12.5 MG,		ENBREL SOSY 25 MG/0.5ML	4
65		25 MG	57	ENBREL SOSY 50 MG/ML	4
econazole nitrate CREA	43	eltrombopag olamine TABS 50 MG,		ENBREL SURECLICK SOAJ	4
ECONAZOLE NITRATE FOAM 1 % .		75 MG	57	ENCARE SUPP 100 MG	85
44		EMBECTA AUTOSHIELD DUO ..	64	enoxaparin sodium SOLN IJ 300	
ECOZA FOAM	44	EMBECTA INS SYR U/F 1/2 UNIT		MG/3ML	12
EDARBYCLOR	23	64		enoxaparin sodium SOSY 100	
efavirenz CAPS	30	EMBECTA INSULIN SYR		MG/ML, 150 MG/ML	12
efavirenz TABS	31	ULTRAFINE	64	enoxaparin sodium SOSY 30	
efavirenz-emtricitabine-tenofovir		EMBECTA PEN NEEDLE NANO .	64		

MG/0.3ML	12	erythromycin (acne aid) GEL	43	ethacrynic acid	50
enoxaparin sodium SOSY 40 MG/0.4ML	12	erythromycin (acne aid) SOLN	43	ethambutol hcl TABS	25
enoxaparin sodium SOSY 60 MG/0.6ML	12	erythromycin (ophth)	74	ethosuximide CAPS	14
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	ERYTHROMYCIN	74	ethosuximide SOLN	14
entacapone	29	erythromycin base CPEP	60	ethynodiol diacet & eth estrad	38
entecavir TABS	32	erythromycin base TABS	60	etodolac CAPS	3
ENTRESTO CPSP	34	erythromycin base TBEC	60	etodolac TABS	3
EPIDIOLEX	13	erythromycin ethylsuccinate SUSR 60		etodolac TB24	3
EPIFOAM FOAM	47	erythromycin ethylsuccinate TABS	60	etonogestrel-ethinyl estradiol	39
epinastine hcl (ophth)	76	escitalopram oxalate SOLN	15	etoposide CAPS	28
epinephrine (anaphylaxis) SOAJ ..	86	escitalopram oxalate TABS 10 MG, 20 MG	15	etravirine	31
eplerenone	24	escitalopram oxalate TABS 5 MG .	15	EUCRISA	48
EQ SPACE CHAMBER ANTI- STATIC DEVI	65	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	13	EULEXIN	26
EQ SPACE CHAMBER ANTI- STATIC L DEVI	65	ESPEROCT	56	EVAMIST SOLN	53
EQ SPACE CHAMBER ANTI- STATIC M DEVI	65	estazolam	58	everolimus (immunosuppressant) .	69
EQ SPACE CHAMBER ANTI- STATIC S DEVI	65	estradiol & norethindrone acetate TABs	53	everolimus TABS	27
EQUETRO	29	estradiol GEL	53	everolimus TBSO	27
ergocalciferol CAPS	86	estradiol PTTW	53	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	82
ergoloid mesylates TABS	79	estradiol PTWK	53	EVOTAZ	31
ERGOMAR SUBL	67	estradiol TABS	53	EVRYSDI	73
ergotamine w/ caffeine TABS	67	estradiol vaginal CREA	85	exemestane	26
ERIVEDGE	26	estradiol vaginal TABS	85	EXODERM	44
ERLEADA	26	estradiol valerate	53	ezetimibe	22
erlotinib hcl	26	ESTRING RING 7.5 MCG/24HR ..	85	ezetimibe-simvastatin	21
ERTACZO	44	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	53	famciclovir	32
		eszopiclone	58	famotidine SUSR	83
				famotidine TABS 20 MG	83
				famotidine TABS 40 MG	83
				FANTASY LUBRICATED MISC ...	60

FANTASY	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	fluocinolone acetonide (otic)	76
LUBRICATED/SPERMICIDE MISC 60		fluocinolone acetonide CREA	47
FASENRA PEN SOAJ	9	fluocinolone acetonide OIL	47
FASENRA SOSY 10 MG/0.5ML	9	fluocinolone acetonide OINT	47
FASENRA SOSY 30 MG/ML	9	fluocinolone acetonide SOLN	47
FC2 FEMALE CONDOM	60	fluocinonide CREA	47
febuxostat 40 MG	56	fluocinonide emulsified base	47
febuxostat 80 MG	56	fluocinonide GEL	47
FEIBA	56	fluocinonide OINT	47
felbamate SUSP	14	fluocinonide SOLN	47
felbamate TABS	14	fluorometholone (ophth) SUSP	74
felodipine 10 MG	33	fluorouracil (topical) CREA 0.5 %	44
felodipine 2.5 MG, 5 MG	33	fluorouracil (topical) CREA 5 %	44
FEMCAP DEVI	60	fluorouracil (topical) SOLN	44
FEMLYV TBDP	38	fluoxetine hcl (pmdd) TABS	79
FEMRING	85	fluoxetine hcl CAPS 10 MG, 20 MG 15	
fenofibrate CAPS	22	fluoxetine hcl CAPS 40 MG	15
fenofibrate micronized 130 MG, 200 MG	22	fluoxetine hcl CPDR	15
fenofibrate micronized 43 MG, 67 MG, 134 MG	22	fluoxetine hcl SOLN	15
fenofibrate TABS 145 MG, 160 MG 22		fluoxetine hcl TABS 10 MG	15
fenofibrate TABS 48 MG	22	fluoxetine hcl TABS 20 MG, 60 MG 15	
fenofibrate TABS 54 MG	22	fluphenazine hcl CONC	30
fenofibric acid	22	fluphenazine hcl ELIX	30
fenoprofen calcium TABS	3	fluphenazine hcl TABS	30
fentanyl citrate LPOP	5	flurazepam hcl 15 MG	58
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6	flurazepam hcl 30 MG	58
		flurbiprofen sodium	76
		flurbiprofen TABS	3
		fluticasone furoate (inhalation)	50

MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	10	folic acid TABS 1 MG	57	FREESTYLE LITE KIT	62
fluticasone furoate-vilanterol	11	folic acid TABS 400 MCG, 800 MCG .	57	FREESTYLE LITE TEST STRP ...	49
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	10	FOLIVANE-OB	70	FREESTYLE PRECISION NEO SYSTEM KIT	62
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	10	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	51	FREESTYLE PRECISION NEO TEST STRP	49
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	10	fondaparinux sodium 10 MG/0.8ML 12		FREESTYLE TEST STRP	49
fluticasone propionate (nasal) SUSP . 73		fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML	12	frovatriptan succinate	67
fluticasone propionate CREA 0.05 % 47		fondaparinux sodium 5 MG/0.4ML .	12	FULPHILA	57
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	10	formoterol fumarate NEBU	11	furosemide SOLN PO 8 MG/ML, 10 MG/ML	50
fluticasone propionate hfa 44 MCG/ACT	10	fosamprenavir calcium TABS	31	furosemide TABS	50
fluticasone propionate LOTN	47	fosfomycin tromethamine	25	FUZEON SOLR	31
fluticasone propionate OINT	47	fosinopril sodium & hydrochlorothiazide	23	gabapentin CAPS	13
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11	fosinopril sodium	22	gabapentin SOLN	13
fluticasone-salmeterol AERO	11	FOSRENOL PACK	55	gabapentin TABS 600 MG, 800 MG 13	
fluvastatin sodium CAPS	22	FRAGMIN SOLN 95000 UNIT/3.8ML 12		GALAFOLD	52
fluvastatin sodium TB24	22	FRAGMIN SOSY 10000 UNIT/ML .	12	galantamine hydrobromide CP24 .	77
fluvoxamine maleate CP24 100 MG 15		FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	12	galantamine hydrobromide SOLN .	77
fluvoxamine maleate CP24 150 MG 15		FRAGMIN SOSY 18000 UNT/0.72ML	12	galantamine hydrobromide TABS .	77
fluvoxamine maleate TABS 100 MG . 15		FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	12	GALZIN	68
fluvoxamine maleate TABS 25 MG, 50 MG	15	FRAGMIN SOSY 7500 UNIT/0.3ML 12		ganirelix acetate	51
FML FORTE SUSP	74	FREESTYLE FREEDOM LITE KIT 62		gatifloxacin (ophth)	74
		FREESTYLE INSULINX TEST STRP	49	GATTEX	55
				gefitinib	26
				GELFILM	75
				gemfibrozil TABS	22
				GENOTROPIN CART SC	52
				GENOTROPIN MINIQUICK PRSY 51	
				gentamicin sulfate (ophth) SOLN .	74

