

California

4 Tier Formulary

California Small and Large Group Members

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 All previous versions are no longer in effect.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

California Small and Large Group members

Go to

[Drug List -- Use](#) the “3 Tier with Specialty” 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.

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



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

The drug list is a complete list of covered drugs used to treat common diseases or health problems. 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 categorical or therapeutic categories. If you know what therapeutic category and class your drug is in, look through the list to find the category. Then look under the category and class for your drug.

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

If a generic equivalent for a brand name drug is available and both the brand name and the generic drug are covered, the generic drug will be listed separately from the brand name drug in ***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, regular typeface in all CAPITAL letters.

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

How much will I pay for my drugs?

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

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

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

Non-preferred Generic Drugs generic drugs have been placed at Tier 2.

Tier Descriptions

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

<i>Tier</i>	<i>Description</i>
1	Tier one consists of most generic drugs and low-cost preferred brand drugs.
2	Tier two consists of 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 generally 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 insured to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	Tier 5 includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

Are there any limits on my drug coverage?

Some drugs have limits or restrictions 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	These oral cancer drugs have 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 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	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
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 all self-administered hormonal contraceptives on the Formulary, up to a 12-month supply when dispensed at one time.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan, except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

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

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

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

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

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

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

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

When information necessary for the health plan to make a determination is not included with the request for prior authorization or step therapy exception, the plan will notify the prescribing

provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

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

What blood glucose supplies are covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy.

Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

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

Are preventive drugs covered?

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

What drugs are covered under my medical benefit?

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

Can I go to any pharmacy?

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

network pharmacy near you visit our website at [Find a pharmacy near you](#) 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 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 Specialty drugs are not available through mail order or extended day supplies.

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Are infertility drugs covered?

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

Are Immunizations covered through pharmacies?

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

- Covid-19

- Influenza (Flu)
- RSV

Are Weight Loss Drugs Covered?

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

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

Definitions

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

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

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

Deductible: Is the amount you pay for covered health care benefits that are subject to the deductible before your health 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 the rest.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subscriber: Means the person 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</i>	1	
Anorexiants Non-Amphetamine		
<i>phentermine hcl CAPS</i>	4	Check plan documents for benefits and copay; QL(1 EA daily); PA
<i>phentermine hcl-topiramate</i>	4	Check plan documents for benefits and copay; QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
Anti-Obesity Agents		
CONTRACE	4	Check plan documents for benefits and copay; QL(3 EA daily); PA
<i>orlistat</i>	4	Check plan documents for benefits and copay; QL(3 EA daily); PA
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.		
<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 60 MG</i>	2	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>methylphenidate hcl CPCR</i>	1	QL(1 EA daily)
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)

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
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 180 EA per fill retail)	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	SP; PA
<i>methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG</i>	1	QL(1 EA daily)	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
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	RASUVO SOAJ 20 MG/0.4ML	4	SP; PA
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)	Anti-TNF-alpha - Monoclonal Antibodies		
<i>methylphenidate PTCH</i>	2	QL(1 EA daily)	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); SP; PA
<i>modafinil</i>	1	QL(1 EA daily)	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	QL(0.072 ML daily); SP; PA
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA	ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); SP; PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA	HADLIMA PUSHTOUCH SOAJ	4	QL(0.143 ML daily); SP; PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA	HADLIMA SOSY	4	QL(0.143 ML daily); SP; PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for benefits and copay; QL(0.072 EA daily); SP; PA
Aminoglycosides			HUMIRA (2 PEN) AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
ARIKAYCE	4	SP; PA	HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
HUMATIN	2	SP			
<i>neomycin sulfate TABS</i>	1				
TOBI PODHALER CAPS	4	SP; PA			
<i>tobramycin NEBU</i>	4	SP; PA			
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions					
Antirheumatic - Enzyme Inhibitors					
RINVOQ LQ SOLN	4	QL(12 ML daily); SP; PA			
RINVOQ TB24	4	QL(1 EA daily); SP; PA			
XELJANZ XR TB24	4	QL(1 EA daily); SP; PA			
XELJANZ SOLN	4	QL(10 ML daily); SP; PA			
XELJANZ TABS	4	QL(2 EA daily); SP; PA			
Antirheumatic Antimetabolites					

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
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	AURANOFIN 3 MG	4	
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	RIDAURA	4	
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for benefits and copay; QL(2 EA per 365 day(s) retail); SP; PA	Interleukin-1 Blockers		
HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily; 3 EA per 365 day(s) retail); SP; PA	ARCALYST	4	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	Interleukin-6 Receptor Inhibitors		
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA	KEVZARA SOAJ	4	QL(0.082 ML daily); SP; PA
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	KEVZARA SOSY	4	QL(0.082 ML daily); SP; PA
Gold Compounds			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			(Flurbiprofen) LURBIPR TABS 100 MG	1	
			(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			(Indomethacin) INDOCIN SUPP	4	
			(Tolmetin Sodium) TOLECTIN 600 TABS 600 MG	1	
			<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
			<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA
			<i>diclofenac potassium TABS 50 MG</i>	1	
			<i>diclofenac sodium TB24</i>	1	
			<i>diclofenac sodium TBEC</i>	1	
			<i>diclofenac w/ misoprostol TBEC</i>	1	
			<i>etodolac CAPS</i>	1	
			<i>etodolac TABS</i>	1	
			<i>etodolac TB24</i>	1	QL(2 EA daily)
			<i>fenoprofen calcium TABS</i>	3	
			<i>flurbiprofen TABS</i>	1	
			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
			<i>indomethacin CPR</i>	1	
			<i>indomethacin SUPP</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin SUSP</i>	2		ENBREL SURECLICK SOAJ	4	QL(0.143 ML daily); SP; PA
<i>ketoprofen CAPS 50 MG</i>	1		ENBREL SOLN	4	QL(0.143 ML daily); SP; PA
<i>ketoprofen CP24</i>	2		ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); SP; PA
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)	ENBREL SOSY 50 MG/ML	4	QL(0.28 ML daily); SP; PA
<i>meclofenamate sodium CAPS</i>	1		ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>mefenamic acid CAPS</i>	2		Analgesic Combinations		
<i>meloxicam CAPS</i>	3	PA	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
NALFON TABS 600 MG	3		<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1		<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>naproxen SUSP</i>	1		<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>naproxen TABS</i>	1		<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>oxaprozin TABS</i>	1		<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)	<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>piroxicam CAPS 10 MG</i>	1		<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>sulindac TABS 200 MG</i>	1		<i>butalbital-aspirin-caffeine CAPS</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)	Salicylates		
<i>tolmetin sodium CAPS</i>	1				
<i>tolmetin sodium TABS 600 MG</i>	1				
Phosphodiesterase 4 (PDE4) Inhibitors					
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 20 MG</i>	1	QL(1 EA daily)			
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)			
Soluble Tumor Necrosis Factor Receptor Agents					
ENBREL MINI SOCT	4	QL(0.15 ML daily); SP; PA			

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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 LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	5	PV	(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
			(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
			(Methadone Hcl) METHADOSE TBSO	1	
			<i>codeine sulfate TABS 30 MG</i>	1	
			CODEINE SULFATE TABS	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 EA daily); PA	<i>morphine sulfate SUPP</i>	2	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate TABS</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>hydrocodone bitartrate CP12</i>	2	PA	<i>OXAYDO TABS 5 MG</i>	2	
<i>hydrocodone bitartrate T24A</i>	2	PA	<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl LIQD</i>	1		<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl SOLN</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	2	QL(4 EA daily)	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>hydromorphone hcl TB24 32 MG</i>	2	QL(2 EA daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>HYSINGLA ER T24A</i>	3	PA	<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)
<i>levorphanol tartrate TABS</i>	4	PA	<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2		<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>methadone hcl CONC</i>	1		<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>methadone hcl SOLN PO</i>	1		<i>tramadol hcl TB24 100 MG</i>	2	QL(3 EA daily)
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	<i>tramadol hcl TB24 300 MG</i>	2	
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TB24 200 MG</i>	2	QL(1 EA daily)
<i>morphine sulfate beads</i>	2	QL(1 EA daily)	Opioid Combinations		
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	3	
			(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1		<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>acetaminophen w/ codeine SOLN</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)	PROLATE TABS	3	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1		<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	3		Opioid Partial Agonists		
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		<i>buprenorphine hcl-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 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 3 MG-12 MG</i>	1	QL(2 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-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1		<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	3	Not available through Mail Order	<i>buprenorphine PTWK 15 MCG/HR</i>	1	Limit 4 patches per 28 days; QL(4 EA per 28 day(s) retail)
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2		<i>buprenorphine PTWK 20 MCG/HR</i>	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)
			<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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
<i>pentazocine w/ naloxone hcl</i>	1	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
(Methyltestosterone) METHITEST TABS	4	
(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)
<i>testosterone enanthate SOLN IM</i>	1	
<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 1 %</i>	1	Limit 300gms per month; QL(10 GM daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 GM daily); PA
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)

Drug Name	Drug Tier	Requirements/ Limits
Rectal Combinations		
ANALPRAM HC LOTN EX	3	
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<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 1000 MG</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
Nitrates		
<i>isosorbide dinitrate TABS 40 MG</i>	2	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide mononitrate TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTIANGIOTENSIN 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
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	
ANTIASTHMATIC 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

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Drug Name	Drug Tier	Requirements/ Limits
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); SP; PA
NUCALA SOAJ	4	QL(0.1073 ML daily); SP; PA
NUCALA SOLR	4	QL(0.1073 EA daily); SP; PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); SP; PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>zileuton TB12</i>	4	
ZYFLO TABS	3	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Steroid Inhalants		
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	QL(1 EA daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.8 GM daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 GM daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	

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(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)	levalbuterol tartrate	1	QL(0.5 GM daily)
albuterol sulfate AERS	1	QL(1.2 GM daily)	PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
albuterol sulfate AERS	1	QL(0.47 GM daily)	SEREVENT DISKUS	2	QL(2 EA daily)
albuterol sulfate AERS	1	QL(0.57 GM daily)	STIOLTO RESPIMAT	2	QL(0.14 GM daily)
albuterol sulfate NEBU	1		STRIVERDI RESPIMAT	2	QL(0.14 GM daily)
albuterol sulfate NEBU	1		terbutaline sulfate TABS	1	
ALBUTEROL SULFATE NEBU	2		TRELEGY ELLIPTA	2	QL(2 EA daily)
albuterol sulfate SYRP	1		umeclidinium-vilanterol	1	QL(2 EA daily)
albuterol sulfate TABS	1		Xanthines		
arformoterol tartrate	2	QL(4 ML daily)	(Theophylline) ELIXOPHYLLIN ELIX	1	
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)	THEO-24 CP24	2	
budesonide-formoterol fumarate dihydrate	1		theophylline ELIX	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)	theophylline SOLN	1	
fluticasone furoate-vilanterol	1	QL(2 EA daily)	theophylline TB12 300 MG	1	QL(2 EA daily)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	theophylline TB12 450 MG	1	QL(1 EA daily)
fluticasone-salmeterol AERO	1	Limit 1 inhaler per month; QL(0.4 GM daily)	theophylline TB24	1	QL(1 EA daily)
formoterol fumarate NEBU	2	QL(4 ML daily)	ANTICOAGULANTS - Blood Thinners		
ipratropium-albuterol SOLN	1		Coumarin Anticoagulants		
levalbuterol hcl	1		(Warfarin Sodium) JANTOVEN TABS	1	
			warfarin sodium TABS	1	
			Direct Factor Xa Inhibitors		
			ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
			ELIQUIS TABS	2	QL(2 EA daily)
			rivaroxaban SUSR 1 MG/ML	1	QL(900 ML per 30 day(s) retail)
			rivaroxaban TABS 2.5 MG	1	QL(1 EA daily)
			XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)

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XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)	FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ML per 90 day(s) retail); SP
XARELTO TABS 10 MG	2	QL(2 EA daily)	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 (<i>rivaroxaban</i>)	2	QL(1 EA daily)	Thrombin Inhibitors		
Heparins And Heparinoid-Like Agents			<i>dabigatran etexilate mesylate CAPS</i>	1	QL(2 EA daily)
<i>enoxaparin sodium SOLN 1J 300 MG/3ML</i>	1	QL(42 ML per 7 day(s) retail); SP	ANTICONVULSANTS - Drugs to Treat Seizures		
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(4.2 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	FYCOMPA SUSP	4	QL(24 ML daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ML per 7 day(s) retail); SP	FYCOMPA TABS 6 MG	4	QL(2 EA daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ML per 7 day(s) retail); SP	FYCOMPA TABS 2 MG	4	QL(6 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	FYCOMPA TABS 4 MG	4	QL(3 EA daily)
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ML per 90 day(s) retail); SP	FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)
<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>perampanel TABS 6 MG</i>	4	QL(2 EA daily)
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ML per 90 day(s) retail); SP	<i>perampanel TABS 4 MG</i>	4	QL(3 EA daily)
FRAGMIN SOLN 95000 UNIT/3.8ML	4	SP; PA	<i>perampanel TABS 2 MG</i>	4	QL(6 EA daily)
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ML per 90 day(s) retail); SP	<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	4	QL(1 EA daily)
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ML per 90 day(s) retail); SP	Anticonvulsants - Benzodiazepines		
FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ML per 90 day(s) retail); SP	<i>clobazam SUSP</i>	2	
			<i>clobazam TABS 10 MG</i>	1	QL(1 EA daily)
			<i>clobazam TABS 20 MG</i>	1	QL(2 EA daily)
			<i>clonazepam TABS</i>	1	
			<i>clonazepam TBDP</i>	1	
			<i>diazepam (anticonvulsant) GEL</i>	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	

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

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<i>oxcarbazepine TB24 150 MG, 300 MG</i>	2	
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)
<i>pregabalin SOLN</i>	1	QL(30 ML daily)
<i>primidone 50 MG, 250 MG</i>	1	
<i>rufinamide SUSP</i>	2	SP
<i>rufinamide TABS 200 MG</i>	2	SP
<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily); SP
SPRITAM TB3D	3	PA
SPRITAM TB3D	3	PA
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA
<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>topiramate TABS 25 MG</i>	1	
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGODER PACK	4	QL(6 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
(Vigabatrin) VIGADRONE TABS	4	SP; PA
<i>tiagabine hcl</i>	2	
<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>vigabatrin TABS</i>	4	SP; PA
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN 30 MG	2	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
Valproic Acid		
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	

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<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 EA daily)
<i>bupropion hcl TB24 450 MG</i>	2		<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		VIIBRYD STARTER PACK KIT	3	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)	<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)	<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CPDR</i>	1		<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)	FETZIMA TITRATION C4PK	3	ST
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA 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>fluvoxamine maleate CP24 150 MG</i>	1		<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily)
			<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 EA daily)
			<i>venlafaxine hcl TABS</i>	1	

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<i>venlafaxine hcl TB24 225 MG</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)	JANUMET TABS	2	QL(2 EA daily)
Tricyclic Agents			<i>pioglitazone hcl-glimepiride</i>	1	
<i>amitriptyline hcl TABS</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>amoxapine</i>	1		<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)
<i>clomipramine hcl</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
<i>desipramine hcl TABS</i>	1		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
<i>doxepin hcl CAPS</i>	1		SYNJARDY TABS	2	QL(2 EA daily)
<i>doxepin hcl CONC</i>	1		TRIJARDY XR	2	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
<i>imipramine pamoate</i>	2		XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
<i>nortriptyline hcl CAPS</i>	1		XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
<i>nortriptyline hcl SOLN</i>	1		Biguanides		
<i>protriptyline hcl</i>	1		<i>metformin hcl SOLN</i>	2	
<i>trimipramine maleate CAPS</i>	1		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Alpha-Glucosidase Inhibitors			Diabetic Other		
<i>acarbose</i>	1		<i>diazoxide</i>	2	
<i>miglitol</i>	3		<i>glucagon (rdna)</i>	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Antidiabetic Combinations			Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)			
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)			
<i>glipizide-metformin hcl</i>	1				
<i>glyburide-metformin</i>	1				
GLYXAMBI	2				
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)			

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<i>alogliptin benzoate 25 MG</i>	2	QL(1 EA daily)	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	2		HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
JANUVIA	2	QL(1 EA daily)	HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
<i>saxagliptin hcl</i>	1	QL(1 EA daily)	HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
Incretin Mimetic Agents			HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1.5 ML daily)
<i>liraglutide</i>	2	Not available through Mail Order; QL(9 ML per 28 day(s) retail); PA	HUMALOG MIX 75/25 SUSP	2	QL(1.34 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA	HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order; QL(1.5 ML per 28 day(s) retail); PA	HUMALOG SOLN IJ	2	QL(1.5 ML daily)
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA	HUMULIN 70/30 KWIKPEN SUPN	2	QL(1.5 ML daily)
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA	HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
RYBELSUS TABS	2	Not available through Mail Order; QL(1 EA daily); PA	HUMULIN N KWIKPEN SUPN	2	QL(1.5 ML daily)
TRULICITY	2	Not available through Mail Order; QL(2 ML per 28 day(s) retail); PA	HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
Insulin			HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
			HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
			INSULIN LISPRO PROT & LISPRO SUPN	2	QL(1.5 ML daily)
			LANTUS SOLOSTAR SOPN	2	QL(1.5 ML daily)
			LANTUS SOLN	2	QL(1.5 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
TRESIBA SOLN	2	QL(1.5 ML daily)
Insulin Sensitizing Agents		
<i>pioglitazone hcl 15 MG</i>	1	
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, 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 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	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		

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Drug Name	Drug Tier	Requirements/ Limits
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(2 EA per fill retail); PA
<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)
SANCUSO PTCH	4	QL(1 EA per 21 day(s) retail); PA
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 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		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
<i>dronabinol CAPS 10 MG</i>	2	PA

Drug Name	Drug Tier	Requirements/ Limits
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	2	Limit 3 per month; QL(0.1 EA daily)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPB	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<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		
CRESEMBA CAPS 186 MG	3	Not available through Mail Order
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	PA
<i>itraconazole SOLN</i>	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		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Ethanolamines			ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
(Carbinoxamine Maleate) CARBZAH SOLN	1		Antihypertensives - Combinations		
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG	1		<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
<i>carbinoxamine maleate SOLN</i>	1		Antihypertensives - Misc.		
<i>carbinoxamine maleate SUER</i>	2		<i>icosapent ethyl</i>	2	PA
<i>carbinoxamine maleate TABS 4 MG</i>	1		<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
<i>clemastine fumarate SYRP</i>	1		VASCEPA (<i>icosapent ethyl</i>)	2	PA
<i>clemastine fumarate TABS 2.68 MG</i>	1		Bile Acid Sequestrants		
Antihistamines - Non-Sedating			(Cholestyramine Light) PREVALITE PACK	1	
<i>desloratadine TABS</i>	3	QL(1 EA daily); PA	(Cholestyramine Light) PREVALITE POWD	1	
<i>desloratadine TBDP</i>	3	PA	<i>cholestyramine light PACK</i>	1	
Antihistamines - Phenothiazines			<i>cholestyramine light POWD</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1		<i>cholestyramine PACK</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)	<i>cholestyramine POWD</i>	1	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1		<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		<i>colesevelam hcl TABS</i>	2	QL(7 EA daily)
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)	<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)	<i>colestipol hcl PACK</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colestipol hcl TABS</i>	1	
Antihistamines - Piperidines			Fibric Acid Derivatives		
<i>cyproheptadine hcl SYRP</i>	1		<i>choline fenofibrate 45 MG</i>	1	
<i>cyproheptadine hcl TABS</i>	1		<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
			<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
			<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
			<i>fenofibrate CAPS</i>	1	
			<i>fenofibrate TABS 48 MG</i>	1	
			<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate TABS 54 MG</i>	1	QL(2 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); SL; PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); PV
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	4	SP; PA
Nicotinic Acid Derivatives		
(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	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
ACE Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
<i>metirosine</i>	4	SP
<i>phenoxybenzamine hcl</i>	1	Not available through Mail Order
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
EDARBI 80 MG	3	QL(1 EA daily)
EDARBI 40 MG	3	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)
<i>telmisartan 20 MG, 40 MG</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		<i>telmisartan-amlodipine</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)	<i>trandolapril-verapamil hcl</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
<i>atenolol & chlorthalidone</i>	1				
<i>benazepril & hydrochlorothiazide</i>	1				
<i>bisoprolol & hydrochlorothiazide</i>	1				
<i>candesartan cilexetil-hydrochlorothiazide</i>	1				
<i>captopril & hydrochlorothiazide</i>	1				
EDARBYCLOR	3	QL(1 EA daily)			
<i>enalapril maleate & hydrochlorothiazide</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits
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	
<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		

Drug Name	Drug Tier	Requirements/ Limits
ALINIA SUSR	3	
<i>atovaquone</i>	2	
<i>nitazoxanide TABS</i>	2	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
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	Limit 24 per month; QL(0.8 EA daily)
Antimalarials		

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Drug Name	Drug Tier	Requirements/ Limits
<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		
Antimychasthenic/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 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	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</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	
<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		
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(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	4	QL(1 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(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Anti-HER2 Agents			LUPRON DEPOT (1-MONTH) KIT IM	4	covered w-gender transformation diagnosis; PA required for other diagnosis; SP
TUKYSA	4	SP; AC; PA			
Antineoplastic - BCL-2 Inhibitors			LYSODREN	2	SP; AC
VENCLEXTA STARTING PACK TBPK	4	SP; AC; PA	<i>megestrol acetate SUSP</i>	1	AC
VENCLEXTA TABS 100 MG	4	QL(4 EA daily); SP; AC; PA	<i>megestrol acetate TABS</i>	1	AC
VENCLEXTA TABS 10 MG	4	QL(2 EA daily); SP; AC; PA	<i>nilutamide</i>	4	AC
VENCLEXTA TABS 50 MG	4	SP; AC; PA	NUBEQA	4	SP; AC; PA
Antineoplastic - EGFR Inhibitors			SOLTAMOX SOLN	2	PV; AC
<i>erlotinib hcl</i>	4	SP; AC; PA	<i>tamoxifen citrate TABS</i>	1	PV; AC
<i>gefitinib</i>	4	SP; AC; PA	<i>toremifene citrate</i>	2	AC
GILOTRIF	4	SP; AC; PA	XTANDI CAPS	4	SP; AC; PA
TAGRISO	4	SP; AC; PA	XTANDI TABS	4	SP; AC; PA
VIZIMPRO	4	SP; AC; PA	YONSA	4	SP; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors			Antineoplastic - Immunomodulators		
DAURISMO	4	SP; PA	POMALYST	4	SP; AC; PA
ERIVEDGE	4	SP; AC; PA	Antineoplastic - PDGFR-alpha Inhibitors		
ODOMZO	4	SP; AC; PA	AYVAKIT	4	QL(1 EA daily); SP; AC; PA
Antineoplastic - Hormonal and Related Agents			Antineoplastic - XPO1 Inhibitors		
(Abiraterone Acetate) ABIRTEGA 250 MG	4	SP; AC; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	SP; AC; PA
<i>abiraterone acetate</i>	4	SP; AC; PA	XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	SP; AC; PA
<i>anastrozole</i>	1	QL(1 EA daily); PV; AC	XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	SP; AC; PA
<i>bicalutamide</i>	1	QL(1 EA daily); AC	XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	SP; AC; PA
ELIGARD KIT SC 7.5 MG	3	SP; PA	XPOVIO (60 MG TWICE WEEKLY)	4	SP; AC; PA
EMCYT	2	SP; AC	XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	SP; AC; PA
ERLEADA	4	SP; AC; PA	XPOVIO (80 MG TWICE WEEKLY)	4	SP; AC; PA
EULEXIN	2	AC	Antineoplastic Combinations		
<i>exemestane</i>	1	PV; AC			
<i>letrozole</i>	1	AC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INQOVI	4	SP; PA	<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA
KISQALI FEMARA (200 MG DOSE)	3	SP; AC; PA	<i>everolimus TBSO</i>	4	QL(1 EA daily); SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	3	SP; AC; PA	IBRANCE CAPS	3	SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	3	SP; AC; 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 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	SP; AC; PA	IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA
ALUNBRIG TBPk	4	SP; AC; PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA
BALVERSA	4	SP; AC; PA	IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA
BOSULIF CAPS 50 MG	4	QL(1 EA daily); SP; AC; PA	IMBRUVICA TABS	4	QL(1 EA daily); SP; AC; PA
BOSULIF CAPS 100 MG	4	QL(2 EA daily); SP; AC; PA	INREBIC	4	SP; AC; PA
BOSULIF TABS 400 MG, 500 MG	4	QL(1 EA daily); SP; AC; PA	JAKAFI	4	QL(2 EA daily); SP; AC; PA
BOSULIF TABS 100 MG	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	SP; AC; PA	KISQALI (600 MG DOSE)	3	QL(1 EA daily); SP; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 EA daily); SP; AC; PA	KOSELUGO	4	SP; AC; PA
CABOMETYX TABS 20 MG, 60 MG	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 320 MG	4	QL(3 EA daily); SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	SP; AC; PA	LUMAKRAS 120 MG, 240 MG	4	QL(2 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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<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	4	SP; AC; PA
NINLARO	4	QL(0.1 EA daily); SP; AC; PA
<i>pazopanib hcl</i>	4	SP; AC; PA
PIQRAY (200 MG DAILY DOSE)	4	SP; AC; PA
PIQRAY (250 MG DAILY DOSE)	4	SP; AC; PA
PIQRAY (300 MG DAILY DOSE)	4	SP; AC; PA
QINLOCK	3	SP; AC; PA
RETEVMO CAPS	4	SP; AC; PA
ROZLYTREK CAPS	4	SP; AC; PA
ROZLYTREK PACK	4	SP; AC; PA
RUBRACA	4	SP; AC; PA
RYDAPT	4	SP; AC; PA
<i>sorafenib tosylate</i>	4	SP; AC; PA
STIVARGA	4	SP; AC; PA
<i>sunitinib malate 25 MG</i>	2	SP; AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	QL(1 EA daily); SP; AC; PA
TABRECTA	4	SP; AC; PA
TAFINLAR CAPS	4	SP; AC; PA
TAFINLAR TBSO	4	SP; AC; PA
TALZENNA	4	SP; AC; PA
TAZVERIK	4	SP; AC; PA
TIBSOVO	4	SP; AC; PA
TURALIO 125 MG	4	SP; AC; PA
VERZENIO	4	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	4	SP; AC; PA
VITRAKVI SOLN	4	SP; AC; PA
VOTRIENT	4	SP; AC; PA
XALKORI CAPS	4	SP; AC; PA
XALKORI CPSP	4	SP; AC; PA
XOSPATA	4	SP; AC; PA
ZEJULA TABS	4	SP; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
ZELBORAF	4	SP; AC; PA
ZOLINZA	4	SP; AC; PA
ZYKADIA TABS	4	SP; AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
ALFERON N	4	SP; PA
<i>bexarotene</i>	4	SP; AC; PA
<i>hydroxyurea</i>	1	AC
MATULANE	4	SP; AC
<i>tretinoin (chemotherapy)</i>	2	SP; AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
<i>mesna TABS</i>	3	SP; AC
MESNEX TABS	3	SP; AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	2	SP; AC; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	SP; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	2	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
RYTARY CPR	3	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
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	

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Drug Name	Drug Tier	Requirements/ Limits
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 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
<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	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>trifluoperazine hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Quinolinone Derivatives		
<i>aripiprazole SOLN PO</i>	1	
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<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	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine CAPS</i>	1		PREZISTA TABS 75 MG, 150 MG	2	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1		REYATAZ PACK	2	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)	<i>ritonavir TABS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV	RUKOBIA	4	
EMTRIVA SOLN	2		SELZENTRY SOLN	2	
<i>etravirine</i>	1		STRIBILD	2	
EVOTAZ	2		SYMTUZA	2	
<i>fosamprenavir calcium TABS</i>	1		<i>tenofovir disoproxil fumarate TABS</i>	1	
FUZEON SOLR	4	SP; PA	TIVICAY TABS	2	
GENVOYA	2		TRIUMEQ PD TBSO	2	
INTELENCE 25 MG	2		TRIUMEQ TABS	2	
ISENTRESS HD TABS	2		TYBOST	2	
ISENTRESS CHEW	2		VIRACEPT TABS	2	
ISENTRESS TABS	2		VIREAD POWD	2	
JULUCA	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
KALETRA SOLN	2		<i>zidovudine CAPS</i>	1	
<i>lamivudine SOLN</i>	1		<i>zidovudine SYRP</i>	1	
<i>lamivudine TABS</i>	1		<i>zidovudine TABS</i>	1	
<i>lamivudine-zidovudine</i>	1		Antiviral Combinations		
<i>lopinavir-ritonavir SOLN</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>lopinavir-ritonavir TABS</i>	1		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>maraviroc TABS</i>	1		PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>nevirapine SUSP</i>	1		CMV Agents		
<i>nevirapine TABS</i>	1		<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)
<i>nevirapine TB24 400 MG</i>	1				
NORVIR PACK	2				
ODEFSEY	2				
PIFELTRO	2				
PREZCOBIX	2				
PREZISTA SUSP	2				

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valganciclovir hcl TABS	1	
Hepatitis Agents		
adefovir dipivoxil	1	
entecavir TABS	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS	2	SP; PA
EPCLUSA TABS	2	SP; PA
lamivudine (hbv) TABS	2	
MAVYRET TABS	4	SP; PA
PEGASYS SOLN	4	SP; PA
VEMLIDY	4	SP; ST
VOSEVI	2	SP; PA
Herpes Agents		
acyclovir CAPS	1	
acyclovir SUSP	1	
acyclovir TABS PO 400 MG	1	
acyclovir TABS PO 800 MG	1	QL(5 EA daily)
famciclovir	1	
SITAVIG TABS BU	3	PA
valacyclovir hcl 500 MG	1	QL(8 EA daily)
valacyclovir hcl 1 GM	1	QL(4 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS	1	QL(10 EA per fill retail)
oseltamivir phosphate SUSP	1	QL(125 ML per 5 day(s) retail)
RELENZA DISKHALER	3	QL(20 EA per fill retail)
rimantadine hydrochloride TABS	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 6.25 MG, 12.5 MG, 25 MG	1	
carvedilol 3.125 MG	1	QL(2 EA daily)
carvedilol phosphate	1	
labetalol hcl TABS 100 MG, 200 MG, 300 MG	1	
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	
atenolol TABS	1	
betaxolol hcl	1	
bisoprolol fumarate	1	QL(1 EA daily)
metoprolol succinate TB24	1	
metoprolol tartrate TABS	1	
nebivolol hcl	1	
Beta Blockers Non-Selective		
HEMANGEOL SOLN PO	3	SP; PA
INDERAL XL	3	
INNOPRAN XL	3	
nadolol TABS 20 MG, 40 MG, 80 MG	1	
pindolol TABS	1	
propranolol hcl CP24	1	
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS	1	
sotalol hcl (afib/af)	1	
sotalol hcl TABS	1	
timolol maleate TABS 10 MG	1	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nimodipine CAPS</i>	2	
<i>nimodipine SOLN</i>	3	
<i>nisoldipine</i>	2	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	2	
<i>verapamil hcl CP24 360 MG</i>	2	QL(1 EA daily)
<i>verapamil hcl CP24 120 MG, 240 MG</i>	1	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TBCR 120 MG</i>	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	PA
ENTRESTO CPSP	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>sacubitril-valsartan TABS</i>	3	QL(2 EA daily); PA
Impotence Agents		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	TYVASO SOLN IN	4	SP; 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	VENTAVIS IN	4	SP; 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	Pulmonary Hypertension - Endothelin Receptor Antagonists		
Prostaglandin Vasodilators			<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
ORENITRAM MONTH 1 TEPK	4	SP; PA	<i>bosentan TABS</i>	4	SP; PA
ORENITRAM MONTH 2 TEPK	4	SP; PA	<i>bosentan TBSO 32 MG</i>	4	SP; PA
ORENITRAM MONTH 3 TEPK	4	SP; PA	OPSUMIT	4	SP; PA
ORENITRAM TBCR	4	SP; PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); SP; PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	3	QL(2 EA daily); SP; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); SP; PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	SP; PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); SP; PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); SP; PA	<i>tadalafil (pulmonary hypertension) TABS</i>	3	QL(2 EA daily); SP; PA
TYVASO REFILL KIT SOLN IN	4	SP; PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
TYVASO STARTER KIT SOLN IN	4	SP; PA	UPTRA VI TITRATION TBPK	4	SP; PA
			UPTRA VI TABS 200 MCG	4	SP; PA
			UPTRA VI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); SP; PA
			Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
			ADEMPAS	4	SP; PA
			Sinus Node Inhibitors		
			CORLANOR SOLN	3	QL(15 ML daily); SP; ST

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<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST	(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
Transthyretin Stabilizers			(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
VYNDAMAX	4	QL(1 EA daily); SP; PA	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
VYNDAQEL	4	QL(4 EA daily); SP; PA	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
Cephalosporins - 1st Generation			(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
<i>cefadroxil CAPS</i>	1		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
<i>cefadroxil SUSR</i>	1		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV
<i>cefadroxil TABS</i>	1				
<i>cephalexin CAPS</i>	1				
<i>cephalexin SUSR</i>	1				
Cephalosporins - 2nd Generation					
CEFACLOR ER TB12	3				
<i>cefaclor CAPS</i>	1				
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1				
<i>cefprozil SUSR</i>	1				
<i>cefprozil TABS</i>	1				
<i>cefuroxime axetil TABS</i>	1				
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1				
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
SUPRAX CHEW	3				
SUPRAX SUSR 500 MG/5ML	3				
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					