gentamicin sulfate (topical) CREA .43	griseofulvin microsize SUSP 20	SUPN 17
gentamicin sulfate (topical) OINT .43	griseofulvin microsize TABS 20	HUMALOG MIX 50/50 SUSP 17
GENVOYA 31	griseofulvin ultramicrosize 20	HUMALOG MIX 75/25 KWIKPEN SUPN 17
GILOTRIF 26	guaifenesin TABS 400 MG 42	HUMALOG MIX 75/25 SUSP 17
GILTUSS COUGH & COLD TABS 41	guaifenesin-codeine SOLN 41	HUMALOG SOCT 17
GILTUSS SINUS & CONGESTION TABS 41	guanfacine hcl (adhd) 1	HUMALOG SOLN IJ 17
glatiramer acetate SOSY 20 MG/ML . 78	guanfacine hcl 23	HUMATE-P SOLR 56
glatiramer acetate SOSY 40 MG/ML . 78	GUM BASE (GELATIN) 77	HUMATIN 2
glimepiride 1 MG, 2 MG, 4 MG 18	GYNAZOLE-1 85	HUMIRA (2 PEN) AJKT 80 MG/0.8ML 2
glipizide TABS 18	HADLIMA PUSHTOUCH SOAJ 2	HUMIRA (2 PEN) AJKT 2
glipizide TB24 18	HADLIMA SOSY 2	HUMIRA (2 SYRINGE) PSKT 2
glipizide-metformin hcl 16	HAEGARDA SOLR SC 56	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML 2
GLOBAL EASY GLIDE INSULIN SYR 64	halobetasol propionate CREA 47	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 2
glucagon SOLR IJ 1 MG 16	HALOBETASOL PROPIONATE LOTN 0.05 % 47	HUMIRA-PED>=40KG UC STARTER AJKT 2
glutamine (sickle cell) 57	halobetasol propionate OINT 47	HUMIRA-PS/UV/ADOL HS STARTER AJKT 3
glyburide micronized 1.5 MG, 3 MG, 6 MG 18	haloperidol lactate CONC 30	HUMIRA-PSORIASIS/VEIT STARTER AJKT 3
glyburide TABS 18	haloperidol TABS 30	HUMULIN 70/30 KWIKPEN SUPN 17
glyburide-metformin 16	HELIDAC THERAPY 84	HUMULIN 70/30 SUSP 17
GLYCATATE TABS 83	HEMANGEOL SOLN PO 32	HUMULIN N KWIKPEN SUPN 17
glycopyrrolate SOLN PO 1 MG/5ML . 83	HEMLIBRA 56	HUMULIN N SUSP 17
glycopyrrolate TABS 1 MG, 2 MG .83	HEMOPIL M SOLR 1700 UNIT 56	HUMULIN R SOLN IJ 17
GLYCOPYRROLATE TABS 83	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT 56	HUMULIN R U-500 (CONCENTRATED) SOLN SC 17
GLYXAMBI 16	HOMATROPAIRE 5 % 73	HUMULIN R U-500 KWIKPEN SOPN SC 17
GONAL-F RFF REDIRECT SOPN .51	HUMALOG JUNIOR KWIKPEN SOPN 17	HYCANTIN CAPS 28
GONAL-F SOLR IJ 450 UNIT 51	HUMALOG KWIKPEN SOPN 100 UNIT/ML 17	
granisetron hcl TABS 19	HUMALOG KWIKPEN SOPN 200 UNIT/ML 17	
	HUMALOG MIX 50/50 KWIKPEN	

hydralazine hcl TABS 24	47	ibandronate sodium TABS 51
hydrochlorothiazide CAPS 50	hydrocortisone (topical) SOLN 2.5 % 47	IBRANCE CAPS 100 MG, 125 MG 27
hydrochlorothiazide TABS 50	hydrocortisone butyrate CREA 47	IBRANCE TABS 27
hydrocodone bitartrate CP12 6	hydrocortisone butyrate LOTN 47	ibuprofen TABS 400 MG, 600 MG, 800 MG 3
hydrocodone bitartrate T24A 6	hydrocortisone butyrate OINT 47	icatibant acetate SOSY 56
hydrocodone bitartrate-homatropine methylbromide SOLN 40	hydrocortisone butyrate SOLN 47	ICLUSIG 27
hydrocodone polistirex- chlorpheniramine polistirex SUER .41	hydrocortisone TABS 40	icosapent ethyl 21
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 7	hydrocortisone valerate CREA 47	IDELVION 56
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG 7	hydrocortisone valerate OINT 47	IDHIFA 27
hydrocodone-acetaminophen TABS 300 MG-7.5 MG 7	hydrocortisone w/acetic acid 76	ILEVRO 76
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 7	hydromorphone hcl LIQD 6	imatinib mesylate TABS 100 MG ..27
hydrocodone-ibuprofen 10 MG-200 MG 7	hydromorphone hcl TABS 6	imatinib mesylate TABS 400 MG ..27
hydrocodone-ibuprofen 5 MG-200 MG 7	hydromorphone hcl TB24 32 MG ... 6	IMBRUVICA CAPS 140 MG 27
hydrocodone-ibuprofen 7.5 MG-200 MG 7	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG 6	IMBRUVICA CAPS 70 MG 27
hydrocortisone (intrarectal) 8	hydroxychloroquine sulfate 200 MG 25	IMBRUVICA SUSP 27
hydrocortisone (rectal) EX 2.5 % ... 8	hydroxyurea 28	IMBRUVICA TABS 27
hydrocortisone (topical) CREA 2.5 % 47	hydroxyzine hcl SYRP 9	imipramine hcl TABS 10 MG, 25 MG . 16
hydrocortisone (topical) LOTN 2 % 47	hydroxyzine hcl TABS 9	imipramine hcl TABS 50 MG 16
hydrocortisone (topical) LOTN 2.5 % . 47	hydroxyzine pamoate CAPS 9	imipramine pamoate 16
hydrocortisone (topical) OINT 2.5 % .	hyoscyamine sulfate SUBL 0.125 MG 83	imiquimod 5 % 48
	hyoscyamine sulfate TABS 0.125 MG 83	IMPAVIDO 24
	hyoscyamine sulfate TB12 0.375 MG 83	INATAL GT TABS 120 MG-20 MG-30 MCG-1 MG-400 UNIT-12 MCG-3.4 MG-20 MG-6 MG-200 MG-3 MG-50 MG-30 MG-15 MG-2 MG-90 MG-10 UNIT-2700 UNIT 71
	hyoscyamine sulfate TBDP 0.125 MG 83	INBRIJA CAPS 29
	HYPERSAL NEBU 42	IN-CHECK DIAL FLOW TRAINER DEVI 65
	HYSINGLA ER T24A 6	IN-CHECK INSPIRATORY FLOW

MTR DEVI	65	iodoquinol-hydrocortisone in aloe vehicle	44	IXINITY SOLR	56
INCRELEX	52	IOPIDINE	74	JAKAFI	27
indapamide TABS 1.25 MG, 2.5 MG . 50		ipratropium bromide (nasal)	72	JARDIANCE	18
INDERAL XL	33	ipratropium bromide hfa 17 MCG/ACT	10	JIVI	56
indomethacin CAPS 25 MG, 50 MG 3		ipratropium bromide SOLN 0.02 % 10		JULUCA	31
indomethacin CPR	3	ipratropium-albuterol SOLN	11	JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	22
indomethacin SUPP	3	irbesartan	23	KALETRA SOLN	31
indomethacin SUSP	3	irbesartan-hydrochlorothiazide ...	23	KALYDECO PACK	81
INGREZZA CAPS	78	ISENTRESS CHEW	31	KALYDECO TABS	81
INGREZZA CPPK	78	ISENTRESS HD TABS	31	KAMELEON LUBRICATED MISC .60	
INGREZZA CPSP	78	ISENTRESS TABS	31	KCENTRA	56
INLYTA	26	isoniazid SYRP	25	ketoconazole (topical) CREA	44
INNOPRAN XL	33	isoniazid TABS	25	ketoconazole (topical) FOAM	44
INQOVI	27	isosorbide dinitrate TABS 40 MG ...	8	ketoconazole (topical) SHAM 2 % .44	
INREBIC	27	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	8	ketoconazole	20
INSPIREASE MISC	65	isosorbide dinitrate-hydralazine hcl 34		KETONE TEST STRP	49
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	18	isosorbide mononitrate TABS	8	ketoprofen CAPS 50 MG	3
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	18	isosorbide mononitrate TB24	8	ketoprofen CP24	3
INSULIN DEGLUDEC SOLN	18	isotretinoin 10 MG, 20 MG, 25 MG, 30 MG, 35 MG	43	ketorolac tromethamine (ophth) ...	76
INSULIN GLARGINE-YFGN SOLN 18		isotretinoin 40 MG	43	ketorolac tromethamine TABS	3
INSULIN GLARGINE-YFGN SOPN 18		isradipine CAPS	33	KETOSTIX STRP	49
INSULIN LISPRO PROT & LISPRO SUPN	18	itraconazole CAPS	20	KEVZARA SOAJ	3
INTELENCE 25 MG	31	itraconazole SOLN	20	KEVZARA SOSY	3
INTRAROSA	85	ivabradine hcl TABS	35	KIMONO COLORS DEVI	60
iodine strong (lugol's)	68	ivermectin (pediculicide)	49	KIMONO MAXX-LARGE FLARE MISC	60
IODINE STRONG 5 %	68	ivermectin (rosacea)	48	KIMONO MICRO THIN MISC	60
		ivermectin	8	KIMONO MICRO THIN PLUS MISC . 60	
				KIMONO MISC	61