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(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(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, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	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 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV
			(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	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

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(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	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG	5	PV	(Norethindrone 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
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	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-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV
(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			

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(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV	<i>norethindrone acet & eth estra TABS</i>	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV	<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>drospirenone-ethinyl estradiol</i>	5	PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV	TYBLUME CHEW	5	PV
<i>ethynodiol diacet & eth estrad</i>	5	PV	Combination Contraceptives - Transdermal		
<i>levonorgestrel & eth estradiol TABS</i>	5	PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV	<i>norelgestromin-ethinyl estradiol</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV	TWIRLA	5	PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV	Combination Contraceptives - Vaginal		
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV	(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
LO LOESTRIN FE TABS	5	PV	ANNOVERA	5	PV
NATAZIA	5	PV	<i>etonogestrel-ethinyl estradiol</i>	5	PV
NEXTSTELLIS	5	PV	Emergency Contraceptives		
<i>norethin acet & estrad-fe CAPS</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, REACT, TAKE ACTION 1.5 MG	5	PV
<i>norethin acet & estrad-fe CHEW</i>	5	PV	ELLA	5	PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	PV	Progestin Contraceptives - Injectable		

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DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Deflazacort) JAYTHARI TABS	4	SP; PA
(Deflazacort) PYQUI SUSP	4	SP; PA
AGAMREE	4	SP; PA
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	1	

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(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)	CODITUSSIN AC LIQD	2	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		ED BRON GP LIQD	2	
(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, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12	1		GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
(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, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12 600 MG-60 MG	1		GILTUSS COUGH & COLD TABS	3	
(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG	1		GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
			GLENMAX PEB LIQD	3	
			<i>guaifenesin-codeine SOLN</i>	1	
			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
			LOHIST-DM SYRP	2	
			MAR-COF BP	3	
			MAR-COF CG EXPECTORANT LIQD	3	
			MAXI-TUSS PE MAX LIQD	2	
			M-END PE LIQD	3	
			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)
			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	

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Drug Name	Drug Tier	Requirements/ Limits
RYDEX	2	
TUSNEL C SYRP	3	
TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3	
TUSNEL TABS	3	
VANACOF	2	
Expectorants		
(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, HM CHEST CONGESTION 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	
guaifenesin TABS 400 MG	1	
potassium iodide (expectorant) SOLN	1	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
HYPERSAL NEBU	2	
NEBUSAL NEBU	3	

Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	1	
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG	1	QL(2 EA daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(5 EA daily)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Tretinoin) AVITA CREA 0.025 %	1	

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<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	1	QL(1.5 GM daily); PA	FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>isotretinoin 10 MG, 20 MG, 25 MG, 30 MG, 35 MG</i>	1	QL(2 EA daily)
<i>adapalene CREA</i>	1	QL(45 GM per fill retail)	<i>isotretinoin 40 MG</i>	1	QL(5 EA daily)
<i>adapalene GEL 0.1 %</i>	1	QL(45 GM per fill retail); RX/OTC	<i>sulfacetamide sodium (acne)</i>	1	
<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)	<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)	<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	1	
<i>clindamycin phosphate (topical) FOAM</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)
<i>clindamycin phosphate (topical) GEL</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	
<i>clindamycin phosphate (topical) LOTN</i>	1		SULFACETAMIDE-SULFUR IN UREA EMUL	2	
<i>clindamycin phosphate (topical) SOLN</i>	1		TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 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 microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 GM daily)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</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	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily); PA	Agents for External Genital and Perianal Warts		
DIFFERIN LOTN	2	QL(1.97 ML daily)	VEREGEN	3	QL(30 GM per fill retail)
<i>erythromycin (acne aid) GEL</i>	1		Antibiotics - Topical		
<i>erythromycin (acne aid) SOLN</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	
			<i>gentamicin sulfate (topical) OINT</i>	1	

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<i>mupirocin OINT</i>	1		<i>naftifine hcl CREA</i>	2	
Antifungals - Topical			<i>naftifine hcl GEL 2 %</i>	2	
(Ciclopirox) CICLODAN SOLN	1		<i>nystatin (topical) CREA</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		<i>nystatin (topical) OINT</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>nystatin (topical) POWD EX</i>	1	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		<i>nystatin-triamcinolone CREA</i>	1	
<i>ciclopirox olamine CREA</i>	1		<i>nystatin-triamcinolone OINT</i>	1	
<i>ciclopirox olamine SUSP</i>	1		<i>oxiconazole nitrate CREA</i>	2	
<i>ciclopirox GEL</i>	1		OXISTAT LOTN	3	
<i>ciclopirox SHAM</i>	1		<i>sulconazole nitrate CREA</i>	2	
<i>ciclopirox SOLN</i>	1		<i>sulconazole nitrate SOLN</i>	2	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)	Anti-inflammatory Agents - Topical		
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML 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 GEL EX	1	RX/OTC
<i>econazole nitrate CREA</i>	1		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
ECONAZOLE NITRATE FOAM 1 %	3	Limit 70gms per month; QL(2.34 GM daily)			
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				

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<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)	COSENTYX UNOREADY SOAJ	4	QL(0.72 ML daily); SP; PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); SP; PA
<i>bexarotene (topical)</i>	4	SP; PA	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA	<i>methoxsalen rapid</i>	2	
<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)	SKYRIZI PEN SOAJ	4	Check plan documents for benefits and copay; QL(1 ML per 84 day(s) retail); SP; PA
<i>fluorouracil (topical) CREA 5 %</i>	2		SKYRIZI SOSY	4	Check plan documents for benefits and copay; QL(1 ML per 84 day(s) retail); SP; PA
<i>fluorouracil (topical) SOLN</i>	1				
PANRETIN	3	PA	SORILUX FOAM	4	QL(4 GM daily)
VALCHLOR	4	SP; PA	STELARA SOLN 45 MG/0.5ML	4	SP; PA
Antipruritics - Topical			STELARA SOSY 90 MG/ML	4	QL(1 ML per 45 day(s) retail); SP; PA
<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)	STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
Antipsoriatics			<i>tazarotene CREA</i>	1	QL(1 GM daily)
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)	<i>tazarotene GEL</i>	1	QL(1 GM daily)
<i>acitretin 10 MG</i>	1	QL(1 EA daily)	TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA
<i>acitretin 25 MG</i>	1	QL(2 EA daily)	TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA
<i>acitretin 17.5 MG</i>	1		TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); SP; PA
<i>calcipotriene CREA</i>	1	QL(5 GM daily)	Antiseborrheic Products		
CALCIPOTRIENE FOAM	4	QL(4 GM daily)	<i>selenium sulfide LOTN 2.5 %</i>	1	
<i>calcipotriene OINT</i>	1	QL(5 GM daily)	SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3	
<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(0.72 ML daily); SP; PA			
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.72 ML daily); SP; PA			
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.72 ML daily); SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		clobetasol propionate GEL 0.05 %	1	
alclometasone dipropionate CREA	1		clobetasol propionate LIQD	2	
alclometasone dipropionate OINT	1		clobetasol propionate LOTN	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		<i>halobetasol propionate OINT</i>	1	
CORDRAN TAPE	3		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desonide CREA</i>	1		<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
<i>desonide GEL</i>	2		<i>hydrocortisone (topical) LOTN 2 %</i>	2	
<i>desonide LOTN</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desonide OINT</i>	1		<i>hydrocortisone (topical) SOLN 2.5 %</i>	2	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<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		PRAMOSONE OINT 1 %-1 %	3	
<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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Drug Name	Drug Tier	Requirements/ Limits
PRAMOSONE OINT 2.5 % - 1 %	2	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
ULTRAVATE LOTN	3	PA
Eczema Agents		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); SP; PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); SP; PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ML daily); SP; PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1	QL(60 GM per fill retail)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	

Drug Name	Drug Tier	Requirements/ Limits
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	2	
<i>podofilox SOLN</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
<i>salicylic acid SOLN 26 %</i>	2	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	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 0.75 %</i>	1	QL(45 GM per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	1	

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<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)	FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
RHOFADE	3	PA	KETONE TEST STRP	2	QL(50 EA per fill retail)
Scabicides & Pediculicides			KETOSTIX STRP	2	QL(50 EA per fill retail)
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	1		ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>ivermectin (pediculicide)</i>	1		ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>malathion</i>	2		ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)	ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>spinosad</i>	2	AL(At least 4 yrs old)	PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
DIAGNOSTIC PRODUCTS			PRECISION XTRA KETONE	2	QL(0.36 EA daily)
Diagnostic Drugs			RAPIDGO FLU A/B COVID-19 HOME	5	PV
METOPIRONE	3		RELION KETONE TEST STRP	2	QL(50 EA per fill retail)
Diagnostic Tests			SPEEDY SWAB COVID-19/FLU HOME	5	PV
CHEMSTRIP K STRP	2	QL(50 EA per fill retail)	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month	Digestive Enzymes		
COVID-19 FLU A&B 3-IN-1 TEST	5	PV	CREON CPEP	2	
COVID-19 FLU A+B ANTIGEN TEST	5	PV			
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV			
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			

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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 0.5 MG, 1 MG</i>	1	
Carbonic Anhydrase Inhibitors			<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
<i>acetazolamide CP12</i>	1	QL(2 EA daily)	<i>ethacrynic acid</i>	2	ST
<i>acetazolamide TABS 125 MG</i>	1		<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	<i>furosemide TABS</i>	1	
<i>methazolamide TABS</i>	1		<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
Diuretic Combinations			<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
<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
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily)
calcitonin (salmon) NA	1	
calcitonin (salmon) IJ	4	PA
ibandronate sodium TABS	1	Limit 1 per month; QL(0.04 EA daily)
PROLIA SOSY	4	SP; PA
risedronate sodium TABS 150 MG	1	Limit 1 per month; QL(0.04 EA daily)
risedronate sodium TABS 35 MG	1	Limit 4 for 28 days; QL(0.15 EA daily)
risedronate sodium TABS 5 MG, 30 MG	1	QL(1 EA daily)
teriparatide SOPN	4	PA
TYMLOS	4	SP; PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	QL(15 EA per 30 day(s) retail)
CHORIONIC GONADOTROPIN IM	4	Check plan documents for benefits and copay; PA
clomiphene citrate TABS	1	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 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	4	Check plan documents for benefits and copay; PA
OVIDREL SOSY	4	Check if fertility benefits apply; PA

Drug Name	Drug Tier	Requirements/ Limits
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
cetrorelix acetate	4	Check plan documents for benefits and copay; PA
ganirelix acetate	4	Check plan documents for benefits and copay; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	4	SP; PA
Growth Hormones		
HUMATROPE CART IJ	4	Check plan documents for benefits and copay; SP; PA
NORDITROPIN FLEXPPO SOPN	4	Check plan documents for benefits and copay; SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	QL(1 EA daily)
raloxifene hcl	1	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w- gender transformation diagnosis; PA required for other diagnosis; SP
SYNAREL	2	SP
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK	4	SP
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	SP
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol SOLN PO</i>	1	
<i>cinacalcet hcl</i>	2	SP; PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	2	
MYALEPT	4	SP; PA
<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

Drug Name	Drug Tier	Requirements/ Limits
<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	
DESMOPRESSIN ACETATE SOLN NA	3	SP
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	SP; PA
<i>octreotide acetate SOSY</i>	4	SP; PA
SIGNIFOR	4	SP; PA
Vasopressin Receptor Antagonists		
<i>tolvaptan TBPK 15 MG</i>	4	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	

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(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1		estradiol TABS	1	
(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)	PREMARIN TABS	2	QL(1 EA daily)
COMBIPATCH PTTW	3		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
DUAVEE	3		Fluoroquinolones		
estradiol & norethindrone acetate TABS	1		ciprofloxacin hcl TABS	1	
norethindrone acetate-ethinyl estradiol	1		CIPRO SUSR	2	
ORIAHNN	4	PA	levofloxacin SOLN PO	1	
PREMPHASE	2	QL(1 EA daily)	levofloxacin TABS	1	QL(14 EA per fill retail)
PREMPRO	2	QL(1 EA daily)	moxifloxacin hcl TABS	1	
Estrogens			ofloxacin 400 MG	2	QL(28 EA per 90 day(s) retail)
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)	ofloxacin 300 MG	1	
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)	GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
ELESTRIN GEL	3	QL(1.74 GM daily)	Farnesoid X Receptor (FXR) Agonists		
estradiol valerate	1	QL(5 ML per fill retail)	OICALIVA	4	QL(1 EA daily); SP; PA
estradiol GEL	1	Limit 50gms per month; QL(1.67 GM daily)	Gallstone Solubilizing Agents		
estradiol GEL	1		(Chenodiol) CHENODAL	4	SP; PA
estradiol PTTW	1	QL(0.29 EA daily)	CTEXLI 250 MG	4	SP; PA
estradiol PTWK	1	Limit 4 per 28 days; QL(0.15 EA daily)	ursodiol CAPS	1	
			ursodiol TABS	1	
			Gastrointestinal Chloride Channel Activators		
			lubiprostone	1	
			Gastrointestinal Stimulants		
			metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	2	
			metoclopramide hcl TABS	1	
			metoclopramide hcl TBDP	2	

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Drug Name	Drug Tier	Requirements/ Limits
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily; 280 EA per fill retail)
DIPENTUM	3	
<i>mesalamine CP24</i>	1	QL(4 EA daily)
<i>mesalamine CPCR</i>	2	QL(8 EA daily); PA
<i>mesalamine CPDR</i>	1	QL(6 EA daily)
<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>mesalamine SUPP</i>	2	QL(1 EA daily)
<i>mesalamine TBEC 800 MG</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
PENTASA CPCR 250 MG	3	PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	1 package(s) per fill retail; SP; PA
<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	4	
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>ferric citrate</i>	3	PA
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
<i>lanthanum carbonate CHEW 500 MG</i>	2	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 400 MG</i>	1	PA
<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily); 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	

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Drug Name	Drug Tier	Requirements/ Limits
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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 300 MG</i>	1	QL(2 EA daily)
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
<i>febuxostat 40 MG</i>	1	QL(2 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
ALTUVIIIIO 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

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Drug Name	Drug Tier	Requirements/ Limits
ESPEROCT	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 250 UNIT, 500 UNIT, 1000 UNIT	3	SP; PA
HEMOFIL M SOLR 1700 UNIT	4	SP; PA
HUMATE-P SOLR	4	SP; PA
IDELVION	4	SP; PA
IXINITY SOLR	4	SP; PA
JIVI	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
TRETEN	4	SP; PA
VONVENDI	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
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		
FABHALTA	4	SP; PA
HAEGARDA SOLR SC	4	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 EA daily)
Human Protein C		
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 Sick Cell Disease		
DROXIA CAPS	2	
<i>glutamine (sickle cell)</i>	2	SP; PA
SIKLOS TABS	4	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates			<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	4	QL(1 EA daily); SP; PA
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV	MULPLETA	4	SP; PA
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV	NYVEPRIA	4	SP; PA
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV	RETACRIT 20000 UNIT/ML	4	SP; PA
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	SP; PA
<i>folic acid TABS 1 MG</i>	1	RX/OTC	UDENYCA ONBODY SOSY	4	SP; PA
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV	UDENYCA SOAJ	4	SP; PA
Hematopoietic Growth Factors			UDENYCA SOSY	4	SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	4	QL(1 EA daily); SP; PA	ZARXIO	4	SP; PA
<i>eltrombopag olamine PACK 25 MG</i>	4	QL(1 EA daily); 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(6 EA daily)
			HYPNOTICS/SEDATIVES/SLEEP DISORDER 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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>triazolam 0.125 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	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
(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		

Drug Name	Drug Tier	Requirements/ Limits
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	QL(17.6 GM daily)
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 POWD</i>	1	QL(17.6 GM daily)
Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	AL(At least 50 yrs old - Up to 74 yrs old); PV	<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
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV	MACROLIDES - Drugs to Treat Bacterial Infections		
			Azithromycin		
			<i>azithromycin PACK</i>	1	
			<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
			<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
			ZITHROMAX PACK	2	
			Clarithromycin		
			<i>clarithromycin SUSR</i>	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	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			<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		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fidaxomicin TABS 200 MG</i>	3		KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MEDICAL DEVICES AND SUPPLIES			KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
Contraceptives			KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV	KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CONDOMS	5	PV	KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SENSATION MISC	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	KIMONO SPECIAL DEVI	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	KIMONO 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	K-Y ME & YOU EXTRA LUBRICATED DEVI	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	K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	5	PV	MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); 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			

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MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/RIBBED/STUDDERED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
OMNIFLEX DIAPHRAGM	5	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 CONDOMS MISC	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 TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX RIA LUB/SPERMICIDE 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	TRUSTEX RIA LUBRICATED 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	TRUSTEX RIA NON-LUBRICATED 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			