KIMONO PLUS MISC	61	lamivudine (hbv) TABS	32	LENVIMA (10 MG DAILY DOSE) ..	26
KIMONO PS MISC	61	lamivudine SOLN	31	LENVIMA (12 MG DAILY DOSE) ..	26
KIMONO PS PLUS MISC	61	lamivudine TABS	31	LENVIMA (14 MG DAILY DOSE) ..	26
KIMONO SENSATION MISC	61	lamivudine-zidovudine	31	LENVIMA (18 MG DAILY DOSE) ..	26
KIMONO SENSATION PLUS MISC		lamotrigine CHEW	13	LENVIMA (20 MG DAILY DOSE) ..	26
61		lamotrigine KIT 25 MG	13	LENVIMA (24 MG DAILY DOSE) ..	26
KIMONO SPECIAL DEVI	61	lamotrigine KIT	13	LENVIMA (4 MG DAILY DOSE) ..	26
KISQALI (200 MG DOSE)	27	lamotrigine TABS	13	LENVIMA (8 MG DAILY DOSE) ..	26
KISQALI (400 MG DOSE)	27	lamotrigine TB24 25 MG, 50 MG, 100		letrozole	26
KISQALI (600 MG DOSE)	27	MG, 200 MG	13	leucovorin calcium TABS	28
KLARITY-A	74	lamotrigine TB24 250 MG	13	LEUKERAN	25
KLEAR GUMMY BASE	77	lamotrigine TB24 300 MG	13	levalbuterol hcl	11
KLOR-CON TBCR 8 MEQ		lamotrigine TBDP	13	levalbuterol tartrate	11
(potassium chloride)	68	lansoprazole CPDR	84	levetiracetam SOLN PO 100 MG/ML,	
KLOXXADO LIQD	19	lansoprazole TBDD 15 MG	84	500 MG/5ML	13
KOATE SOLR	56	lansoprazole TBDD 30 MG	84	levetiracetam TABS 1000 MG	13
KOATE-DVI SOLR 500 UNIT, 1000		lanthanum carbonate CHEW 1000		levetiracetam TABS 250 MG, 500	
UNIT	56	MG	55	MG, 750 MG	13
KOGENATE FS KIT	56	lanthanum carbonate CHEW 500 MG		levetiracetam TB24	13
KOSELUGO	27		55	levetiracetam TB3D 250 MG, 500	
KOVALTRY	56	lanthanum carbonate CHEW 750 MG		MG	13
K-PHOS NO 2	55		55	levobunolol hcl 0.5 %	73
KRINTAFEL	25	LANTUS SOLN	18	levocarnitine (metabolic modifiers)	
labetalol hcl TABS 100 MG, 200 MG,		LANTUS SOLOSTAR SOPN	18	SOLN PO 1 GM/10ML	52
300 MG	32	lapatinib ditosylate	27	levocarnitine (metabolic modifiers)	
lacosamide SOLN PO 10 MG/ML, 50		LASTACFT	76	TABS	52
MG/5ML, 100 MG/10ML	13	latanoprost SOLN	76	levofloxacin (ophth) 1.5 %	74
lacosamide TABS	13	LATANOPROST SOLN	76	levofloxacin SOLN PO	54
lactulose (encephalopathy)	54	leflunomide 10 MG	4	levofloxacin TABS	54
lactulose SOLN	59	leflunomide 20 MG	4	levonorgestrel & eth estradiol TABS	
LAGEVRIO	32	lenalidomide	68	38	
LAMICTAL XR KIT	13			levonorgestrel (emergency oc) 1.5	

MG 39	lisdexamphetamine dimesylate CHEW . 1	losartan potassium 23
levonorgestrel-eth estradiol (triphasic) 38	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 23	LOTEMAX OINT 74
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 38	lisinopril & hydrochlorothiazide 25 MG-20 MG 23	loteprednol etabonate GEL 75
levonorgestrel-ethinyl estradiol (continuous) 38	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG 22	loteprednol etabonate SUSP 0.2 % 75
levonorgestrel-ethinyl estradiol-iron 39	lisinopril TABS 40 MG 22	loteprednol etabonate SUSP 0.5 % 75
levorphanol tartrate TABS 6	lithium 29	loteprednol etabonate-tobramycin 75
levothyroxine sodium CAPS 125 MCG 82	lithium carbonate CAPS 150 MG, 600 MG 29	lovastatin TABS 10 MG, 20 MG ... 22
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG 82	lithium carbonate CAPS 300 MG .. 29	lovastatin TABS 40 MG 22
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 82	lithium carbonate TABS 29	loxapine succinate 30
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG 82	lithium carbonate TBCR 29	lubiprostone 54
lidocaine hcl (mouth-throat) 2 % ... 69	LITHOSTAT 55	LUMAKRAS 120 MG, 240 MG 27
lidocaine PTCH 5 % 48	LO LOESTRIN FE TABS 39	LUMAKRAS 320 MG 27
lidocaine-prilocaine CREA 48	LOCOID LIPOCREAM 47	LUPRON DEPOT (1-MONTH) KIT IM 26
linezolid SUSR 24	lofexidine hcl 77	LUPRON DEPOT-PED (1-MONTH) 7.5 MG 52
linezolid TABS 24	LOHIST-DM SYRP 41	lurasidone hcl 29
LINZESS 54	LOKELMA 69	LYNPARZA TABS 27
liothyronine sodium TABS 25 MCG, 50 MCG 82	lomustine 25	LYSODREN 26
liothyronine sodium TABS 5 MCG . 82	LONSURF 27	macitentan 10 MG 34
liraglutide 16	loperamide hcl CAPS 19	mafenide acetate PACK 46
lisdexamphetamine dimesylate CAPS 1	lopinavir-ritonavir SOLN 31	malathion 49
	lopinavir-ritonavir TABS 31	maraviroc TABS 31
	loratadine TABS 21	MAR-COF CG EXPECTORANT
	lorazepam CONC 9	LIQD 41
	lorazepam TABS 9	MARPLAN 15
	LORBRENA 27	MATRIAPRO CHEW 71
	losartan potassium & hydrochlorothiazide 23	MATULANE 28
		MAVYRET TABS 32
		MAXIDEX SUSP OP 75

MAXX MISC	61	meperidine hcl SOLN PO 50 MG/5ML	6	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	25
MAXX PLUS MISC	61	meperidine hcl TABS 50 MG	6	methotrexate sodium TABS 2.5 MG 25	
meclizine hcl CHEW	19	mercaptopurine SUSP 2000 MG/100ML	25	methoxsalen rapid	45
meclizine hcl TABS 50 MG	19	mercaptopurine TABS	25	methscopolamine bromide	83
meclofenamate sodium CAPS	3	mesalamine CP24	54	methsuximide	14
MEDROL TABS	40	mesalamine CPCR	54	methyldopa TABS	23
medroxyprogesterone acetate 10 MG	77	mesalamine CPDR	54	methylergonovine maleate TABS ..	76
medroxyprogesterone acetate 2.5 MG, 5 MG	77	mesalamine ENEM	54	methylphenidate hcl CHEW	1
mefenamic acid CAPS	3	mesalamine SUPP	54	methylphenidate hcl CP24 60 MG ..	1
mefloquine hcl	25	mesalamine TBEC 1.2 GM	54	methylphenidate hcl CP24	1
megestrol acetate (appetite)	77	mesalamine TBEC 800 MG	54	methylphenidate hcl CPCR	1
megestrol acetate SUSP	26	mesna TABS	28	methylphenidate hcl SOLN	1
megestrol acetate TABS	26	MESNEX TABS	28	methylphenidate hcl TABS 20 MG ..	1
MEKINIST SOLR	27	metaxalone 800 MG	72	methylphenidate hcl TABS 5 MG, 10 MG	1
MEKINIST TABS	27	metformin hcl SOLN	16	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1
MEKTOVI	27	metformin hcl TABS 500 MG, 850 MG, 1000 MG	16	methylphenidate hcl TB24 36 MG ...	1
meloxicam CAPS	3	metformin hcl TB24 500 MG, 750 MG	16	methylphenidate hcl TBCR 10 MG ..	1
meloxicam TABS 15 MG	3	methadone hcl CONC	6	methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG	1
meloxicam TABS 7.5 MG	3	methadone hcl SOLN PO	6	methylphenidate hcl TBCR 54 MG ..	1
memantine hcl CP24	77	methadone hcl TABS	6	methylphenidate PTCH	1
memantine hcl SOLN	77	methadone hcl TBSO	6	methylprednisolone TABS	40
memantine hcl TABS 10 MG	78	methamphetamine hcl	1	methylprednisolone TBPk	40
memantine hcl TABS 5 MG	78	methazolamide TABS	50	methyltestosterone CAPS	8
memantine hcl TABS	77	methenamine hippurate	25	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	54
memantine hcl-donepezil hcl CP24 77		methenamine mandelate	25	metoclopramide hcl TABS	54
MENEST 2.5 MG	53	methimazole TABS	82		
MENOPUR SC	51	methocarbamol TABS 500 MG, 750 MG	72		
MENOSTAR PTWK	53				