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TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	Parenteral Therapy Supplies		
WIDE-SEAL DIAPHRAGM 60	5	PV	ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 65	5	PV	BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 70	5	PV	BD DISP NEEDLES	2	RX/OTC
WIDE-SEAL DIAPHRAGM 75	5	PV	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
WIDE-SEAL DIAPHRAGM 80	5	PV	BD PEN NEEDLE MICRO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)
WIDE-SEAL DIAPHRAGM 85	5	PV	BD PEN NEEDLE MINI ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 90	5	PV	BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 95	5	PV	BD PEN NEEDLE NANO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
Diabetic Supplies			BD PEN NEEDLE ORIG ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)
FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC			
ONETOUCH VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC			
ONETOUCH VERIO REFLECT KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC			

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BD VEO INSULIN SYR U/F 1/2UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily)
BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC	POLY HUB NEEDLE	2	RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	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	TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	Respiratory Therapy Supplies		
EASY COMFORT INSULIN SYRINGE	2		ADULT MASK DEVI	2	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	AEROBIKA DEVI	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	AEROCHAMBER HOLDING CHAMBER 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 MINI CHAMBER DEVI	2	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER MV MISC	2	RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	RX/OTC
			AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	RX/OTC
			AEROCHAMBER PLUS FLO-VU LARGE MISC	2	RX/OTC
			AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	RX/OTC
			AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	RX/OTC
			AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	RX/OTC
			AEROCHAMBER PLUS FLO-VU SMALL MISC	2	RX/OTC

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AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	RX/OTC	BREATHE EASE MEDIUM DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	2	RX/OTC	BREATHE EASE SMALL DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC	BREATHERITE VALVED MDI CHAMBER DEVI	2	RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	2	RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	RX/OTC	CO MONITOR DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	RX/OTC	COMPACT SPACE CHAMBER/MED MASK DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	RX/OTC	COMPACT SPACE CHAMBER/SM MASK DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	2	RX/OTC	COMPACT SPACE CHAMBER DEVI	2	RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	2	RX/OTC	EASIVENT MASK LARGE MISC	2	RX/OTC
AEROVENT PLUS DEVI	2	RX/OTC	EASIVENT MASK MEDIUM MISC	2	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC	EASIVENT MASK SMALL MISC	2	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC	EASIVENT MISC	2	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/RED DEVI	2	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	RX/OTC	EASY FLOW WHITE/BLUE DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	RX/OTC	EASY FLOW WHITE/GREEN DEVI	2	RX/OTC
BREATHE EASE LARGE DEVI	2	RX/OTC			

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EASY FLOW WHITE/PINK DEVI	2	RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC	PARI TREK S COMBO PACK DEVI	2	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC	POCKET CHAMBER DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	RX/OTC	POCKET SPACER DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	RX/OTC	PRO COMFORT SPACER ADULT MISC	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	RX/OTC	PRO COMFORT SPACER CHILD MISC	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC	PRO COMFORT SPACER INFANT DEVI	2	RX/OTC
FLEXICHAMBER DEVI	2	RX/OTC	PROCARE SPACER/ADULT MASK DEVI	2	RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC	PROCARE SPACER/CHILD MASK DEVI	2	RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC	PROCHAMBER VHC DEVI	2	RX/OTC
INSPIREASE MISC	2	RX/OTC	PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC
MICROCHAMBER DEVI	2	RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	RX/OTC
MICROCHAMBER MISC	2	RX/OTC	QUAKE DEVI	2	RX/OTC
MICROSPACER MISC	2	RX/OTC	RITEFLO DEVI	2	RX/OTC
NEBULIZER CUP/TUBING DEVI	2	RX/OTC	SPIRO PD DEVI	2	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC	THRESHOLD PEP DEVI	2	RX/OTC
ONE FLOW SPIROMETER DEVI	2	RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
OPTICHAMBER DIAMOND DEVI	2	RX/OTC	VERSAPAP DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	RX/OTC			

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VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY SOAJ	2	SP; PA
EMGALITY SOSY	2	SP; PA
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	4	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily)
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>frovatriptan succinate</i>	2	Limit 9 per month; QL(0.3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>sumatriptan succinate SOAJ</i>	1	QL(0.14 ML daily)
<i>sumatriptan succinate SOCT</i>	1	QL(0.14 ML daily)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	QL(2 ML per 30 day(s) retail); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 EA daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
Fluoride		
FLORIVA	3	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride CHEW 1 MG</i>	1	AL(Up to 6 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride SOLN 0.5 MG/ML	5	AL(Up to 6 yrs old); PV; RX/OTC	(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 10 MEQ	1	
sodium fluoride TABS	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 8 MEQ	1	
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC	(Potassium Chloride) Klor-Con Pack PO 20 MEQ	1	
Iodine Products			EFFER-K	3	
iodine strong (Iugol's)	3		potassium chloride microencapsulated crystals er	1	
Phosphate			potassium chloride CPCR	1	
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		potassium chloride PACK PO 20 MEQ	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		potassium chloride SOLN PO 10 %, 20 %, 10 %	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1		potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1	
Potassium			Zinc		
(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-Con/EF TBEF	1		GALZIN	3	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ	1		MISCELLANEOUS THERAPEUTIC CLASSES		
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ	1		Chelating Agents		
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ	1		penicillamine CAPS	4	PA
			penicillamine TABS	4	
			trientine hcl 500 MG	4	SP; PA
			trientine hcl 250 MG	4	SP; PA
			Immunomodulators		
			lenalidomide	4	QL(1 EA daily); SP; AC; PA
			REVLIMID	4	QL(1 EA daily); SP; AC; PA
			THALOMID	3	SP; AC; PA
			Immunosuppressive Agents		
			(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	

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Drug Name	Drug Tier	Requirements/ Limits
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
azathioprine TABS 75 MG, 100 MG	2	
azathioprine TABS 50 MG	1	
cyclosporine modified (for microemulsion) CAPS	1	
cyclosporine modified (for microemulsion) SOLN	1	
cyclosporine CAPS	1	
everolimus (immunosuppressant)	4	
mycophenolate mofetil CAPS	1	
mycophenolate mofetil SUSR	2	
mycophenolate mofetil TABS	1	
mycophenolate sodium	2	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN PO 100 MG/ML	2	
sirolimus SOLN	2	
sirolimus TABS	2	
tacrolimus CAPS	2	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA
sodium polystyrene sulfonate POWD	1	

Drug Name	Drug Tier	Requirements/ Limits
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	SP; PA
BENLYSTA SOSY	4	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	1	
Anti-infectives - Throat		
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
Dental Products		
sodium fluoride (dental) SOLN 0.2 %	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	QL(3 EA daily)
MUCOTROL WAFR	3	
pilocarpine hcl (oral) 7.5 MG	1	QL(4 EA daily)
pilocarpine hcl (oral) 5 MG	1	QL(6 EA daily)
MULTIVITAMINS		
Ped Multi Vitamins w/FI & FE		
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ped multivitamins w/fl & iron SOLN</i>	1	RX/OTC	QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	TRI-VI-FLOR SUSP 0.25 MG/ML	3	
Ped MV w/ Fluoride			TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3	
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	1	AL(Up to 6 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	FLORIVA	3	
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	Prenatal Vitamins		
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
FLOTREX 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 CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	ATABEX EC TBEC	2	
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3		CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
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			
POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC			
POLY-VI-FLOR SUSP	3				
QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		PNV 27-CA/FE/FA TABS	2	
CITRANATAL MEDLEY	3		PNV-DHA+DOCUSATE	3	
C-NATE DHA CAPS	3		PNV-OMEGA	3	
COMPLETENATE CHEW	2		PREMESISRX	3	
CONCEPT DHA	2		PRENA 1 TRUE	2	
CONCEPT OB	2		PRENA1 PEARL	3	
CVS WOMENS PRENATAL+DHA MISC	3		PRENAISSANCE	3	
DUET DHA 400 MISC	3		PRENAISSANCE PLUS CAPS	3	
ENBRACE HR	3		PRENATAL 19 CHEW	2	
FOLIVANE-OB	2		PRENATAL 19 TABS	2	RX/OTC
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENATAL+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	
NEONATAL + DHA MISC	3		PRENATE	3	
NESTABS	3		PRENATE AM	3	
NESTABS DHA	2		PRENATE ENHANCE	3	
OB COMPLETE ONE	3		PROVIDA OB	2	
OB COMPLETE PETITE	3		RELNATE DHA CAPS	3	
OB COMPLETE PREMIER	3		SELECT-OB+DHA MISC	3	
OB COMPLETE/DHA	3		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
OBSTETRIX DHA MISC	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	
			SE-NATAL 19 CHEW	2	
			SE-NATAL 19 TABS	2	RX/OTC
			THRIVITE RX TABS	2	RX/OTC
			TRINATAL RX 1 TABS	2	

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Drug Name	Drug Tier	Requirements/ Limits
VINATE DHA RF	3	
VINATE ONE TABS	2	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAPEARL	3	
VITATRUE	2	
VIVA DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 EA daily)
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<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)

Drug Name	Drug Tier	Requirements/ Limits
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		
(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		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC	XHANCE EXHU	3	QL(1.07 ML daily); ST
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	QL(1.22 ML daily); RX/OTC	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)	ALS Agents		
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 GM daily); RX/OTC	RADICAVA ORS STARTER KIT SUSP	4	SP; PA
<i>mometasone furoate (nasal) SUSP</i>	1	QL(1.22 GM daily); RX/OTC	RADICAVA ORS SUSP	4	SP; PA
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	RELYVRIO	4	SP; PA
			<i>riluzole TABS</i>	1	
			Spinal Muscular Atrophy Agents (SMA)		
			EVRYSDI	4	SP; PA
			NUTRIENTS		
			Lipids		
			DOJOLVI	4	SP; PA
			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
			Beta-blockers - Ophthalmic		
			(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
			<i>betaxolol hcl (ophth) SOLN</i>	1	
			BETIMOL 0.25 %	2	
			BETOPTIC-S SUSP	2	
			<i>brimonidine tartrate-timolol maleate</i>	1	
			<i>carteolol hcl (ophth)</i>	1	
			DORZOLAMIDE HCL-TIMOLOL MAL	2	
			<i>dorzolamide hcl-timolol maleate</i>	1	
			<i>levobunolol hcl 0.5 %</i>	1	
			<i>timolol</i>	1	
			<i>timolol maleate (ophth) SOLG</i>	1	
			<i>timolol maleate (ophth) SOLN</i>	2	

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timolol maleate (ophth) SOLN	1		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
Cycloplegic Mydriatics			AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
(Homatropine Hbr) HOMATROPAIRE	1		bacitracin (ophthalmic)	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1		bacitracin-polymyxin b (ophth)	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	2		BESIVANCE	3	
atropine sulfate (ophthalmic) OINT	1		BETADINE OPHTHALMIC PREP	3	
atropine sulfate (ophthalmic) SOLN	1		CILOXAN OINT	2	
ATROPINE SULFATE SOLN 1 %	2		ciprofloxacin hcl (ophth) SOLN	1	
CYCLOGYL	2		ERYTHROMYCIN	2	
CYCLOMYDRIL	3		erythromycin (ophth)	1	
cyclopentolate hcl 1 %	1		gatifloxacin (ophth)	1	
ISOPTO ATROPINE SOLN	2		gentamicin sulfate (ophth) SOLN	1	
phenylephrine hcl (mydriatic) SOLN 10 %	2		KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
phenylephrine hcl (mydriatic) SOLN 2.5 %	1		levofloxacin (ophth) 1.5 %	1	
tropicamide SOLN	1		moxifloxacin hcl (ophth) SOLN OP	1	QL(3 ML per fill retail)
Miotics			NATACYN	2	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(0.5 ML daily)	neomycin-bacitracin zn-polymyxin	1	
Ophthalmic Adrenergic Agents			neomycin-polymyxin-gramicidin	1	
apraclonidine hcl	2		ofloxacin (ophth)	1	QL(5 ML per fill retail)
brimonidine tartrate	1		polymyxin b-trimethoprim	1	
IOPIDINE	3		POVIDONE-IODINE	3	
Ophthalmic Anti-infectives			sulfacetamide sodium (ophth) OINT	1	
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1		sulfacetamide sodium (ophth) SOLN	1	
			tobramycin (ophth) SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
TOBREX OINT	2	
<i>trifluridine</i>	1	
ZIRGAN GEL	3	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
<i>proparacaine hcl</i>	1	
<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	
<i>loteprednol etabonate GEL</i>	2	
<i>loteprednol etabonate SUSP 0.5 %</i>	2	QL(0.2 ML daily)
<i>loteprednol etabonate SUSP 0.2 %</i>	2	
MAXIDEX SUSP OP	2	
<i>neomycin-polymy-dexameth OINT</i>	1	
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE-MOXIFLOXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
ZYLET	3	QL(5 ML per fill retail)
Ophthalmic Surgical Aids		
GELFILM	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
ACUVAIL	3	
ALOCRI	3	

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Drug Name	Drug Tier	Requirements/ Limits
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	1	QL(0.34 ML daily)
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.34 ML daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
<i>cromolyn sodium (ophth)</i>	1	
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 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
PATADAY 0.7 %	3	Limit 1 bottle per month; QL(0.084 ML daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>latanoprost SOLN</i>	1	QL(0.0949 ML daily)
LATANOPROST SOLN	2	QL(0.0949 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 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		
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		
(Pramoxine-HC-Chloroxylonol) CORTIC-ND	1	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail)
<i>ciprofloxacin-fluocinolone acetamide</i>	2	
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 acetamide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail; 30 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
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		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
BASE GELATIN GUMMY TROCHE	3	RX/OTC
GUM BASE (GELATIN)	3	RX/OTC
KLEAR GUMMY BASE	3	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	2	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	4	SP; PA
XYREM SOLN	4	SP; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)

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<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)	AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)	AUSTEDO TABS 6 MG, 9 MG	4	QL(2 EA daily); SP; PA
<i>galantamine hydrobromide SOLN</i>	2		AUSTEDO TABS 12 MG	4	QL(4 EA daily); SP; PA
<i>galantamine hydrobromide TABS</i>	1		INGREZZA CAPS 60 MG	4	QL(1 EA daily); SP; PA
<i>memantine hcl CP24</i>	1	PA	INGREZZA CAPS 40 MG, 80 MG	4	QL(1 EA daily); SP; PA
<i>memantine hcl-donepezil hcl CP24</i>	3	PA	INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
<i>memantine hcl SOLN</i>	1		INGREZZA CPSP	4	QL(1 EA daily); SP; PA
<i>memantine hcl TABS</i>	1		<i>tetrabenazine</i>	2	SP
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)	Multiple Sclerosis Agents		
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail); SP
NAMZARIC C4PK	3	PA	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily); SP
NAMZARIC CP24 7 MG-10 MG	3	PA	AVONEX PEN AJKT	4	SP; PA
<i>rivastigmine</i>	1		AVONEX PREFILLED PSKT	4	SP; PA
<i>rivastigmine tartrate CAPS</i>	1		BETASERON KIT	4	SP; PA
Combination Psychotherapeutics			<i>dalfampridine</i>	2	SP; PA
<i>chlordiazepoxide-amitriptyline</i>	1		<i>dimethyl fumarate CDPK</i>	2	QL(60 EA per 365 day(s) retail); SP
<i>olanzapine-fluoxetine hcl</i>	2		<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily); SP
<i>perphenazine-amitriptyline</i>	3		<i> fingolimod hcl</i>	2	QL(1 EA daily); SP
Fibromyalgia Agents			<i>glatiramer acetate SOSY 40 MG/ML</i>	2	QL(12 ML per 28 day(s) retail); SP
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	2	QL(1 ML daily); SP
SAVELLA TABS	4	QL(2 EA daily); PA	MAYZENT STARTER PACK TBPK 0.25 MG	4	SP; PA
Movement Disorder Drug Therapy					
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			

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MAYZENT STARTER PACK TBPk 0.25 MG	4	QL(12 EA per 5 day(s) retail); SP; PA	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	PV
MAYZENT TABS 1 MG	4	SP; PA			
MAYZENT TABS 2 MG	4	QL(1 EA daily); SP; PA			
MAYZENT TABS 0.25 MG	4	QL(4 EA daily); SP; PA			
PLEGRIDY STARTER PACK SOAJ	4	SP; PA			
PLEGRIDY STARTER PACK SOSY SC	4	SP; PA			
PLEGRIDY SOAJ	4	SP; PA			
PLEGRIDY SOSY IM	4	SP; PA			
REBIF REBIDOSE TITRATION PACK SOAJ	4	SP; PA			
REBIF REBIDOSE SOAJ	4	SP; PA			
REBIF TITRATION PACK SOSY	4	SP; PA			
REBIF SOSY	4	SP; PA	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV
<i>teriflunomide</i>	2	QL(1 EA daily); SP			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	2				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	4	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	3				
<i>pimozide</i>	1				
Smoking Deterrents					

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

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(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	5	PV	APO-VARENICLINE TABS	5	QL(2 EA daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			NICOTINE KIT	5	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
			NICOTROL NS SOLN	5	PV
			NICOTROL INHA	5	PV
			<i>varenicline tartrate TABS</i>	5	QL(2 EA daily); PV
			<i>varenicline tartrate TBPk</i>	5	QL(53 EA per 365 day(s) retail); PV
Transthyretin Amyloidosis Agents					
TEGSEDI	4	SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>doxycycline (monohydrate) CAPS</i>	1	
Cystic Fibrosis Agents			<i>doxycycline (monohydrate) SUSR</i>	1	
KALYDECO PACK	4	SP; PA	<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
KALYDECO TABS	4	SP; PA	<i>doxycycline (monohydrate) TABS 150 MG</i>	1	ST
ORKAMBI PACK	4	SP; PA	<i>doxycycline hyclate CAPS</i>	1	
ORKAMBI TABS	4	QL(4 EA daily); SP; PA	<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	
PULMOZYME	4	QL(5 ML daily); SP; PA	<i>minocycline hcl CAPS</i>	1	
SYMDEKO	4	SP; PA	<i>minocycline hcl TABS</i>	1	
TRIKAFTA TBPk 100 MG-50 MG	4	QL(3 EA daily); SP; PA	<i>tetracycline hcl CAPS</i>	1	
TRIKAFTA TBPk 50 MG-25 MG	4	QL(3 EA daily); SP; PA	THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
TRIKAFTA THPK	4	QL(3 EA daily); SP; PA	Antithyroid Agents		
Pulmonary Fibrosis Agents			<i>methimazole TABS</i>	1	
OFEV	4	QL(2 EA daily); SP; PA	<i>propylthiouracil</i>	1	QL(3 EA daily)
<i>pirfenidone CAPS</i>	2	QL(3 EA daily); SP; PA	Thyroid Hormones		
<i>pirfenidone TABS</i>	2	QL(3 EA daily); SP; PA	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
SULFONAMIDES - Drugs to Treat Bacterial Infections			(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
Sulfonamides			(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>sulfadiazine TABS</i>	3				
TETRACYCLINES - Drugs to Treat Bacterial Infections					
Tetracyclines					
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1				
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1				
<i>demeclocycline hcl TABS</i>	1				

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(Liothyronine Sodium) LIOMNY TABS 5 MCG	1		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG	1	QL(2 EA daily)	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
ADTHYZA TABS	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
ARMOUR THYROID TABS	2		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		Antispasmodics		
<i>levothyroxine sodium</i> CAPS 125 MCG	2	QL(1 EA daily)	(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	2		(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	BELLADONNA ALKALOIDS-OPIUM	3	
<i>liothyronine sodium</i> TABS 5 MCG	1		<i>chlordiazepoxide hcl-clidinium bromide</i>	1	PA
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 EA daily)	<i>dicyclomine hcl</i> CAPS	1	
NIVA THYROID TABS	2		<i>dicyclomine hcl</i> SOLN PO	1	
NP THYROID TABS	2		<i>dicyclomine hcl</i> TABS	1	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		GLYCATE TABS	3	
			<i>glycopyrrolate</i> SOLN PO 1 MG/5ML	1	
			<i>glycopyrrolate</i> TABS 1 MG, 2 MG	1	
			GLYCOPYRROLATE TABS	3	
			<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
			<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		(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>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
<i>methscopolamine bromide</i>	1				
H-2 Antagonists					
<i>cimetidine hcl PO 300 MG/5ML</i>	1				
<i>cimetidine TABS 300 MG, 800 MG</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)
<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)			
<i>famotidine SUSR</i>	1				
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)			
<i>nizatidine CAPS</i>	1				
Misc. Anti-Ulcer					
<i>sucralfate SUSP</i>	1				
<i>sucralfate TABS</i>	1	QL(4 EA daily)			
Proton Pump Inhibitors			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	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			
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC	<i>lansoprazole CPDR</i>	1	QL(1 EA daily); RX/OTC
			<i>lansoprazole TBDD 15 MG</i>	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
			<i>lansoprazole TBDD 30 MG</i>	2	QL(1 EA daily); AL(Up to 12 yrs old)
			<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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)
PRILOSEC 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 (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 10 MG</i>	1	QL(1 EA daily)
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<i>tropium chloride CP24</i>	1	
<i>tropium 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		

Drug Name	Drug Tier	Requirements/ Limits
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 FOAM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(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		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
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
ENDOMETRIN INST	3	Check plan documents for benefits and copay; PA
FIRST-PROGESTERONE VGS SUPP	3	Check plan documents for benefits and copay; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<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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(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 53	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG 35	(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG 81
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(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 13	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI- DIARRHEAL CAPS 18	(Lorazepam) LORAZEPAM
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 13	(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE,	
(Lamotrigine) SUBVENITE TABS . 13	(Lansoprazole) CVS LANSOPRAZOLE, GOODSSENSE LANSOPRAZOLE TBDD 15 MG .. 82	
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE,		

INTENSOL CONC9	QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG 77	NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 78
(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 CHEW19	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG 78	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 78
(Methadone Hcl) METHADONE HCL INTENSOL CONC5		
(Methadone Hcl) METHADOSE TBSO5		
(Methylergonovine Maleate) METHERGINE TABS75		(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 78
(Methyltestosterone) METHITEST TABS8		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG ...83	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG .. 77	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR79
(Miglustat) YARGESA55		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP71		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD18		
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN72		
(Niacin (Antihyperlipidemic)) NIACOR TABS21		
(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	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD

14 MG/24HR79	1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 36	FE, TARINA FE 1/20 EQ TABS ... 36
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR79	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 36	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 36
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 79	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 36	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS36
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR79	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 36	(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 MG36
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR79	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 36	(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 MG37
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR 78	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24	(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 MG37
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY38		(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 37
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE		(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 37
		(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE,

LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG37	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE37	73
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL39	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/737	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 82
(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 MCG37	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO- SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO .37	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 82
(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 MCG37	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 38	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG6
	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 38	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG ..7
	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 43	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...7
(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 TABS37	(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %73	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML67
(Norethindrone Acetate) GALLIFREY TABS75	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % .	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG68
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 52		(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE SOLN68
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG52		(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN68
		(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT57
		(PEG 3350-Kcl-Sod Bicarb-Sod

Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM 57	(Potassium Chloride Microencapsulated Crystals ER) Klor-con M10, Klor-con M15, Klor-con M20 15 MEQ 66	(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP 40
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 57	(Potassium Chloride Microencapsulated Crystals ER) Klor-con M10, Klor-con M15, Klor-con M20 20 MEQ 66	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 20
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 % 72	(Potassium Chloride) Klor-con PACK PO 20 MEQ 66	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 20
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % 72	(Potassium Chloride) Klor-con, Klor-con 10 TBCR 10 MEQ 66	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 40
(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML .. 39	(Potassium Chloride) Klor-con, Klor-con 10 TBCR 8 MEQ 66	(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, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12 600 MG-60 MG 40
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 14	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 54	(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, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12 600 MG-60 MG 40
(Phenytoin) PHENYTOIN INFATABS CHEW 14	(Potassium Citrate-Citric Acid) CYTRA-K SOLN 54	(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, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12 40
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD 57	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 66	(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, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12 40
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL 66	(Pramoxine-HC-Chloroxylenol) CORTIC-ND 74	(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, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12 40
(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-con/EF TBEF .. 66	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 68	(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG 40
(Potassium Chloride Microencapsulated Crystals ER) Klor-con M10, Klor-con M15, Klor-con M20 10 MEQ 66	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW .68	(Salicylic Acid) KERALYT SHAM 6 % 47
	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT 68	(Sapropterin Dihydrochloride)
	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG 68	
	(Prochlorperazine) COMPRO 29	

JAVYGTOR TABS51	TABS 600 MG3	acetazolamide CP1249
(Sapropterin Dihydrochloride)	(Tretinoin) AVITA CREA 0.025 % . 41	acetazolamide TABS 125 MG49
JAVYGTOR, ZELVYSIA PACK51	(Triamcinolone Acetonide (Mouth))	acetazolamide TABS 250 MG49
(Silver Sulfadiazine) SSD45	KOURZEQ, ORALONE67	acetic acid (otic)74
(Sodium Chloride (Inhalant))	(Triamcinolone Acetonide (Nasal))	acetylcysteine SOLN41
NEBUSAL, PULMOSAL NEBU 3 %	ALLERGY SPRAY 24 HOUR, CVS	acitretin 10 MG44
41	NASAL ALLERGY SPRAY, EQ	acitretin 17.5 MG44
(Sodium Chloride (Inhalant))	NASAL ALLERGY, FT 24 HOUR	acitretin 25 MG44
NEBUSAL, PULMOSAL NEBU 7 %	NASAL ALLERGY, GNP 24 HOUR	ACTIMMUNE 100 MCG/0.5ML27
41	NASAL ALLERGY, GOODSENSE	ACUVAIL73
(Sodium Polystyrene Sulfonate)	NASAL ALLERGY SPRAY, HM 24	acyclovir CAPS31
KIONEX, SPS (SODIUM	HOUR NASAL ALLERGY, KLS	acyclovir SUSP31
POLYSTYRENE SULF) SUSP CO	ALLER-CORT, NASAL ALLERGY 24	acyclovir TABS PO 400 MG31
15 GM/60ML67	HOUR, RA NASAL ALLERGY AERO	acyclovir TABS PO 800 MG31
(Sulfacetamide Sodium W/ Sulfur) BP	71	acyclovir topical CREA45
10-1, SULFAMEZ WASH EMUL 10	(Triamcinolone Acetonide (Topical))	acyclovir topical OINT45
%-1 %41	TRIDERM CREA 0.5 %45	ADALIMUMAB-ADAZ SOAJ 40
(Sulfacetamide Sodium W/ Sulfur)	(Vigabatrin) VIGADRONE TABS .. 14	MG/0.4ML2
SSS 10-5 FOAM41	(Vigabatrin) VIGADRONE,	ADALIMUMAB-ADAZ SOAJ 80
(Sulfacetamide Sodium-Sulfur In	VIGPODER PACK14	MG/0.8ML2
Urea Vehicle) BP CLEANSING	(Warfarin Sodium) JANTOVEN TABS	ADALIMUMAB-ADAZ SOSY2
WASH EMUL 10 %-10 %-4 %41	11	adapalene CREA42
(Sulfamethoxazole-Trimethoprim)	(Zolmitriptan) ZOMIG TABS65	adapalene GEL 0.1 %42
SULFATRIM PEDIATRIC SUSP .. 23	abacavir sulfate SOLN29	adapalene GEL 0.3 %42
(Tadalafil (Pulmonary Hypertension))	abacavir sulfate TABS29	adapalene-benzoyl peroxide GEL 2.5
ALYQ TABS33	abacavir sulfate-lamivudine29	%-0.1 %42
(Testosterone Cypionate) DEPO-	abiraterone acetate25	adapalene-benzoyl peroxide GEL 2.5
TESTOSTERONE SOLN IM8	acamprosate calcium75	%-0.3 %42
(Tetracaine Hcl (Ophth)) ALTACAINE	acarbose16	adefovir dipivoxil31
.....73	acebutolol hcl CAPS31	ADEMPAS33
(Theophylline) ELIXOPHYLLIN ELIX .	acetaminophen w/ codeine SOLN .. 7	ADTHYZA TABS81
11	acetaminophen w/ codeine TABS 15	
(Timolol Maleate (Ophth)) TIMOLOL	MG-300 MG, 30 MG-300 MG7	
MALEATE OCUDOSE SOLN 0.5 %	acetaminophen w/ codeine TABS 60	
71	MG-300 MG7	
(Tiopronin) VENXXIVA TBEC54		
(Tolmetin Sodium) TOLECTIN 600		

ADULT MASK DEVI	62	AEROCHAMBER Z-STAT PLUS MISC	63	MG	50
ADVATE	54	AEROCHAMBER Z-STAT PLUS/LARGE MISC	63	ALFERON N	27
ADYNOVATE	54	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	63	alfuzosin hcl	54
AEROBIKA DEVI	62	AEROCHAMBER Z-STAT PLUS/SMALL MISC	63	ALINIA SUSR	23
AEROCHAMBER HOLDING CHAMBER DEVI	62	AEROCHAMBER2GO ANTI-STATIC DEVI	63	aliskiren fumarate	23
AEROCHAMBER MINI CHAMBER DEVI	62	AEROVENT PLUS DEVI	63	ALL FLOW 1000 PFT FILTER DEVI .	63
AEROCHAMBER MV MISC	62	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	54	ALL FLOW 2000 PFT FILTER DEVI .	63
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	62	AGAMREE	39	ALL FLOW 3000 PFT FILTER DEVI .	63
AEROCHAMBER PLUS FLO-VU INTERM DEVI	62	AIMSCO LUBRICATED MISC	59	ALL FLOW 4000 PFT FILTER DEVI .	63
AEROCHAMBER PLUS FLO-VU LARGE DEVI	62	AJOVY SOAJ	65	ALL FLOW 5000 PFT FILTER DEVI .	63
AEROCHAMBER PLUS FLO-VU LARGE MISC	62	AJOVY SOSY	65	ALL FLOW 6000 PFT FILTER DEVI .	63
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	62	AKTEN	73	ALL FLOW 7000 PFT FILTER DEVI .	63
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	62	AKYNZEO	19	allopurinol 100 MG	54
AEROCHAMBER PLUS FLO-VU MISC	63	albendazole	8	allopurinol 300 MG	54
AEROCHAMBER PLUS FLO-VU SMALL DEVI	62	albuterol sulfate AERS	11	almotriptan malate	65
AEROCHAMBER PLUS FLO-VU SMALL MISC	62	albuterol sulfate NEBU	11	ALOCRIIL	73
AEROCHAMBER PLUS FLO-VU W/MASK MISC	63	ALBUTEROL SULFATE NEBU	11	alogliptin benzoate 25 MG	17
AEROCHAMBER PLUS FLOW VU MISC	63	albuterol sulfate SYRP	11	alogliptin benzoate 6.25 MG, 12.5 MG	17
AEROCHAMBER W/FLOWSIGNAL MISC	63	albuterol sulfate TABS	11	ALOMIDE	74
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	63	alclometasone dipropionate CREA	45	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	52
		alclometasone dipropionate OINT	45	alosetron hcl	53
		ALECENSA	26	ALPHANATE SOLR	54
		alendronate sodium SOLN	49	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	54
		alendronate sodium TABS 35 MG, 70 MG	49		
		alendronate sodium TABS 5 MG, 10			