metoclopramide hcl TBDP 54	minocycline hcl CAPS 82	moxifloxacin hcl TABS 54
metolazone 50	minocycline hcl TABS 82	MUCOTROL WAFR 69
METOPIRONE 49	minoxidil 2.5 MG, 10 MG 24	MUCUS RELIEF D TABS 400 MG-40 MG 41
metoprolol & hydrochlorothiazide TABS 23	MINT REFILL KIT MISC 62	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG 70
metoprolol succinate TB24 32	mirtazapine TABS 14	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML 70
metoprolol tartrate TABS 32	mirtazapine TBDP 14	MULTIVITAMIN/FLUORIDE SUSP 0.5 MG/ML 70
metronidazole (topical) CREA 48	misoprostol 84	MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG 70
metronidazole (topical) GEL 0.75 % 49	modafinil 1	mupirocin OINT 43
metronidazole (topical) GEL 1 % ..48	moexipril hcl 22	MYALEPT 52
metronidazole (topical) LOTN 49	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) 31	mycophenolate mofetil CAPS 69
metronidazole CAPS 24	73	mycophenolate mofetil SUSR 69
metronidazole TABS 250 MG, 500 MG 24	mometasone furoate (nasal) SUSP 73	mycophenolate mofetil TABS 69
metronidazole vaginal 85	mometasone furoate CREA 47	mycophenolate sodium 69
metirosine 22	mometasone furoate OINT 47	MYLERAN TABS 25
mexiletine hcl 9	mometasone furoate SOLN 47	MYTESI 18
MG217 PSORIASIS MULTI- SYMPTOM OINT 48	montelukast sodium CHEW 10	nabumetone 500 MG 3
MICROCHAMBER DEVI 65	montelukast sodium PACK 10	nabumetone 750 MG 3
MICROCHAMBER MISC 65	montelukast sodium TABS 10	nadolol TABS 20 MG, 40 MG, 80 MG 33
MICROSPACER MISC 65	morphine sulfate beads 6	naftifine hcl CREA 44
midazolam hcl SYRP 58	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 6	naftifine hcl GEL 2 % 44
midodrine hcl 86	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML 6	NALFON TABS 600 MG 3
mifepristone 53	morphine sulfate SUPP 6	naloxone hcl LIQD 19
MIGERGOT SUPP 67	morphine sulfate TABS 6	naloxone hcl SOSY 2 MG/2ML 19
miglitol 16	morphine sulfate TBCR 6	naltrexone hcl 19
miglustat 57	MOUNJARO 17	NAMZARIC C4PK 78
milnacipran hcl MISC 78	MOVANTIK 54	NAMZARIC CP24 7 MG-10 MG ...78
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG 78	moxifloxacin hcl (ophth) SOLN OP 74	

naproxen sodium TABS 275 MG, 550 MG 3	neomycin-polymyxin-hc (otic) SUSP . 76	nintedanib esylate 100 MG, 150 MG . 81
naproxen SUSP 3	NEOTUSS PLUS LIQD 41	nisoldipine 33
naproxen TABS 3	NERLYNX 27	nitazoxanide TABS 24
naratriptan hcl 67	NESTABS 71	nitisinone CAPS 52
NARCAN LIQD (naloxone hcl) 19	NESTABS DHA 71	NITRO-DUR PT24 8
NATACYN 74	NEUPRO 29	nitrofurantoin 25
NATALCHEW CHEW 71	NEVANAC 76	nitrofurantoin macrocrystal 25
NATALCORE CHEW 71	nevirapine SUSP 31	nitrofurantoin monohyd macro 25
NATAZIA 39	nevirapine TABS 31	nitroglycerin (intra-anal) 8
nateglinide 18	nevirapine TB24 400 MG 31	nitroglycerin OINT 8
NATPARA 51	NEXTSTELLIS 39	nitroglycerin PT24 9
NAVAGE NASAL ASPIRATOR	niacin (antihyperlipidemic) TABS ..22	nitroglycerin SOLN TL 0.4
BABY DEVI 65	niacin (antihyperlipidemic) TBCR ..22	MG/SPRAY 9
NAYZILAM 12	nicardipine hcl CAPS 33	nitroglycerin SUBL 9
nebivolol hcl 32	NICOTINE KIT 81	NIVA THYROID TABS 82
NEBULIZER CUP/TUBING DEVI ..66	nicotine polacrilex GUM 81	nizatidine CAPS 83
NEBUSAL NEBU 42	nicotine polacrilex LOZG 81	NORDITROPIN FLEXPPO SOPN 30
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 71	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 81	MG/3ML 52
nefazodone hcl 15	NICOTROL INHA 81	NORDITROPIN FLEXPPO SOPN 5
neomycin sulfate TABS 2	NICOTROL NS SOLN 81	MG/1.5ML, 10 MG/1.5ML, 15
neomycin-bacitracin zn-polymyxin 74	nifedipine CAPS 33	MG/1.5ML 52
neomycin-polymy-dexameth OINT 75	nifedipine TB24 33	norelgestromin-ethinyl estradiol ...39
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 75	nilotinib hcl 50 MG, 150 MG, 200 MG 28	norethin acet & estrad-fe CAPS ...39
neomycin-polymyxin-gramicidin ...74	nilutamide 26	norethin acet & estrad-fe CHEW ..39
neomycin-polymyxin-hc (ophth) ...75	nimodipine CAPS 33	norethin acet & estrad-fe TABS 1
neomycin-polymyxin-hc (otic) SOLN . 76	nimodipine SOLN 33	MG-20 MCG-75 MG, 1.5 MG-30
	NINJACOF-XG LIQD 41	MCG-75 MG 39
	NINLARO 28	norethindrone & ethinyl estradiol-fe 39
		norethindrone (contraceptive) 39
		norethindrone acet & eth estra TABS 39

norethindrone acetate TABS 77	nystatin TABS 20	hydrochlorothiazide 23
norethindrone acetate-ethinyl estradiol 53	nystatin-triamcinolone CREA 44	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 23
norethindrone acetate-ethinyl estradiol-fe 39	nystatin-triamcinolone OINT 44	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG 24
norgestimate-ethinyl estradiol (triphasic) 39	OB COMPLETE ONE 71	olopatadine hcl (nasal) 72
norgestimate-ethinyl estradiol 39	OB COMPLETE PETITE 71	olopatadine hcl 0.1 % 76
NORPACE CR CP12 9	OB COMPLETE PREMIER 71	olopatadine hcl 0.2 % 76
nortriptyline hcl CAPS 16	OB COMPLETE/DHA 71	olopatadine hcl 0.7 % 76
nortriptyline hcl SOLN 16	OBIZUR 56	OMBRA TABLE TOP COMPRESSOR DEVI 66
NORVIR PACK 31	OBSTETRIX DHA MISC 71	omega-3-acid ethyl esters 21
NOVAREL IM 5000 UNIT 51	OBTREX DHA MISC 120 MG-1 MG- 3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG 71	omeprazole CPDR 20 MG, 40 MG 84
NOVOEIGHT 56	OCALIVA 54	omeprazole magnesium CPDR 84
NOVOSEVEN RT 56	octreotide acetate SOLN 53	OMNIFLEX DIAPHRAGM 61
NP THYROID TABS 82	octreotide acetate SOSY 53	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT 62
NUBEQA 26	ODEFSEY 31	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC 62
NUCALA SOAJ 9	ODOMZO 26	OMNIPOD 5 LIBRE INTRO KIT ...63
NUCALA SOSY 100 MG/ML 9	ofloxacin (ophth) 74	OMNIPOD 5 LIBRE PODS MISC .63
NUCALA SOSY 40 MG/0.4ML 9	ofloxacin (otic) 76	OMNIPOD CLASSIC PODS (GEN 3) MISC 63
NUEDEXTA 79	ofloxacin 300 MG 54	OMNIPOD DASH INTRO (GEN 4) KIT 63
NUPLAZID CAPS 29	ofloxacin 400 MG 54	OMNIPOD DASH PDM (GEN 4) KIT . 63
NUPLAZID TABS 10 MG 29	olanzapine TABS 15 MG, 20 MG ..30	OMNIPOD DASH PODS (GEN 4) MISC 63
NUVESSA 85	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG 30	OMNIPOD POD PALS 63
NUWIQ KIT 56	olanzapine TBDP 30	ondansetron hcl SOLN PO 4 MG/5ML 19
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT 56	olanzapine-fluoxetine hcl 78	
nystatin (mouth-throat) 69	olmesartan medoxomil 40 MG 23	
nystatin (topical) CREA 44	olmesartan medoxomil 5 MG, 20 MG 23	
nystatin (topical) OINT 44	olmesartan medoxomil-amlodipine-	
nystatin (topical) POWD EX 44		