ALPRAZOLAM INTENSOL CONC .9	amlodipine besylate-valsartan 10	ANNOVERA .38
alprazolam TABS .9	MG-160 MG .22	ANZEMET TABS 50 MG .19
alprazolam TB24 .9	amlodipine besylate-valsartan 10	APEXICON E CREA .45
alprazolam TBDP .9	MG-320 MG, 5 MG-160 MG, 5 MG-320 MG .22	APO-VARENICLINE TABS .79
ALPROLIX .54	amlodipine-valsartan-hydrochlorothiazide .22	apraclonidine hcl .72
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT .54	amoxapine .16	aprepitant CAPS 40 MG .19
ALUNBRIG TABS .26	amoxicillin & pot clavulanate CHEW .75	aprepitant CAPS 80 MG, 125 MG .19
ALUNBRIG TBPK .26	amoxicillin & pot clavulanate SUSR 75	aprepitant CAPS .19
alvimopan .53	amoxicillin & pot clavulanate TABS 75	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .29
amantadine hcl CAPS .27	amoxicillin & pot clavulanate TB12 75	APTIVUS CAPS .29
amantadine hcl TABS .27	amoxicillin CAPS .75	ARCALYST .3
ambrisentan .33	amoxicillin CHEW 125 MG, 250 MG .75	arformoterol tartrate .11
amcinonide OINT .45	amoxicillin SUSR .75	ARIKAYCE .2
amiloride & hydrochlorothiazide .49	amoxicillin TABS .75	aripiprazole SOLN PO .29
amiloride hcl TABS .49	amoxicillin-clarithromycin w/ lansoprazole THPK .83	aripiprazole TABS 15 MG .29
aminocaproic acid SOLN PO 0.25 GM/ML .56	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG .1	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG .29
aminocaproic acid TABS .56	amphetamine-dextroamphetamine TABS .1	aripiprazole TABS 20 MG .29
amiodarone hcl TABS .9	ampicillin CAPS 500 MG .75	armodafinil .1
amitriptyline hcl TABS .16	anagrelide hcl .55	ARMOUR THYROID TABS .81
amlodipine besylate TABS 2.5 MG 32	ANALPRAM HC LOTN EX .8	asenapine maleate .29
amlodipine besylate TABS 5 MG, 10 MG .32	ANALPRAM-HC LOTN EX .8	aspirin CHEW .5
amlodipine besylate-atorvastatin calcium .32	anastrozole .25	aspirin TBEC 81 MG .5
amlodipine besylate-benazepril hcl 10 MG-2.5 MG .22	ANDEXXA 200 MG .18	aspirin-dipyridamole .55
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 22	ANGELIQ .52	ASSURE ID INSULIN SAFETY SYR 61
		ASTAGRAF XL CP24 .67
		ATABEX EC TBEC .68
		atazanavir sulfate CAPS .29
		atenolol & chlorthalidone .22

atenolol TABS	31	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	70	BD PEN NEEDLE ORIG ULTRAFINE	61
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azelastine hcl-fluticasone propionate SUSP	70	BD PEN NEEDLE SHORT ULTRAFINE	61
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin PACK	58	BD SAFETYGLIDE INSULIN SYRINGE	61
atorvastatin calcium TABS	21	azithromycin SUSR	58	BD VEO INSULIN SYR U/F 1/2UNIT	62
atovaquone	23	azithromycin TABS 250 MG	58	BD VEO INSULIN SYR ULTRAFINE	62
atovaquone-proguanil hcl	23	azithromycin TABS 500 MG	58	BELLADONNA ALKALOIDS-OPIMUM	81
atropine sulfate (ophthalmic) OINT 72	72	azithromycin TABS 600 MG	58	BELSOMRA	57
atropine sulfate (ophthalmic) SOLN 72	72	bacitracin (ophthalmic)	72	benazepril & hydrochlorothiazide .	22
ATROPINE SULFATE SOLN 1 % .	72	bacitracin-polymyxin b (ophth) .	72	benazepril hcl	21
ATROVENT HFA	10	bacitracin-poly-neomycin-hc	73	BENEFIX KIT	54
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	75	baclofen TABS 10 MG	70	BENLYSTA SOAJ	67
AURANOFIN 3 MG	3	baclofen TABS 15 MG	70	BENLYSTA SOSY	67
AUSTEDO TABS 12 MG	76	baclofen TABS 20 MG	70	BENSAL HP OINT	47
AUSTEDO TABS 6 MG, 9 MG	76	baclofen TABS 5 MG	70	BENZNIDAZOLE	8
AUSTEDO XR PATIENT TITRATION TEPK	76	BALFAXAR	54	benzonatate	39
AUSTEDO XR TB24	76	balsalazide disodium CAPS	53	benzoyl peroxide-erythromycin GEL .	42
AVONEX PEN AJKT	76	BALVERSA	26	benztropine mesylate TABS	27
AVONEX PREFILLED PSKT	76	BASE GELATIN GUMMY TROCHE . 75	75	bepotastine besilate	74
AYVAKIT	25	BD AUTOSHIELD DUO	61	BESIVANCE	72
AZASITE	72	BD DISP NEEDLES	61	BETADINE OPHTHALMIC PREP .	72
azathioprine TABS 50 MG	67	BD ECLIPSE LUER-LOK NEEDLE 61	61	betaine	51
azathioprine TABS 75 MG, 100 MG 67	67	BD PEN NEEDLE MICRO ULTRAFINE	61	betamethasone dipropionate (topical) CREA	45
azelaic acid GEL	47	BD PEN NEEDLE MINI ULTRAFINE	61	betamethasone dipropionate (topical) LOTN	45
azelastine hcl (ophth)	74	BD PEN NEEDLE NANO 2ND GEN . 61	61	betamethasone dipropionate (topical)	
azelastine hcl 0.1 %, 137 MCG/SPRAY	70	BD PEN NEEDLE NANO ULTRAFINE	61		

OINT	45	BOSULIF CAPS 50 MG	26	MG/2ML	10
betamethasone dipropionate augmented CREA	45	BOSULIF TABS 100 MG	26	budesonide (inhalation) SUSP 1 MG/2ML	10
betamethasone dipropionate augmented GEL 0.05 %	45	BOSULIF TABS 400 MG, 500 MG	26	budesonide (intrarectal)	8
betamethasone dipropionate augmented LOTN	45	BRAFTOVI 75 MG	26	budesonide TB24	39
betamethasone dipropionate augmented LOTN	45	BREATHE COMFORT CHAMBER/ADULT DEVI	63	budesonide-formoterol fumarate dihydrate	11
betamethasone dipropionate augmented OINT	45	BREATHE COMFORT CHAMBER/CHILD DEVI	63	bumetanide TABS 0.5 MG, 1 MG	.49
betamethasone valerate CREA ...	45	BREATHE EASE LARGE DEVI ...	63	bumetanide TABS 2 MG	49
betamethasone valerate FOAM ...	45	BREATHE EASE MEDIUM DEVI ..	63	buprenorphine hcl SUBL 2 MG	7
betamethasone valerate LOTN	45	BREATHE EASE SMALL DEVI ...	63	buprenorphine hcl SUBL 8 MG	7
betamethasone valerate OINT	45	BREATHERITE VALVED MDI CHAMBER DEVI	63	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7
BETASERON KIT	76	BREZTRI AEROSPHERE	11	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7
betaxolol hcl (ophth) SOLN	71	brimonidine tartrate (topical)	47	buprenorphine hcl-naloxone hcl dihydrate SUBL	7
betaxolol hcl	31	brimonidine tartrate	72	buprenorphine PTWK 15 MCG/HR	.7
bethanechol chloride	83	brimonidine tartrate-timolol maleate . 71		buprenorphine PTWK 20 MCG/HR	.7
BETIMOL 0.25 %	71	brinzolamide	74	buprenorphine PTWK 5 MCG/HR, 7.5 MCG/HR, 10 MCG/HR	7
BETOPTIC-S SUSP	71	BRIVIACT SOLN PO 10 MG/ML ...	13	bupropion hcl (smoking deterrent)	79
bexarotene (topical)	44	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG	13	bupropion hcl TABS	14
bexarotene	27	BRIVIACT TABS 100 MG	13	bupropion hcl TB12	14
bicalutamide	25	bromfenac sodium (ophth) 0.07 %, 0.075 %	74	bupropion hcl TB24 150 MG, 300 MG	15
BIKTARVY	29	bromfenac sodium (ophth) 0.09 %	.74	bupropion hcl TB24 450 MG	15
bimatoprost SOLN	74	bromocriptine mesylate CAPS	28	buspirone hcl	9
bisacodyl SUPP	58	bromocriptine mesylate TABS 2.5 MG	28	butalbital-acetaminophen CAPS 50 MG-300 MG	4
bisacodyl TBEC	58	BRUKINSA	26	butalbital-acetaminophen TABS 50 MG-300 MG	4
bisoprolol & hydrochlorothiazide ..	22	budesonide (inhalation) SUSP 0.25 MG/2ML	10		
bisoprolol fumarate	31	budesonide (inhalation) SUSP 0.5			
bosentan TABS	33				
bosentan TBSO 32 MG	33				
BOSULIF CAPS 100 MG	26				

butalbital-acetaminophen TABS 50 MG-325 MG	4	CAPS	53	CARDURA XL	54
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	4	calcium acetate (phosphate binder) TABS	53	CAREPOINT POLY HUB NEEDLE 62	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	4	CALQUENCE	26	carisoprodol TABS	70
butalbital-acetaminophen-caffeine w/ codeine	7	candesartan cilexetil 32 MG	21	carteolol hcl (ophth)	71
butalbital-aspirin-caffeine CAPS	4	candesartan cilexetil 4 MG, 8 MG, 16 MG	21	carvedilol 3.125 MG	31
butalbital-aspirin-caffeine w/cod	7	candesartan cilexetil-hydrochlorothiazide	22	carvedilol 6.25 MG, 12.5 MG, 25 MG 31	
butorphanol tartrate NA 10 MG/ML .8		capecitabine	24	carvedilol phosphate	31
cabergoline	51	CAPRELSA	26	CAYA DPRH	59
CABOMETYX TABS 20 MG, 60 MG .26		captopril & hydrochlorothiazide ...	22	cefaclor CAPS	34
CABOMETYX TABS 40 MG	26	captopril	21	CEFACLOR ER TB12	34
caffeine citrate SOLN PO	1	carbamazepine CHEW 100 MG ...	13	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	34
CALCIFOL	65	carbamazepine CP12	13	cefadroxil CAPS	34
calcipotriene CREA	44	carbamazepine SUSP	13	cefadroxil SUSR	34
CALCIPOTRIENE FOAM	44	carbamazepine TABS	13	cefadroxil TABS	34
calcipotriene OINT	44	carbamazepine TB12 100 MG	13	cefdinir CAPS	34
calcipotriene SOLN	44	carbamazepine TB12 200 MG	13	cefdinir SUSR	34
calcipotriene-betamethasone dipropionate OINT	45	carbamazepine TB12 400 MG	13	cefixime CAPS	34
calcipotriene-betamethasone dipropionate SUSP	45	carbidopa	27	cefixime SUSR	34
calcitonin (salmon) IJ	50	carbidopa-levodopa TABS	28	cefpodoxime proxetil SUSR	34
calcitonin (salmon) NA	50	carbidopa-levodopa TBCR 100 MG-25 MG	28	cefpodoxime proxetil TABS	34
calcitriol (topical)	44	carbidopa-levodopa TBCR 200 MG-50 MG	28	cefprozil SUSR	34
calcitriol CAPS 0.25 MCG	51	carbidopa-levodopa TBCR 200 MG-50 MG	28	cefprozil TABS	34
calcitriol CAPS 0.5 MCG	51	carbidopa-levodopa TBDP	28	cefuroxime axetil TABS	34
calcitriol SOLN PO	51	carbidopa-levodopa-entacapone .28		celecoxib 400 MG	3
calcium acetate (phosphate binder)		carbinoxamine maleate SOLN	20	celecoxib 50 MG, 100 MG, 200 MG 3	
		carbinoxamine maleate SUER	20	cephalexin CAPS	34
		carbinoxamine maleate TABS 4 MG .20		cephalexin SUSR	34
				CEPROTIN	55

CERDELGA	55	CIMDUO	29	clemastine fumarate TABS 2.68 MG .	20
CERVIDIL INST	75	cimetidine hcl PO 300 MG/5ML ...	82	CLEOCIN SUPP	83
cetorelix acetate	50	cimetidine TABS 300 MG, 800 MG	82	CLEVER CHOICE HOLDING	
cevimeline hcl	67	cimetidine TABS 400 MG	82	CHAMBER DEVI	63
CHEMET	18	cinacalcet hcl	51	CLIMARA PRO	52
CHEMSTRIP K STRP	48	CIPRO HC	74	clindamycin hcl	23
chlordiazepoxide hcl CAPS	9	CIPRO SUSR	52	clindamycin palmitate hydrochloride .	23
chlordiazepoxide hcl-clidinium		ciprofloxacin hcl (ophth) SOLN ...	72	clindamycin phosphate (topical)	
bromide	81	ciprofloxacin hcl (otic)	74	FOAM	42
chlordiazepoxide-amitriptyline	76	ciprofloxacin hcl TABS	52	clindamycin phosphate (topical) GEL	42
chloroquine phosphate TABS	24	ciprofloxacin-dexamethasone	74	clindamycin phosphate (topical)	
chlorpromazine hcl TABS	29	ciprofloxacin-fluocinolone acetonide .	74	LOTN	42
chlorthalidone 25 MG, 50 MG	49	citalopram hydrobromide SOLN ...	15	clindamycin phosphate (topical)	
chlorzoxazone TABS 250 MG	70	citalopram hydrobromide TABS ...	15	SWAB	42
chlorzoxazone TABS 375 MG, 500		CITRANATAL 90 DHA 120 MG-20		clindamycin phosphate vaginal CREA	
MG, 750 MG	70	MG-1 MG-3 MG-400 UNIT-3.4 MG-			83
cholestyramine light PACK	20	20 MG-50 MG-25 MG-2 MG-159 MG-		clindamycin phosphate-benzoyl	
cholestyramine light POWD	20	90 MG-150 MCG-30 UNIT-0.75 MG-		peroxide (refrigerate)	42
cholestyramine PACK	20	300 MG	68	clindamycin phosphate-benzoyl	
cholestyramine POWD	20	CITRANATAL ASSURE	68	peroxide GEL 5 %-1 %	42
choline fenofibrate 135 MG	20	CITRANATAL B-CALM 120 MG-25		clindamycin phosphate-tretinoin ..	42
choline fenofibrate 45 MG	20	MG-1 MG-400 UNIT-120 MG-20 MG		CLINDESSE	83
CHORIONIC GONADOTROPIN IM		69		clobazam SUSP	12
50		CITRANATAL HARMONY 25 MG-1		clobazam TABS 10 MG	12
ciclopirox GEL	43	MG-400 UNIT-50 MG-104 MG-27		clobazam TABS 20 MG	12
ciclopirox olamine CREA	43	MG-30 UNIT-260 MG	69	clobetasol propionate CREA 0.05 % .	45
ciclopirox olamine SUSP	43	CITRANATAL MEDLEY	69	0.05 %	45
ciclopirox SHAM	43	clarithromycin SUSR	58		
ciclopirox SOLN	43	clarithromycin TABS	58		
cilostazol	55	clarithromycin TB24	58		
CILOXAN OINT	72	clemastine fumarate SYRP	20		

clobetasol propionate emulsion ...45	CODEINE SULFATE TABS5	COPIKTRA26
clobetasol propionate FOAM 45	CODITUSSIN AC LIQD40	CORDRAN TAPE46
clobetasol propionate GEL 0.05 % 45	colchicine CAPS 54	CORIFACT54
clobetasol propionate LIQD45	colchicine TABS54	CORLANOR SOLN33
clobetasol propionate LOTN45	colchicine w/ probenecid54	CORTIFOAM EX 10 %8
clobetasol propionate OINT 0.05 % 46	colesevelam hcl PACK20	CORTISPORIN-TC74
clobetasol propionate SHAM 46	colesevelam hcl TABS20	COSENTYX (300 MG DOSE) SOSY . 44
clobetasol propionate SOLN 0.05 % . 46	colestipol hcl GRAN20	COSENTYX SENSOREADY (300 MG) SOAJ44
clocortolone pivalate 46	colestipol hcl PACK20	COSENTYX SENSOREADY PEN SOAJ44
clomiphene citrate TABS50	colestipol hcl TABS20	COSENTYX SOSY 150 MG/ML ...44
clomipramine hcl 16	COMBIPATCH PTTW52	COSENTYX SOSY 75 MG/0.5ML .44
clonazepam TABS12	COMBIVENT RESPIMAT AERS .. 11	COSENTYX UNOREADY SOAJ .. 44
clonazepam TBDP12	COMETRIQ (100 MG DAILY DOSE) KIT26	COTELLIC26
clonidine hcl TABS22	COMETRIQ (140 MG DAILY DOSE) KIT26	COVID VACCINES83
clonidine TB2422	COMETRIQ (60 MG DAILY DOSE) KIT26	COVID-19 AT HOME TEST KITS .48
clopidogrel bisulfate55	COMFORT EZ INSULIN SYRINGE . 62	COVID-19 FLU A&B 3-IN-1 TEST 48
clorazepate dipotassium TABS 9	COMPACT SPACE CHAMBER DEVI63	COVID-19 FLU A+B ANTIGEN TEST48
clotrimazole67	COMPACT SPACE CHAMBER/LG MASK DEVI63	CREON CPEP48
clotrimazole w/ betamethasone CREA43	COMPACT SPACE CHAMBER/MED MASK DEVI63	CRESEMBA CAPS 186 MG19
clotrimazole w/ betamethasone LOTN43	COMPACT SPACE CHAMBER/SM MASK DEVI63	CRINONE GEL 8 %84
clozapine TABS29	COMPLETENATE CHEW69	cromolyn sodium (ophth)74
clozapine TBDP29	CONCEPT DHA69	cromolyn sodium NEBU 10
C-NATE DHA CAPS69	CONCEPT OB69	CTEXLI 250 MG 52
CO MONITOR DEVI63	CONDOMS59	CVS WOMENS PRENATAL+DHA MISC69
COAGADEX54	CONTRAVE 1	cyclobenzaprine hcl TABS 5 MG, 10 MG 70
COARTEM23		CYCLOGYL72
codeine sulfate TABS 30 MG5		

CYCLOMYDRIL	72	dapsone 100 MG	23	desonide CREA	46
cyclopentolate hcl 1 %	72	dapsone 25 MG	23	desonide GEL	46
cyclophosphamide CAPS	24	darifenacin hydrobromide	83	desonide LOTN	46
CYCLOPHOSPHAMIDE TABS	24	darunavir TABS	29	desonide OINT	46
cycloserine	24	dasatinib	26	desoximetasone CREA	46
cyclosporine (ophth) EMUL	73	DAURISMO	25	desoximetasone GEL	46
cyclosporine CAPS	67	deferasirox PACK	18	desoximetasone LIQD	46
cyclosporine modified (for microemulsion) CAPS	67	deferasirox TABS	18	desoximetasone OINT 0.05 %	46
cyclosporine modified (for microemulsion) SOLN	67	deferiprone TABS	18	desoximetasone OINT 0.25 %	46
cyproheptadine hcl SYRP	20	deflazacort SUSP	39	desvenlafaxine succinate	15
cyproheptadine hcl TABS	20	deflazacort TABS	39	dexamethasone ELIX	39
CYSTAGON CAPS	54	DELSTRIGO	29	DEXAMETHASONE INTENSOL CONC	39
CYSTARAN	74	demeclocycline hcl TABS	80	dexamethasone sodium phosphate (ophth)	73
CYTOMEL TABS 25 MCG, 50 MCG (lithyronine sodium)	81	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	39	dexamethasone SOLN	39
CYTOMEL TABS 5 MCG (lithyronine sodium)	81	DESCOVY 120 MG-15 MG	29	dexamethasone TABS	39
CYTRA-3 SYRP	54	DESCOVY 200 MG-25 MG	29	dexmethylphenidate hcl CP24	1
dabigatran etexilate mesylate CAPS . 12		desipramine hcl TABS	16	dexmethylphenidate hcl TABS	1
dalfampridine	76	desloratadine TABS	20	dextroamphetamine sulfate CP24 ...	1
danazol CAPS	8	desloratadine TBDP	20	dextroamphetamine sulfate SOLN ..	1
dantrolene sodium CAPS	70	DESMOPRESSIN ACETATE SOLN NA	51	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
dapagliflozin propanediol	18	desmopressin acetate spray	51	DHIVY TABS	28
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	16	desmopressin acetate spray refrigerated 0.01 %	51	DIACOMIT CAPS 250 MG	13
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	16	desmopressin acetate TABS 0.1 MG 51		DIACOMIT CAPS 500 MG	13
dapsone (topical) 5 %	42	desmopressin acetate TABS 0.2 MG 51		DIACOMIT PACK 250 MG	13
dapsone (topical) 7.5 %	42	desogestrel-ethinyl estradiol (biphasic)	38	DIACOMIT PACK 500 MG	13
				diazepam (anticonvulsant) GEL ...	12
				diazepam CONC	9
				diazepam SOLN PO 5 MG/5ML	9

diazepam TABS 10 MG	9	diltiazem hcl CP12	32	doxepin hcl CONC	16
diazepam TABS 2 MG, 5 MG	9	diltiazem hcl CP24	32	doxercalciferol CAPS	51
diazoxide	16	diltiazem hcl extended release beads	32	doxycycline (monohydrate) CAPS	80
diclofenac potassium TABS 50 MG	3	diltiazem hcl TABS	32	doxycycline (monohydrate) SUSR	80
diclofenac sodium (actinic keratoses) EX	44	diltiazem hcl TB24	32	doxycycline (monohydrate) TABS 150 MG	80
diclofenac sodium (ophth)	74	dimethyl fumarate CDPK	76	doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	80
diclofenac sodium (topical) GEL EX 43		dimethyl fumarate CPDR	76	doxycycline (rosacea)	47
diclofenac sodium (topical) SOLN EX 1.5 %	44	DIPENTUM	53	doxycycline hyclate CAPS	80
diclofenac sodium TB24	3	diphenoxylate w/ atropine LIQD ...	18	doxycycline hyclate TABS 20 MG, 100 MG	80
diclofenac sodium TBEC	3	diphenoxylate w/ atropine TABS ...	18	doxylamine-pyridoxine TBEC	19
diclofenac w/ misoprostol TBEC	3	dipyridamole	55	dronabinol CAPS 10 MG	19
dicloxacillin sodium	75	disopyramide phosphate CAPS	9	dronabinol CAPS 2.5 MG, 5 MG ...	19
dicyclomine hcl CAPS	81	disulfiram	75	DROPLET INSULIN SYRINGE ...	62
dicyclomine hcl SOLN PO	81	DIURIL SUSP	49	DROPSAFE SAFETY SYRINGE/NEEDLE	62
dicyclomine hcl TABS	81	divalproex sodium CSDR	14	drospirenone-ethinyl estradiol	38
DIFFERIN LOTN	42	divalproex sodium TB24	14	drospirenone-ethinyl estradiol-levomefolate calcium	38
diflorasone diacetate CREA	46	divalproex sodium TBEC	14	DROXIA CAPS	55
diflorasone diacetate OINT	46	dofetilide	9	droxidopa	84
diflunisal TABS	5	DOJOLVI	71	DRYSOL SOLN	47
difluprednate	73	donepezil hydrochloride TABS	75	DUAVEE	52
digoxin SOLN PO 0.05 MG/ML	32	donepezil hydrochloride TBDP	76	DUET DHA 400 MISC	69
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	32	dorzolamide hcl	74	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	15
dihydroergotamine mesylate SOLN IJ 1 MG/ML	65	DORZOLAMIDE HCL	74	DUOPA SUSP	28
dihydroergotamine mesylate SOLN NA 4 MG/ML	65	DORZOLAMIDE HCL-TIMOLOL MAL	71	DUPIXENT SOAJ 200 MG/1.14ML 47	
DILANTIN 30 MG	14	dorzolamide hcl-timolol maleate ..	71	DUPIXENT SOAJ 300 MG/2ML ...	47
diltiazem hcl coated beads CP24 ..	32	DOVATO	29		
		doxazosin mesylate	22		
		doxepin hcl (antipruritic)	44		
		doxepin hcl CAPS	16		

DUPIXENT SOSY 100 MG/0.67ML 47	EASY TOUCH FLIPLOCK NEEDLES62	eltrombopag olamine PACK 25 MG 56
DUPIXENT SOSY 200 MG/1.14ML 47	EASY TOUCH HYPODERMIC NEEDLE62	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG56
DUPIXENT SOSY 300 MG/2ML ...47	econazole nitrate CREA43	EMBECTA INS SYR U/F 1/2 UNIT 62
DUREX EXTRA SENSITIVE THIN DEVI59	ECONAZOLE NITRATE FOAM 1 % . 43	EMBECTA INSULIN SYR ULTRAFINE62
DUREX EXTRA SENSITIVE THIN MISC59	ECOZA FOAM43	EMBECTA PEN NEEDLE NANO .62
DUREX TROPICAL MISC59	ED BRON GP LIQD40	EMBECTA PEN NEEDLE NANO 2 GEN62
dutasteride54	EDARBI 40 MG21	EMBECTA PEN NEEDLE ULTRAFINE62
dutasteride-tamsulosin hcl54	EDARBI 80 MG21	EMCYT25
EASIVENT MASK LARGE MISC ..63	EDARBYCLOR22	EMEND SUSR19
EASIVENT MASK MEDIUM MISC 63	EDURANT29	EMGALITY SOAJ65
EASIVENT MASK SMALL MISC ..63	efavirenz CAPS29	EMGALITY SOSY65
EASIVENT MISC63	efavirenz TABS29	EMSAM15
EASY COMFORT INSULIN SYRINGE62	efavirenz-emtricitabine-tenofovir disoproxil fumarate29	emtricitabine CAPS30
EASY FLOW BLACK/BLUE DEVI .63	efavirenz-lamivudine-tenofovir disoproxil fumarate29	emtricitabine-rilpivirine-tenofovir disoproxil fumarate30
EASY FLOW BLACK/ORANGE DEVI63	EFFER-K66	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG30
EASY FLOW BLACK/RED DEVI ..63	EGRIFTA SV50	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG30
EASY FLOW BLACK/WHITE DEVI 63	ELESTRIN GEL52	EMTRIVA SOLN30
EASY FLOW BLACK/YELLOW DEVI63	eletriptan hydrobromide65	enalapril maleate & hydrochlorothiazide22
EASY FLOW WHITE/BLUE DEVI .63	ELIGARD KIT SC 7.5 MG25	enalapril maleate TABS21
EASY FLOW WHITE/GREEN DEVI 63	ELIQUIS DVT/PE STARTER PACK TBPk11	ENBRACE HR69
EASY FLOW WHITE/PINK DEVI ..64	ELIQUIS TABS11	ENBREL MINI SOCT4
EASY FLOW WHITE/WHITE DEVI 64	ELLA38	ENBREL SOLN4
EASY FLOW WHITE/YELLOW DEVI 64	ELMIRON CAPS54	ENBREL SOSY 25 MG/0.5ML4
	ELOCTATE54	
	eltrombopag olamine PACK 12.5 MG56	

ENBREL SOSY 50 MG/ML	4	STATIC S DEVI	64	estradiol PTTW	52
ENBREL SURECLICK SOAJ	4	EQUETRO	28	estradiol PTWK	52
ENCARE SUPP 100 MG	83	ergocalciferol CAPS	84	estradiol TABS	52
ENDOMETRIN INST	84	ergoloid mesylates TABS	77	estradiol vaginal CREA	83
enoxaparin sodium SOLN IJ 300 MG/3ML	12	ERGOMAR SUBL	65	estradiol vaginal TABS	83
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	12	ergotamine w/ caffeine TABS	65	estradiol valerate	52
enoxaparin sodium SOSY 30 MG/0.3ML	12	ERIVEDGE	25	ESTRING RING 7.5 MCG/24HR ..	84
enoxaparin sodium SOSY 40 MG/0.4ML	12	ERLEADA	25	eszopiclone	56
enoxaparin sodium SOSY 60 MG/0.6ML	12	erlotinib hcl	25	ethacrynic acid	49
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	ERTACZO	43	ethambutol hcl TABS	24
entacapone	27	erythromycin (acne aid) GEL	42	ethosuximide CAPS	14
entecavir TABS	31	erythromycin (acne aid) SOLN	42	ethosuximide SOLN	14
ENTRESTO CPSP	32	erythromycin (ophth)	72	ethynodiol diacet & eth estrad	38
EPCLUSA PACK	31	ERYTHROMYCIN	72	etodolac CAPS	3
EPCLUSA TABS	31	erythromycin base CPEP	58	etodolac TABS	3
EPIDIOLEX	13	erythromycin base TABS	58	etodolac TB24	3
EPIFOAM FOAM	46	erythromycin base TBEC	58	etonogestrel-ethinyl estradiol	38
epinastine hcl (ophth)	74	erythromycin ethylsuccinate SUSR 58		etoposide CAPS	27
epinephrine (anaphylaxis) SOAJ ..	84	erythromycin ethylsuccinate TABS	58	etravirine	30
eplerenone	23	escitalopram oxalate SOLN	15	EUCRISA	47
EQ SPACE CHAMBER ANTI- STATIC DEVI	64	escitalopram oxalate TABS 10 MG, 20 MG	15	EULEXIN	25
EQ SPACE CHAMBER ANTI- STATIC L DEVI	64	escitalopram oxalate TABS 5 MG .	15	EVAMIST SOLN	52
EQ SPACE CHAMBER ANTI- STATIC M DEVI	64	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	13	everolimus (immunosuppressant) .	67
EQ SPACE CHAMBER ANTI-		ESPEROCT	55	everolimus TABS	26
		estazolam	56	everolimus TBSO	26
		estradiol & norethindrone acetate TABS	52	EVOTAZ	30
		estradiol GEL	52	EVRYSDI	71
				exemestane	25
				EXODERM	43
				ezetimibe	21

ezetimibe-simvastatin	20	fenofibrate TABS 48 MG	20	FLORAFOL PEDIATRIC CHEW ...	68
FABHALTA	55	fenofibrate TABS 54 MG	21	FLORAFOL PEDIATRIC SOLN ...	68
FABIOR FOAM	42	fenofibric acid	21	FLORIVA	65
famciclovir	31	fenopropfen calcium TABS	3	FLORIVA	68
famotidine SUSR	82	fentanyl citrate LPOP 1600 MCG ...	6	FLORIVA PLUS SOLN	68
famotidine TABS 40 MG	82	fentanyl citrate LPOP 200 MCG, 400		FLOTREX CHEW 0.5 MG, 1 MG ..	68
FANTASY LUBRICATED MISC ...	59	MCG, 600 MCG, 800 MCG, 1200		FLOWFLEX PLUS COVID-19/FLU	
FANTASY		MCG	6	A/B	48
LUBRICATED/SPERMICIDE MISC		fentanyl PT72 12 MCG/HR, 25		fluconazole SUSR	19
59		MCG/HR, 50 MCG/HR, 75 MCG/HR,		fluconazole TABS	19
FARXIGA (dapagliflozin propanediol)		100 MCG/HR	6	flucytosine	19
.....	18	fentanyl PT72 37.5 MCG/HR, 62.5		fludrocortisone acetate TABS	39
FASENRA PEN SOAJ	9	MCG/HR, 87.5 MCG/HR	6	fluocinolone acetonide (otic)	74
FASENRA SOSY 10 MG/0.5ML	9	ferric citrate	53	fluocinolone acetonide CREA	46
FASENRA SOSY 30 MG/ML	10	FERRIPROX SOLN	18	fluocinolone acetonide OIL	46
FC2 FEMALE CONDOM	59	fesoterodine fumarate	83	fluocinolone acetonide OINT	46
febuxostat 40 MG	54	FETZIMA CP24 20 MG	15	fluocinolone acetonide SOLN	46
febuxostat 80 MG	54	FETZIMA CP24 40 MG, 80 MG, 120		fluocinonide CREA	46
FEIBA	55	MG	15	fluocinonide emulsified base	46
felbamate SUSP	14	FETZIMA TITRATION C4PK	15	fluocinonide GEL	46
felbamate TABS	14	FIBRYGA	55	fluocinonide OINT	46
felodipine 10 MG	32	fidaxomicin TABS 200 MG	59	fluocinonide SOLN	46
felodipine 2.5 MG, 5 MG	32	FINACEA FOAM	47	fluorometholone (ophth) SUSP	73
FEMCAP DEVI	59	finasteride	54	fluorouracil (topical) CREA 0.5 % ..	44
FEMRING	84	fingolimod hcl	76	fluorouracil (topical) CREA 5 %	44
fenofibrate CAPS	20	FIRDAPSE	24	fluorouracil (topical) SOLN	44
fenofibrate micronized 130 MG, 200		FIRST-PROGESTERONE VGS		fluoxetine hcl (pmdd) TABS	77
MG	20	SUPP	84	fluoxetine hcl CAPS 10 MG, 20 MG	
fenofibrate micronized 43 MG, 67		FLAREX	73	15	
MG, 134 MG	20	flavoxate hcl	83	fluoxetine hcl CAPS 40 MG	15
fenofibrate TABS 145 MG, 160 MG		flecainide acetate	9	fluoxetine hcl CPDR	15
20		FLEXICHAMBER DEVI	64		

fluoxetine hcl SOLN	15	MCG/ACT-50 MCG/ACT	11	FRAGMIN SOSY 10000 UNIT/ML .	12
fluoxetine hcl TABS 10 MG	15	fluticasone-salmeterol AERO	11	FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	12
fluoxetine hcl TABS 20 MG, 60 MG 15		fluvastatin sodium CAPS	21	FRAGMIN SOSY 18000 UNT/0.72ML	12
fluphenazine hcl CONC	29	fluvastatin sodium TB24	21	FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	12
fluphenazine hcl ELIX	29	fluvoxamine maleate CP24 100 MG 15		FRAGMIN SOSY 7500 UNIT/0.3ML 12	
fluphenazine hcl TABS	29	fluvoxamine maleate CP24 150 MG 15		FREESTYLE INSULINX TEST STRP	48
flurazepam hcl 15 MG	56	fluvoxamine maleate TABS 100 MG . 15		FREESTYLE LITE KIT	61
flurazepam hcl 30 MG	56	fluvoxamine maleate TABS 25 MG, 50 MG	15	FREESTYLE LITE TEST STRP ...	48
flurbiprofen sodium	74	FML FORTE SUSP	73	FREESTYLE PRECISION NEO SYSTEM KIT	61
flurbiprofen TABS	3	folic acid TABS 1 MG	56	FREESTYLE PRECISION NEO TEST STRP	48
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	10	folic acid TABS 400 MCG, 800 MCG . 56		FREESTYLE TEST STRP	48
fluticasone furoate-vilanterol	11	FOLIVANE-OB	69	frovatriptan succinate	65
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	10	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	50	furosemide SOLN PO 8 MG/ML, 10 MG/ML	49
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	10	fondaparinux sodium 10 MG/0.8ML 12		furosemide TABS	49
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	10	fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML	12	FUZEON SOLR	30
fluticasone propionate (nasal) SUSP . 71		fondaparinux sodium 5 MG/0.4ML .	12	FYCOMPA SUSP	12
fluticasone propionate CREA 0.05 % 46		formoterol fumarate NEBU	11	FYCOMPA TABS 2 MG	12
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	10	fosamprenavir calcium TABS	30	FYCOMPA TABS 4 MG	12
fluticasone propionate hfa 44 MCG/ACT	10	fosfomycin tromethamine	23	FYCOMPA TABS 6 MG	12
fluticasone propionate LOTN	46	fosinopril sodium & hydrochlorothiazide	22	FYCOMPA TABS 8 MG, 10 MG, 12 MG	12
fluticasone propionate OINT	46	fosinopril sodium	21	gabapentin CAPS	13
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500		FOSRENOL PACK	53	gabapentin SOLN	13
		FRAGMIN SOLN 95000 UNIT/3.8ML 12		gabapentin TABS 600 MG, 800 MG 13	