ondansetron hcl TABS 4 MG, 8 MG 19	OTEZLA TBPB 4	TABS 300 MG-10 MG, 300 MG-7.5 MG 7
ondansetron TDBP 4 MG, 8 MG ...19	OTEZLA XR TB24 PO 75 MG 4	OXYCODONE-ACETAMINOPHEN TABS 300 MG-5 MG 7
ONE FLOW SPIROMETER DEVI .66	OTEZLA/OTEZLA XR INITIATION PK TBPB 4	oxymetazoline hcl (topical) 1 % 49
ONUREG TABS 25	OTREXUP SOAJ 20 MG/0.4ML 2	oxymorphone hcl TABS 10 MG 6
OPILL 39	OVIDREL SOSY 51	oxymorphone hcl TABS 5 MG 6
OPTICHAMBER DIAMOND DEVI .66	oxaprozin TABS 3	oxymorphone hcl TB12 6
OPTICHAMBER DIAMOND MISC .66	oxazepam CAPS 10 MG, 15 MG ...9	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 17
OPTICHAMBER DIAMOND-LG MASK DEVI 66	oxazepam CAPS 30 MG 9	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML 17
OPTICHAMBER DIAMOND-MD MASK MISC 66	oxcarbazepine SUSP 13	OZEMPIC (2 MG/DOSE) SOPN ...17
OPTICHAMBER DIAMOND-SM MASK MISC 66	oxcarbazepine TABS 150 MG 13	OZEMPIC TABS 1.5 MG, 4 MG, 9 MG 17
OPTIONS GYNOL II CONTRACEPTIVE GEL 85	oxcarbazepine TABS 300 MG 13	paliperidone 30
ORACIT 55	oxcarbazepine TABS 600 MG 13	PALYNZIQ 52
ORAL CITRATE 55	oxcarbazepine TB24 150 MG, 300 MG 13	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 50
ORAVIG 69	oxiconazole nitrate CREA 44	PANRETIN 44
ORENITRAM MONTH 1 TEPK 34	OXISTAT LOTN 44	pantoprazole sodium PACK 84
ORENITRAM MONTH 2 TEPK 34	oxybutynin chloride TABS 5 MG ...85	pantoprazole sodium TBEC 84
ORENITRAM MONTH 3 TEPK 34	oxybutynin chloride TB24 85	PARI MANUAL INTERRUPTER DEVI 66
ORENITRAM TBCR 34	oxycodone hcl CAPS 6	PARI TREK S COMBO PACK DEVI . 66
ORFADIN SUSP 52	oxycodone hcl CONC 100 MG/5ML 6	paricalcitol CAPS 1 MCG, 2 MCG .52
ORIAHNN 53	oxycodone hcl SOLN 6	paricalcitol CAPS 4 MCG 52
ORKAMBI PACK 81	oxycodone hcl TABS 30 MG 6	paroxetine hcl SUSP 15
ORKAMBI TABS 81	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG 6	
orphenadrine citrate TB12 72	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-7.5 MG 7	
oseltamivir phosphate CAPS 32	oxycodone w/ acetaminophen TABS 325 MG-5 MG 7	
oseltamivir phosphate SUSR 32	OXYCODONE-ACETAMINOPHEN	
OSPHERA 52		
OTEZLA TABS 4		

paroxetine hcl TABS	15	perampanel TABS 6 MG	12	pindolol TABS	33
paroxetine hcl TB24	15	perampanel TABS 8 MG, 10 MG, 12 MG	12	pioglitazone hcl 15 MG	18
PAXLOVID (150/100)	32	perindopril erbumine	22	pioglitazone hcl 30 MG, 45 MG	18
PAXLOVID (300/100 & 150/100) ..	32	permethrin CREA	49	pioglitazone hcl-glimepiride	16
PAXLOVID (300/100)	32	perphenazine TABS	30	pioglitazone hcl-metformin hcl TABS .	16
pazopanib hcl	28	perphenazine-amitriptyline	78	PIQRAY (200 MG DAILY DOSE) ..28	
ped multivitamins w/fl & iron SOLN 69		phenelzine sulfate	15	PIQRAY (250 MG DAILY DOSE) ..28	
pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG	70	phenobarbital ELIX	58	PIQRAY (300 MG DAILY DOSE) ..28	
pediatric multivitamins w/fl SUSP 0.25 MG/ML	70	phenobarbital TABS	58	pirfenidone CAPS	81
pediatric multivitamins w/fl SUSP 0.5 MG/ML	70	phenoxybenzamine hcl	22	pirfenidone TABS	81
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	58	phenylephrine hcl (mydriatic) SOLN 10 %	73	piroxicam CAPS 10 MG	3
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 58		phenylephrine hcl (mydriatic) SOLN 2.5 %	73	piroxicam CAPS 20 MG	3
peg 3350-potassium chloride-sod bicarbonate-sod chloride	58	phenytoin CHEW	14	pitavastatin calcium	22
PEGASYS SOLN	32	phenytoin sodium extended 100 MG, 200 MG, 300 MG	14	PLEGRIDY SOAJ	78
PEG-PREP	58	phenytoin SUSP	14	PLEGRIDY SOSY IM	78
penicillamine CAPS	68	PHEXX	85	PLEGRIDY STARTER PACK SOAJ .	78
penicillamine TABS	68	PHEXXI	85	SC	78
penicillin v potassium SOLR	77	PHOSPHA 250 NEUTRAL	68	PNV 27-CA/FE/FA TABS	71
penicillin v potassium TABS	77	PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG	28	PNV-DHA+DOCUSATE	71
pentamidine isethionate IN	24	phytonadione TABS 5 MG	86	PNV-OMEGA	71
pentazocine w/ naloxone hcl	7	PIFELTRO	31	POCKET CHAMBER DEVI	66
pentoxifylline	56	pilocarpine hcl (oral) 5 MG	69	POCKET SPACER DEVI	66
perampanel SUSP 0.5 MG/ML	12	pilocarpine hcl (oral) 7.5 MG	69	PODOCON-25 SOLN	48
perampanel TABS 2 MG	12	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	74	podofilox GEL	48
perampanel TABS 4 MG	12	pimecrolimus	48	podofilox SOLN	48
		pimozide	79	polyethylene glycol 3350 POWD ..	59
				polymyxin b-trimethoprim	74
				POLY-VI-FLOR CHEW 0.5 MG, 1	

MG	70	pramipexole dihydrochloride TABS 1	SOLN	75
POLY-VI-FLOR SUSP	70	MG	PREDNISONE INTENSOL CONC	40
POLY-VI-FLOR/IRON CHEW	69	pramipexole dihydrochloride TABS	prednisone SOLN	40
POLY-VI-FLOR/IRON SUSP	70	1.5 MG	prednisone TABS	40
pomalidomide 1 MG, 2 MG, 3 MG, 4		pramipexole dihydrochloride TB24	prednisone TBPK	40
MG	26	0.375 MG, 0.75 MG, 1.5 MG, 2.25	pregabalin CAPS 225 MG, 300 MG	
posaconazole SUSP	20	MG, 3.75 MG, 4.5 MG	14	
posaconazole TBEC	20	pramipexole dihydrochloride TB24 3	pregabalin CAPS 25 MG, 50 MG, 75	
pot & sod citrates w/citric ac SOLN		MG	MG, 100 MG, 150 MG, 200 MG ...	14
55		PRAMOSONE LOTN	pregabalin SOLN	14
pot phosphate monobasic w/ sod		PRAMOSONE OINT 1 %-1 %	PREGNYL IM	51
phosphate dibasic & monobasic ..	68	PRAMOSONE OINT 2.5 %-1 % ...	PREMARIN	85
potassium chloride CPCR	68	prasugrel hcl	PREMESISRX	71
potassium chloride		pravastatin sodium 10 MG, 20 MG,	PREMPHASE	53
microencapsulated crystals er	68	80 MG	PREMPRO	53
potassium chloride PACK PO 20		pravastatin sodium 40 MG	PRENA 1 TRUE	71
MEQ	68	praziquantel	PRENA1 PEARL	71
potassium chloride SOLN PO 10 %,		prazosin hcl CAPS	PRENACORE CHEW	71
20 %, 10 %	68	PRECISION XTRA BLOOD	PRENAISSANCE	71
potassium chloride TBCR 8 MEQ, 10		GLUCOSE STRP	PRENAISSANCE PLUS CAPS	71
MEQ, 20 MEQ	68	PRECISION XTRA KETONE	PRENATABS RX TABS 120 MG-3	
potassium citrate (alkalinizer) TBCR .		PRECISION XTRA-	MG-30 MCG-1 MG-400 UNIT-8	
55		GLUCOSE/KETONE DEVI	MCG-3 MG-20 MG-7 MG-3 MG-100	
potassium citrate-citric acid SOLN .55		PRED MILD	MG-15 MG-3 MG-4000 UNIT-200	
POTASSIUM IODIDE		prednisolone acetate (ophth)	MG-150 MCG-30 UNIT-29 MG	71
(EXPECTORANT) SOLN 1 GM/ML		PREDNISOLONE SODIUM	PRENATAL 19 CHEW	71
42		PHOSPHATE	PRENATAL 19 TABS	71
potassium iodide (expectorant) SOLN		prednisolone sodium phosphate	PRENATAL+DHA MISC	71
.....	42	SOLN 25 MG/5ML	PRENATAL-U CAPS	71
POVIDONE-IODINE	74	prednisolone sodium phosphate	PRENATE	71
PRALUENT SOAJ	22	SOLN 5 MG/5ML, 15 MG/5ML	PRENATE AM	71
pramipexole dihydrochloride TABS		prednisolone sodium phosphate	PRENATE ENHANCE	71
0.125 MG, 0.25 MG, 0.5 MG, 0.75		TBDP		
MG	29	PREDNISOLONE-MOXIFLOXACIN		

PREPIDIL GEL 76	PROLATE TABS 300 MG-5 MG 7	600 MG-60 MG 41
PREZCOBIX 31	promethazine & phenylephrine SYRP 41	PULMICORT FLEXHALER AEPB 180 MCG/ACT 10
PREZISTA SUSP 31	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML 21	PULMICORT FLEXHALER AEPB 90 MCG/ACT 10
PREZISTA TABS 75 MG, 150 MG 31	promethazine hcl SUPP 12.5 MG, 25 MG 21	PULMOZYME 81
PRILOSEC PACK 84	promethazine hcl TABS 12.5 MG .21	PURE COMFORT 3-BALL BREATHE EX DEVI 66
primaquine phosphate TABS 25	promethazine hcl TABS 25 MG ...21	PURE COMFORT SPACER CHAMBER DEVI 66
primidone 50 MG, 250 MG 14	promethazine hcl TABS 50 MG ...21	pyrazinamide 25
PRO COMFORT SPACER ADULT MISC 66	promethazine w/codeine SOLN ...41	pyridostigmine bromide SOLN PO .25
PRO COMFORT SPACER CHILD MISC 66	promethazine w/codeine SYRP ...41	pyridostigmine bromide TABS 60 MG 25
PRO COMFORT SPACER INFANT DEVI 66	promethazine-dm SYRP 41	pyridostigmine bromide TBCR 25
PROAIR RESPICLICK AEPB 11	propafenone hcl CP12 9	PYZCHIVA 45 MG/0.5ML 45
probenecid 56	propafenone hcl TABS 150 MG 9	PYZCHIVA 90 MG/ML 45
PROCARE SPACER/ADULT MASK DEVI 66	propafenone hcl TABS 225 MG, 300 MG 9	PYZCHIVA SC 45 MG/0.5ML 45
PROCARE SPACER/CHILD MASK DEVI 66	proparacaine hcl 74	QBRELIS SOLN 22
PROCHAMBER VHC DEVI 66	propranolol hcl CP24 33	QINLOCK 28
prochlorperazine 30	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML 33	QUAKE DEVI 66
prochlorperazine maleate TABS ...30	propranolol hcl TABS 33	quazepam 58
PROCTOFOAM HC FOAM EX 8	propylthiouracil 82	quetiapine fumarate TABS 200 MG 30
PROCYSBI CPDR 55	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML 41	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG 30
PROCYSBI PACK 55	protriptyline hcl 16	quetiapine fumarate TABS 300 MG, 400 MG 30
PROFILNINE 56	PROVIDA OB 71	quetiapine fumarate TB24 30
progesterone (vaginal) INST 100 MG 85	PSE-DEXCHLORPHEN-CHLOPHEDIANOL 41	QUFLORA FE PEDIATRIC LIQD .70
progesterone CAPS 77	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 41	QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG 70
PROGRAF PACK 69	pseudoephedrine-guaifenesin TB12	QUFLORA PEDIATRIC SUSP 0.25

MG/ML 70	REALITY LATEX CONDOMS MISC . 61	rimantadine hydrochloride TABS .. 32
QUFLORA PEDIATRIC SUSP 0.5 MG/ML 70	REALITY LATEX/ULTRA TEXTURED DEVI 61	RINVOQ LQ SOLN 2
QUILLICHEW ER CHER 20 MG, 40 MG 1	REALITY LATEX/ULTRA THIN DEVI 61	RINVOQ TB24 15 MG, 30 MG 2
QUILLICHEW ER CHER 30 MG 1	REBIF REBIDOSE SOAJ 78	RINVOQ TB24 45 MG 2
QUILLIVANT XR SRER 1	REBIF REBIDOSE TITRATION PACK SOAJ 78	risedronate sodium TABS 150 MG 51
quinapril hcl 22	REBIF SOSY 78	risedronate sodium TABS 35 MG . 51
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 24	REBIF TITRATION PACK SOSY .. 78	risedronate sodium TABS 5 MG, 30 MG 51
quinapril-hydrochlorothiazide 25 MG-20 MG 24	REBINYN 56	risperidone SOLN 30
quinidine gluconate TBCR 9	RECOMBINATE SOLR 56	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG 30
quinidine sulfate TABS 9	RELENZA DISKHALER 32	risperidone TABS 3 MG 30
quinine sulfate CAPS 324 MG 25	RELION INSULIN SYRINGE 64	risperidone TBDP 30
QVAR REDHALER 80 MCG/ACT . 10	RELION KETONE TEST STRP ... 49	RITEFLO DEVI 66
RABEPRAZOLE SODIUM CPSP . 84	RELNATE DHA CAPS 71	ritonavir TABS 31
rabeprazole sodium TBEC 84	RELYVRIO 73	rivaroxaban SUSR 1 MG/ML 11
RADICAVA ORS STARTER KIT SUSP 73	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 82	rivaroxaban TABS 2.5 MG 11
RADICAVA ORS SUSP 73	repaglinide 18	rivastigmine 78
raloxifene hcl 52	RETACRIT 57	rivastigmine tartrate CAPS 78
ramelteon 58	RETEVMO CAPS 28	RIXUBIS SOLR 56
ramipril CAPS 22	REXULTI 30	rizatriptan benzoate TABS 67
ranolazine TB12 1000 MG 8	REYATAZ PACK 31	rizatriptan benzoate TBDP 67
ranolazine TB12 500 MG 8	RIASTAP 56	roflumilast 10
rasagiline mesylate 29	RIDAURA 3	ropinirole hydrochloride TABS 29
RASUVO SOAJ 20 MG/0.4ML 2	rifabutin 25	ropinirole hydrochloride TB24 12 MG 29
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 2	rifampin CAPS 25	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG 29
	rifapentine 150 MG 25	rosuvastatin calcium TABS 22
	rilpivirine hcl 25 MG 31	ROZLYTREK CAPS 28
	riluzole TABS 73	ROZLYTREK PACK 28

RUBRACA	28	selegiline hcl TABS	29	sirolimus SOLN	69
rufinamide SUSP	14	selenium sulfide LOTN 2.5 %	45	sirolimus TABS	69
rufinamide TABS 200 MG	14	SELZENTRY SOLN	31	sitagliptin phosphate 25 MG, 50 MG, 100 MG	16
rufinamide TABS 400 MG	14	SE-NATAL 19 CHEW	71	sitagliptin phosphate-metformin hcl TABs	16
RUKOBIA	31	SE-NATAL 19 TABS	71	sitagliptin phosphate-metformin hcl TB24	16
RYBELSUS TABS	17	SEREVENT DISKUS	11	SITAVIG TABS BU	32
RYDAPT	28	SEROSTIM SC 4 MG, 5 MG, 6 MG 52		SIVEXTRO TABS	24
RYDEX	41	sertraline hcl CAPS 150 MG, 200 MG	15	SKYRIZI PEN SOAJ	45
sacubitril-valsartan TABS	34	sertraline hcl CONC	15	SKYRIZI SOCT	54
SALICYLIC ACID OINT	48	sertraline hcl TABS	15	SKYRIZI SOSY	45
salicylic acid SHAM 6 %	48	sevelamer carbonate PACK 0.8 GM . 55		SLYND	39
salicylic acid SOLN 26 %	48	sevelamer carbonate PACK 2.4 GM . 55		sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	42
salicylic acid SOLN 28.5 %	48	sevelamer carbonate TABS	55	sodium fluoride (dental) SOLN 0.2 % 69	
SALIMEZ CREA	48	sevelamer hcl 400 MG	55	sodium fluoride CHEW 0.25 MG, 0.5 MG	67
salsalate	5	sevelamer hcl 800 MG	55	sodium fluoride CHEW 1 MG	67
SALYCIM CREA	48	SEVENFACT	56	sodium fluoride SOLN 0.5 MG/ML .67	
SANTYL OINT	48	SFROWASA ENEM	54	SODIUM FLUORIDE SOLN 0.5 MG/ML	67
sapropterin dihydrochloride PACK .52		SIGNIFOR	53	sodium fluoride TABS	68
sapropterin dihydrochloride TABS .52		SIKLOS TABS	57	sodium oxybate SOLN	77
saxagliptin hcl	16	sildenafil citrate (pulmonary hypertension) SUSR	34	sodium phenylbutyrate POWD	52
saxagliptin-metformin hcl	16	sildenafil citrate (pulmonary hypertension) TABS	34	sodium phenylbutyrate TABS	52
scopolamine	19	sildenafil citrate	34	sodium polystyrene sulfonate POWD 69	
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	71	silodosin 4 MG	55	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	69
SELECT-OB CHEW 60 MG-2.5 MG- 1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT- 29 MG-1700 UNIT	71	silodosin 8 MG	55	sodium sulfate-potassium sulfate-	
SELECT-OB+DHA MISC	71	silver sulfadiazine	46		
selegiline hcl CAPS	29	simvastatin TABS	22		

magnesium sulfate	58	STELARA SOSY 90 MG/ML	45	sulfamethoxazole-trimethoprim TABS	24
SOFOSBUVIR-VELPATASVIR TABS	32	STEQEYMA 45 MG/0.5ML	45	SULFAMYLON CREA	46
solifenacin succinate TABS 10 MG 85		STEQEYMA 90 MG/ML	45	sulfasalazine TABS	54
solifenacin succinate TABS 5 MG .85		STIOLTO RESPIMAT	11	sulfasalazine TBEC	54
SOLTAMOX SOLN	26	STIVARGA	28	sulindac TABS 150 MG	3
SOLUVITA ACD WITH FLUORIDE SOLN	70	STRENSIQ	52	sulindac TABS 200 MG	3
SOLUVITA WITH FLUORIDE SUSP 0.25 MG/ML	70	STRIBILD	31	sumatriptan 20 MG/ACT	67
SOLUVITA WITH FLUORIDE SUSP 0.5 MG/ML	70	STRIVERDI RESPIMAT	11	sumatriptan 5 MG/ACT	67
sorafenib tosylate	28	sucralfate SUSP	83	sumatriptan succinate SOAJ	67
SORILUX FOAM	45	sucralfate TABS	83	sumatriptan succinate SOCT	67
sotalol hcl (afib/afib)	33	sulconazole nitrate CREA	44	sumatriptan succinate SOLN 6 MG/0.5ML	67
sotalol hcl TABS	33	sulconazole nitrate SOLN	44	sumatriptan succinate TABS	67
spinosad	49	sulfacetamide sodium (acne)	43	sunitinib malate 12.5 MG, 37.5 MG, 50 MG	28
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT	10	sulfacetamide sodium (ophth) OINT 74		sunitinib malate 25 MG	28
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	10	sulfacetamide sodium (ophth) SOLN . 74		SYMDEKO	81
SPIRO PD DEVI	66	sulfacetamide sodium LIQD	46	SYMTUZA	31
spironolactone & hydrochlorothiazide	50	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	43	SYNAREL	52
spironolactone TABS	50	sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	43	SYNJARDY TABS	16
SPRAVATO (56 MG DOSE)	15	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	43	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	16
SPRAVATO (84 MG DOSE)	15	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	43	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	16
SPRITAM TB3D 750 MG, 1000 MG 14		sulfacetamide sod-prednisolone SOLN	75	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	83
SSS 10-5 FOAM 10 %-5 %	43	SULFACETAMIDE-SULFUR IN UREA EMUL	43	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	82
STELARA SOLN 45 MG/0.5ML ...	45	sulfadiazine TABS	81	TABLOID	25
STELARA SOSY 45 MG/0.5ML ...	45	sulfamethoxazole-trimethoprim SUSP	24		

TABRECTA	28	temozolomide CAPS	25	theophylline TB12 300 MG	11
tacrolimus (topical) OINT 0.03 % ..	48	tenofovir disoproxil fumarate TABS		theophylline TB12 450 MG	11
tacrolimus (topical) OINT 0.1 % ...	48	31		theophylline TB24	11
tacrolimus CAPS	69	terazosin hcl 1 MG, 2 MG, 5 MG ..	23	thioridazine hcl 10 MG, 25 MG, 100	
tacrolimus CP24 0.5 MG, 1 MG, 5		terazosin hcl 10 MG	23	MG	30
MG	69	terbinafine hcl TABS	20	thioridazine hcl 50 MG	30
tadalafil (pulmonary hypertension)		terbutaline sulfate TABS	11	thiothixene	30
TABS	34	terconazole vaginal CREA	85	THRESHOLD PEP DEVI	66
tadalafil 2.5 MG	34	terconazole vaginal SUPP	85	THRIVITE RX TABS	71
tadalafil 5 MG, 10 MG, 20 MG	34	teriflunomide	78	THYROID TABS 15 MG, 30 MG, 60	
TAFINLAR CAPS 50 MG	28	teriparatide SOPN	51	MG, 90 MG, 120 MG	83
TAFINLAR CAPS 75 MG	28	TESTOSTERONE CYPIONATE		tiagabine hcl	14
TAFINLAR TBSO	28	SOLN IM 200 MG/ML	8	TIBSOVO	28
tafluprost	76	testosterone cypionate SOLN IM ...	8	ticagrelor 60 MG, 90 MG	57
TAGRISSO	26	testosterone enanthate SOLN IM ...	8	timolol	73
TALZENNA	28	testosterone GEL TD 1 %, 50		timolol maleate (ophth) SOLG	73
tamoxifen citrate TABS	26	MG/5GM	8	timolol maleate (ophth) SOLN	73
tamsulosin hcl	55	testosterone GEL TD 1 %	8	timolol maleate TABS 10 MG	33
tazarotene CREA	45	testosterone GEL TD 1.62 %, 20.25		timolol maleate TABS 5 MG, 20 MG .	33
TAZAROTENE FOAM	43	MG/1.25GM, 25 MG/2.5GM, 40.5			
tazarotene GEL	45	MG/2.5GM, 1.62 %	8	tinidazole	24
TAZVERIK	28	testosterone GEL TD 10 MG/ACT ..	8	tiopronin TABS	55
TECHLITE INSULIN SYRINGE ...	64	tetrabenazine	78	tiopronin TBEC	55
TEGSEDI	81	tetracaine hcl (ophth)	74	tiotropium bromide CAPS IN 18 MCG	
telmisartan 20 MG, 40 MG	23	TETRACAINE HCL 0.5 %	74		10
telmisartan 80 MG	23	tetracycline hcl CAPS	82	TIROSINT CAPS 37.5 MCG, 44	
telmisartan-amlodipine	24	THALITONE	50	MCG, 62.5 MCG	83
telmisartan-hydrochlorothiazide ...	24	THALOMID 50 MG, 100 MG, 200 MG		TIVICAY TABS 50 MG	31
temazepam 15 MG	58		68	tizanidine hcl CAPS	72
temazepam 22.5 MG, 30 MG	58	THEO-24 CP24	11	tizanidine hcl TABS 2 MG	72
temazepam 7.5 MG	58	theophylline ELIX	11	tizanidine hcl TABS 4 MG	72
		theophylline SOLN	11	TOBI PODHALER CAPS	2

TOBRADEX OINT	75	torsemide TABS 5 MG, 10 MG, 20 MG	50	UNIT/ML	18
TOBRADEX ST SUSP	75	TOUJEO MAX SOLOSTAR SOPN 18		TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	18
tobramycin (ophth) SOLN	74	TOUJEO SOLOSTAR SOPN	18	TRESIBA SOLN	18
tobramycin NEBU	2	TPOXX (TECOVIRIMAT CAP 200 MG)	32	tretinoin (chemotherapy)	28
tobramycin-dexamethasone SUSP 75		TPOXX CAPS	32	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	43
TOBREX OINT	74	tramadol hcl TABS 100 MG	6	tretinoin GEL 0.01 %, 0.025 %	43
TODAY SPONGE MISC	85	tramadol hcl TABS 50 MG	6	tretinoin GEL 0.05 %	43
tofacitinib citrate SOLN 1 MG/ML ...	2	tramadol hcl TB24 100 MG	6	tretinoin microsphere 0.04 %, 0.1 %	43
tofacitinib citrate TABS 5 MG, 10 MG 2		tramadol hcl TB24 200 MG, 300 MG .	6	tretinoin microsphere 0.08 %	43
tofacitinib citrate TB24 11 MG, 22 MG	2	tramadol-acetaminophen	7	TRETTEN	56
tolcapone	29	trandolapril	22	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	25
tolmetin sodium CAPS	3	trandolapril-verapamil hcl	24	triamcinolone acetonide (mouth) ..	69
tolmetin sodium TABS 600 MG	4	tranexamic acid TABS	57	triamcinolone acetonide (nasal) AERO	73
tolterodine tartrate CP24	85	tranylcypromine sulfate	15	triamcinolone acetonide (topical) AERS	48
tolterodine tartrate TABS	85	travoprost SOLN	76	triamcinolone acetonide (topical) CREA	48
tolvaptan TBPK 15 MG	53	trazodone hcl TABS	15	triamcinolone acetonide (topical) LOTN	48
topiramate CP24 200 MG	14	TRELEGY ELLIPTA	11	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	48
topiramate CP24 25 MG, 50 MG, 100 MG	14	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	45	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	50
topiramate CPSP 15 MG, 25 MG ..	14	TREMFYA PEN SOAJ 100 MG/ML 45		triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	50
topiramate CS24 100 MG, 150 MG, 200 MG	14	TREMFYA PEN SOAJ SC 200 MG/2ML	54	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	50
topiramate CS24 25 MG, 50 MG ..	14	TREMFYA SOSY 100 MG/ML	45	triazolam 0.125 MG	58
topiramate TABS 100 MG	14	TREMFYA SOSY SC 200 MG/2ML 54			
topiramate TABS 200 MG	14	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	54		
topiramate TABS 25 MG	14	TRESIBA FLEXTOUCH SOPN 100			
topiramate TABS 50 MG	14				
toremifene citrate	26				
torsemide TABS 100 MG	50				

triazolam 0.25 MG	58	trospium chloride TABS	85	TWIRLA	39
trientine hcl	68	TRUE COVER DEVI	61	TYBLUME CHEW	39
trifluoperazine hcl TABS	30	TRULICITY	17	TYBOST	31
trifluridine	74	TRUSTEX COLOR CONDOMS + LUBE MISC	61	TYMLOS	51
trihexyphenidyl hcl SOLN	28	TRUSTEX LUB/RIBBED/STUDED MISC	61	TYVASO DPI INSTITUTIONAL KIT POWD	34
trihexyphenidyl hcl TABS	28	TRUSTEX LUB/SPERMICIDE EX ST MISC	61	TYVASO DPI MAINTENANCE KIT POWD	34
TRIJARDY XR	16	TRUSTEX LUB/SPERMICIDE XL MISC	61	TYVASO DPI TITRATION KIT POWD	34
TRIKAFTA TBPk	81	TRUSTEX LUB/SPERMICIDE XL MISC	61	TYVASO REFILL KIT SOLN IN ...	34
TRIKAFTA THPK	81	TRUSTEX LUBRICATED EX LARGE MISC	62	TYVASO SOLN IN	34
trimethobenzamide hcl CAPS	19	TRUSTEX LUBRICATED EXTRA ST MISC	62	TYVASO STARTER KIT SOLN IN	34
trimethoprim TABS	24	TRUSTEX LUBRICATED MISC ...	62	UBRELVY	67
trimipramine maleate CAPS	16	TRUSTEX LUBRICATED MISC ...	62	UDENYCA ONBODY SOSY	57
TRINATAL RX 1 TABS	71	TRUSTEX LUBRICATED/SPERMICIDE MISC 62		UDENYCA SOAJ	57
TRINTELLIX	15	TRUSTEX NATURAL CONDOMS + LUBE MISC	62	UDENYCA SOSY	57
TRIUMEQ PD TBSO	31	TRUSTEX NON-LUBRICATED MISC	62	ULTRAVATE LOTN	48
TRIUMEQ TABS	31	TRUSTEX RIA LUB/SPERMICIDE MISC	62	umeclidinium bromide 62.5 MCG/INH	10
TRI-VI-FLOR SUSP 0.25 MG/ML ..	70	TRUSTEX RIA LUBRICATED MISC . 62		umeclidinium-vilanterol	11
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	70	TRUSTEX RIA NON-LUBRICATED MISC	62	UPTRAVI TABS	34
TROJAN BARESKIN DEVI	61	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	62	UPTRAVI TITRATION TBPk	34
TROJAN ENZ MISC	61	TUKYSA	26	ursodiol CAPS	54
TROJAN MAGNUM MISC	61	TURALIO 125 MG	28	ursodiol TABS	54
TROJAN ULTRA THIN MISC	61	TUSNEL C SYRP	41	USTEKINUMAB-TTWE SC	45
TROJAN ULTRA THIN/SPERMICIDAL MISC	61	TUSNEL TABS	41	valacyclovir hcl 1 GM	32
TROJAN-ENZ LUBRICATED MISC 61				valacyclovir hcl 500 MG	32
TROJAN-ENZ/SPERMICIDAL MISC . 61				VALCHLOR	44
tropicamide SOLN	73			valganciclovir hcl SOLR	32
trospium chloride CP24	85			valganciclovir hcl TABS	32

valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	14	MG, 150 MG	16	VITAFOL-ONE CAPS	71
valproic acid CAPS	14	VENTAVIS IN	34	VITAMEDMD ONE RX/QUATREFOLIC	71
valsartan TABS 160 MG	23	verapamil hcl CP24 100 MG, 200 MG, 300 MG	33	VITAMINS ACD-FLUORIDE SOLN 70	
valsartan TABS 40 MG, 80 MG, 320 MG	23	verapamil hcl CP24 120 MG, 240 MG	33	VITAPEARL	71
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	24	verapamil hcl CP24 180 MG	33	VITATRUE	71
valsartan-hydrochlorothiazide 25 MG-160 MG	24	verapamil hcl CP24 360 MG	33	VITRAKVI CAPS	28
VANACOF	41	verapamil hcl TABS	33	VITRAKVI SOLN	28
vancomycin hcl CAPS	24	verapamil hcl TBCR 120 MG	33	VIVA DHA CAPS	72
VANDAZOLE	85	verapamil hcl TBCR 180 MG, 240 MG	33	VIZIMPRO	26
varenicline tartrate TABS	81	VEREGEN	43	VONVENDI	56
varenicline tartrate TBPk	81	VERSACLOZ SUSP	30	voriconazole SUSR	20
VCF VAGINAL CONTRACEPTIVE FILM	85	VERSAPAP DEVI	66	voriconazole TABS	20
VCF VAGINAL CONTRACEPTIVE GEL	85	VERSAPAP W/UNIVERSAL TUBING DEVI	66	VORTEX HOLD CHMBR/MASK/CHILD DEVI	66
VECAMYL	24	VERZENIO	28	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	66
VEMLIDY	32	VIBERZI	54	VORTEX VALVE CHAMBER-PEDI MASK DEVI	66
VENCLEXTA STARTING PACK TBPk	26	vigabatrin PACK	14	VORTEX VALVED HOLDING CHAMBER DEVI	66
VENCLEXTA TABS 10 MG	26	vigabatrin TABS	14	VOSEVI	32
VENCLEXTA TABS 100 MG	26	vilazodone hcl TABS 10 MG, 40 MG . 15		VRAYLAR CAPS	29
VENCLEXTA TABS 50 MG	26	vilazodone hcl TABS 20 MG	15	VYNDAMAX	35
venlafaxine hcl CP24 150 MG	15	VINATE DHA RF	71	VYNDAQEL	35
venlafaxine hcl CP24 37.5 MG, 75 MG	15	VIRACEPT TABS	31	warfarin sodium TABS	11
venlafaxine hcl TABS	15	VIREAD POWD	31	WESCAP-C DHA	72
venlafaxine hcl TB24 225 MG	15	VIREAD TABS 150 MG, 200 MG, 250 MG	31	WESNATE DHA CAPS	72
venlafaxine hcl TB24 37.5 MG, 75		VISTOGARD	19	WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	68
		VITAFOL GUMMIES	71	WIDE-SEAL DIAPHRAGM 60	62
		VITAFOL-NANO	71		

WIDE-SEAL DIAPHRAGM 65 62	YESINTEK SOLN 45 MG/0.5ML ... 45	zolpidem tartrate TABS 5 MG 58
WIDE-SEAL DIAPHRAGM 70 62	YESINTEK SOSY 45 MG/0.5ML .. 45	zolpidem tartrate TBCR 58
WIDE-SEAL DIAPHRAGM 75 62	YESINTEK SOSY 90 MG/ML 45	ZOMIG SOLN 67
WIDE-SEAL DIAPHRAGM 80 62	YEZTUGO TABS PO 300 MG 31	zonisamide CAPS 100 MG 14
WIDE-SEAL DIAPHRAGM 85 62	YONSA 26	zonisamide CAPS 25 MG, 50 MG . 14
WIDE-SEAL DIAPHRAGM 90 62	zaleplon 58	ZYFLO TABS 10
WIDE-SEAL DIAPHRAGM 95 62	ZARXIO 57	ZYKADIA TABS 28
WILATE KIT 56	ZEJULA TABS 28	
XALKORI CAPS 28	ZELAPAR TBDP 29	
XALKORI CPSP 28	ZELBORAF 28	
XARELTO STARTER PACK TBPK 12	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 50	
XARELTO SUSR 1 MG/ML (rivaroxaban) 12	zidovudine CAPS 31	
XARELTO TABS 10 MG 12	zidovudine SYRP 31	
XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban) 12	zidovudine TABS 31	
XARELTO TABS 2.5 MG, 15 MG, 20 MG 12	zileuton TB12 10	
XATMEP SOLN PO 25	ziprasidone hcl 20 MG, 40 MG 29	
XERAC AC 48	ziprasidone hcl 60 MG, 80 MG 29	
XERMELO 55	ZIRGAN GEL 74	
XHANCE EXHU 73	ZITHROMAX PACK 60	
XIFAXAN 200 MG 24	ZOLINZA 28	
XIFAXAN 550 MG 24	zolmitriptan SOLN 67	
XIGDUO XR TB24 PO 1000 MG-2.5 MG 16	zolmitriptan TABS 67	
XOSPATA 28	zolmitriptan TBDP 67	
XTANDI CAPS 26	zolpidem tartrate TABS 10 MG 58	
XTANDI TABS 26		
XYNTHA 56		
XYNTHA SOLOFUSE 56		