GALAFOLD	51	GLOBAL EASY GLIDE INSULIN SYR	62	haloperidol TABS	29
galantamine hydrobromide CP24 ..	76	glucagon (rdna)	16	HELIDAC THERAPY	83
galantamine hydrobromide SOLN ..	76	glutamine (sickle cell)	55	HEMANGEOL SOLN PO	31
galantamine hydrobromide TABS ..	76	glyburide micronized 1.5 MG, 3 MG, 6 MG	18	HEMLIBRA	55
GALZIN	66	glyburide TABS	18	HEMOFIL M SOLR 1700 UNIT	55
ganirelix acetate	50	glyburide-metformin	16	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	55
gatifloxacin (ophth)	72	GLYCATE TABS	81	HUMALOG JUNIOR KWIKPEN SOPN	17
GATTEX	53	glycopyrrolate SOLN PO 1 MG/5ML . 81		HUMALOG KWIKPEN SOPN 100 UNIT/ML	17
gefitinib	25	glycopyrrolate TABS 1 MG, 2 MG ..	81	HUMALOG KWIKPEN SOPN 200 UNIT/ML	17
GELFILM	73	GLYCOPYRROLATE TABS	81	HUMALOG MIX 50/50 KWIKPEN SUPN	17
gemfibrozil TABS	21	GLYXAMBI	16	HUMALOG MIX 50/50 SUSP	17
gentamicin sulfate (ophth) SOLN ..	72	GONAL-F SOLR IJ 450 UNIT	50	HUMALOG MIX 75/25 KWIKPEN SUPN	17
gentamicin sulfate (topical) CREA ..	42	granisetron hcl TABS	19	HUMALOG MIX 75/25 SUSP	17
gentamicin sulfate (topical) OINT ..	42	griseofulvin microsize SUSP	19	HUMALOG SOCT	17
GENVOYA	30	griseofulvin microsize TABS	19	HUMALOG SOLN IJ	17
GILOTRIF	25	griseofulvin ultramicrosize	19	HUMATE-P SOLR	55
GILPHEX TR TABS 10 MG-388 MG . 40		guaifenesin TABS 400 MG	41	HUMATIN	2
GILTUSS COUGH & COLD TABS 40		guaifenesin-codeine SOLN	40	HUMATROPE CART IJ	50
GILTUSS SINUS & CONGESTION TABS	40	guanfacine hcl (adhd)	1	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	2
glatiramer acetate SOSY 20 MG/ML . 76		guanfacine hcl	22	HUMIRA (2 PEN) AJKT	2
glatiramer acetate SOSY 40 MG/ML . 76		GUM BASE (GELATIN)	75	HUMIRA (2 SYRINGE) PSKT	2
GLENMAX PEB LIQD	40	GYNAZOLE-1	83	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	3
GLEOSTINE 10 MG, 40 MG, 100 MG	24	HADLIMA PUSHTOUCH SOAJ	2	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	3
glimepiride 1 MG, 2 MG, 4 MG	18	HADLIMA SOSY	2		
glipizide TABS	18	HAEGARDA SOLR SC	55		
glipizide TB24	18	halobetasol propionate CREA	46		
glipizide-metformin hcl	16	halobetasol propionate OINT	46		
		haloperidol lactate CONC	29		

STARTER PSKT3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG7	hydromorphone hcl TABS6
HUMIRA-PED>=40KG CROHNS START PSKT3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG7	hydromorphone hcl TB24 32 MG ...6
HUMIRA-PED>=40KG UC STARTER AJKT3	hydrocodone-ibuprofen 10 MG-200 MG7	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG6
HUMIRA-PS/UV/ADOL HS STARTER AJKT3	hydrocodone-ibuprofen 5 MG-200 MG7	hydroxychloroquine sulfate 200 MG 24
HUMIRA-PSORIASIS/UVEIT STARTER AJKT3	hydrocodone-ibuprofen 7.5 MG-200 MG7	hydroxyurea27
HUMULIN 70/30 KWIKPEN SUPN 17	hydrocortisone (intrarectal)8	hydroxyzine hcl SYRP9
HUMULIN 70/30 SUSP17	hydrocortisone (rectal) EX 2.5 % ...8	hydroxyzine hcl TABS9
HUMULIN N KWIKPEN SUPN17	hydrocortisone (topical) CREA 2.5 % 46	hydroxyzine pamoate CAPS9
HUMULIN N SUSP17	hydrocortisone (topical) LOTN 2 % 46	hyoscyamine sulfate SUBL 0.125 MG81
HUMULIN R SOLN IJ17	hydrocortisone (topical) LOTN 2.5 % . 46	hyoscyamine sulfate TABS 0.125 MG81
HUMULIN R U-500 (CONCENTRATED) SOLN SC17	hydrocortisone (topical) OINT 2.5 % . 46	hyoscyamine sulfate TB12 0.375 MG 82
HUMULIN R U-500 KWIKPEN SOPN SC17	hydrocortisone (topical) SOLN 2.5 % 46	hyoscyamine sulfate TBDP 0.125 MG82
HYCAMTIN CAPS27	hydrocortisone butyrate CREA46	HYPERSAL NEBU41
hydralazine hcl TABS23	hydrocortisone butyrate hydrophilic lipo base46	HYSINGLA ER T24A6
hydrochlorothiazide CAPS49	hydrocortisone butyrate LOTN46	ibandronate sodium TABS50
hydrochlorothiazide TABS49	hydrocortisone butyrate OINT46	IBRANCE CAPS26
hydrocodone bitartrate CP126	hydrocortisone butyrate SOLN46	IBRANCE TABS26
hydrocodone bitartrate T24A6	hydrocortisone TABS39	ibuprofen TABS 400 MG, 600 MG, 800 MG3
hydrocodone bitartrate-homatropine methylbromide SOLN39	hydrocortisone valerate CREA46	icatibant acetate SOSY55
hydrocodone polistirex-chlorpheniramine polistirex SUER .40	hydrocortisone valerate OINT46	ICLUSIG26
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML7	hydrocortisone w/acetic acid74	icosapent ethyl20
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG7	hydromorphone hcl LIQD6	IDELVION55
		IDHIFA26
		ILEVRO74
		imatinib mesylate TABS 100 MG ..26

imatinib mesylate TABS 400 MG ..26	INQOVI26	30 MG, 35 MG42
IMBRUVICA CAPS 140 MG26	INREBIC26	isotretinoin 40 MG42
IMBRUVICA CAPS 70 MG26	INSPIREASE MISC64	isradipine CAPS32
IMBRUVICA SUSP26	INSULIN LISPRO PROT & LISPRO SUPN17	itraconazole CAPS19
IMBRUVICA TABS26	INTELENCE 25 MG30	itraconazole SOLN19
imipramine hcl TABS 10 MG, 25 MG . 16	INTRAROSA83	ivabradine hcl TABS34
imipramine hcl TABS 50 MG16	iodine strong (lugol's)66	ivermectin (pediculicide)48
imipramine pamoate16	iodoquinol-hydrocortisone in aloe vehicle43	ivermectin (rosacea)47
imiquimod 5 %47	IOPIDINE72	ivermectin8
IMPAVIDO23	ipratropium bromide (nasal)70	IXINITY SOLR55
INBRIJA CAPS28	ipratropium bromide SOLN 0.02 % 10	JAKAFI26
IN-CHECK DIAL FLOW TRAINER DEVI64	ipratropium-albuterol SOLN11	JANUMET TABS16
IN-CHECK INSPIRATORY FLOW MTR DEVI64	irbesartan21	JANUMET XR TB24 1000 MG-100 MG16
INCRELEX50	irbesartan-hydrochlorothiazide22	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG16
INCRUSE ELLIPTA10	ISENTRESS CHEW30	JANUVIA17
indapamide TABS 1.25 MG, 2.5 MG . 49	ISENTRESS HD TABS30	JARDIANCE18
INDERAL XL31	ISENTRESS TABS30	JIVI55
indomethacin CAPS 25 MG, 50 MG 3	isoniazid SYRP24	JULUCA30
indomethacin CPR3	isoniazid TABS24	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG21
indomethacin SUPP3	ISOPTO ATROPINE SOLN72	KALETRA SOLN30
indomethacin SUSP4	isosorbide dinitrate TABS 40 MG ...8	KALYDECO PACK80
INGREZZA CAPS 40 MG, 80 MG .76	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG8	KALYDECO TABS80
INGREZZA CAPS 60 MG76	isosorbide dinitrate-hydralazine hcl 32	KAMELEON LUBRICATED MISC .59
INGREZZA CPPK76	isosorbide mononitrate TABS9	KCENTRA55
INGREZZA CPSP76	ISOSORBIDE MONONITRATE TABS9	ketoconazole (topical) CREA43
INLYTA24	isosorbide mononitrate TB249	ketoconazole (topical) FOAM43
INNOPRAN XL31	isotretinoin 10 MG, 20 MG, 25 MG,	ketoconazole (topical) SHAM 2 % .43
		ketoconazole19

KETONE TEST STRP	48	KLEAR GUMMY BASE	75	lamotrigine TB24 250 MG	13
ketoprofen CAPS 50 MG	4	KLOXXADO LIQD	18	lamotrigine TB24 300 MG	13
ketoprofen CP24	4	KOATE SOLR	55	lamotrigine TBDP	13
ketorolac tromethamine (ophth) ...	74	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	55	lansoprazole CPDR	82
ketorolac tromethamine TABS	4	KOGENATE FS KIT	55	lansoprazole TBDD 15 MG	82
KETOSTIX STRP	48	KOSELUGO	26	lansoprazole TBDD 30 MG	82
KEVZARA SOAJ	3	KOVALTRY	55	lanthanum carbonate CHEW 1000 MG	53
KEVZARA SOSY	3	K-PHOS NO 2	53	lanthanum carbonate CHEW 500 MG	53
KIMONO COLORS DEVI	59	KRINTAFEL	24	lanthanum carbonate CHEW 750 MG	53
KIMONO MAXX-LARGE FLARE MISC	59	K-Y ME & YOU EXTRA LUBRICATED DEVI	59	LANTUS SOLN	17
KIMONO MICRO THIN MISC	59	K-Y ME & YOU INTENSE DEVI ...	59	LANTUS SOLOSTAR SOPN	17
KIMONO MICRO THIN PLUS MISC . 59		labetalol hcl TABS 100 MG, 200 MG, 300 MG	31	lapatinib ditosylate	26
KIMONO MISC	59	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	13	LASTACRAFT	74
KIMONO PLUS MISC	59	lacosamide TABS	13	latanoprost SOLN	74
KIMONO PS MISC	59	lactulose (encephalopathy)	53	LATANOPROST SOLN	74
KIMONO PS PLUS MISC	59	lactulose SOLN	57	leflunomide 10 MG	4
KIMONO SENSATION MISC	59	LAGEVRIO	31	leflunomide 20 MG	4
KIMONO SENSATION PLUS MISC 59		LAMICTAL XR KIT	13	lenalidomide	66
KIMONO SPECIAL DEVI	59	lamivudine (hbv) TABS	31	LENVIMA (10 MG DAILY DOSE) .	24
KISQALI (200 MG DOSE)	26	lamivudine SOLN	30	LENVIMA (12 MG DAILY DOSE) .	24
KISQALI (400 MG DOSE)	26	lamivudine TABS	30	LENVIMA (14 MG DAILY DOSE) .	24
KISQALI (600 MG DOSE)	26	lamivudine-zidovudine	30	LENVIMA (18 MG DAILY DOSE) .	24
KISQALI FEMARA (200 MG DOSE) . 26		lamotrigine CHEW	13	LENVIMA (20 MG DAILY DOSE) .	24
KISQALI FEMARA (400 MG DOSE) . 26		lamotrigine KIT 25 MG	13	LENVIMA (24 MG DAILY DOSE) .	24
KISQALI FEMARA (600 MG DOSE) . 26		lamotrigine KIT	13	LENVIMA (4 MG DAILY DOSE) ..	24
KLARITY-A	72	lamotrigine TABS	13	LENVIMA (8 MG DAILY DOSE) ..	24
		lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	13	letrozole	25
				leucovorin calcium TABS	27

LEUKERAN	24	25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	81	lithium carbonate TABS	28
levabuterol hcl	11			lithium carbonate TBCR	28
levabuterol tartrate	11			LITHOSTAT	54
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	81	LO LOESTRIN FE TABS	38
levetiracetam TABS 1000 MG	13	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	81	LOCOID LIPOCREAM	46
levetiracetam TABS 250 MG, 500 MG, 750 MG	13			lofexidine hcl	75
levetiracetam TB24	13			LOHIST-DM SYRP	40
LEVETIRACETAM TB3D	13	lidocaine hcl (mouth-throat) 2 % ..	67	LOKELMA	67
levobunolol hcl 0.5 %	71	lidocaine PTCH 5 %	47	LONSURF	26
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	51	lidocaine-prilocaine CREA	47	loperamide hcl CAPS	18
levocarnitine (metabolic modifiers) TABS	51	linezolid SUSR	23	lopinavir-ritonavir SOLN	30
levofloxacin (ophth) 1.5 %	72	linezolid TABS	23	lopinavir-ritonavir TABS	30
levofloxacin SOLN PO	52	LINZESS	53	lorazepam CONC	9
levofloxacin TABS	52	liothyronine sodium TABS 25 MCG, 50 MCG	81	lorazepam TABS	9
levonorgestrel & eth estradiol TABS 38		liothyronine sodium TABS 5 MCG ..	81	LORBRENA	26
levonorgestrel (emergency oc) 1.5 MG	38	liraglutide	17	losartan potassium & hydrochlorothiazide	22
levonorgestrel-eth estradiol (triphasic)	38	lisdexamfetamine dimesylate CAPS 1		losartan potassium	21
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	38	lisdexamfetamine dimesylate CHEW . 1		LOTEMAX OINT	73
levonorgestrel-ethinyl estradiol (continuous)	38	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	22	loteprednol etabonate GEL	73
levonorgestrel-ethinyl estradiol-iron 38		lisinopril & hydrochlorothiazide 25 MG-20 MG	22	loteprednol etabonate SUSP 0.2 % 73	
levorphanol tartrate TABS	6	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	21	loteprednol etabonate SUSP 0.5 % 73	
levothyroxine sodium CAPS 125 MCG	81	lisinopril TABS 40 MG	21	lovastatin TABS 10 MG, 20 MG ...	21
levothyroxine sodium CAPS 13 MCG,		lithium	28	lovastatin TABS 40 MG	21
		lithium carbonate CAPS 150 MG, 600 MG	28	loxapine succinate	29
		lithium carbonate CAPS 300 MG ..	28	lubiprostone	52

LUPRON DEPOT (1-MONTH) KIT IM	75	mercaptapurine TABS	24
.....	25	mesalamine CP24	53
LUPRON DEPOT-PED (1-MONTH)		mesalamine CPR	53
7.5 MG	51	mesalamine CPDR	53
lurasidone hcl	28	mesalamine ENEM	53
LYNPARZA TABS	26	mesalamine SUPP	53
LYSODREN	25	mesalamine TBEC 1.2 GM	53
mafenide acetate PACK	45	mesalamine TBEC 800 MG	53
malathion	48	mesna TABS	27
maraviroc TABS	30	MESNEX TABS	27
MAR-COF BP	40	metaxalone 800 MG	70
MAR-COF CG EXPECTORANT		metformin hcl SOLN	16
LIQD	40	metformin hcl TABS 500 MG, 850	
MARPLAN	15	MG, 1000 MG	16
MATULANE	27	metformin hcl TB24 500 MG, 750 MG	16
MAVYRET TABS	31		16
MAXIDEX SUSP OP	73	methadone hcl CONC	6
MAXI-TUSS PE MAX LIQD	40	methadone hcl SOLN PO	6
MAXX MISC	60	methadone hcl TABS	6
MAXX PLUS MISC	59	methadone hcl TBSO	6
MAYZENT STARTER PACK TBPk		methamphetamine hcl	1
0.25 MG	76	methazolamide TABS	49
MAYZENT STARTER PACK TBPk		methenamine hippurate	23
0.25 MG	77	methenamine mandelate	23
MAYZENT TABS 0.25 MG	77	methimazole TABS	80
MAYZENT TABS 1 MG	77	methocarbamol TABS 500 MG, 750	
MAYZENT TABS 2 MG	77	MG	70
meclizine hcl CHEW	19	methotrexate sodium SOLN 1	
meclizine hcl TABS 50 MG	19	GM/40ML, 50 MG/2ML, 250	
meclofenamate sodium CAPS	4	MG/10ML, 1000 MG/40ML	24
MEDROL TABS	39	methotrexate sodium TABS 2.5 MG	24
medroxyprogesterone acetate 10 MG			
medroxyprogesterone acetate 2.5	75		
MG, 5 MG	75		
mefenamic acid CAPS	4		
mefloquine hcl	24		
megestrol acetate (appetite)	75		
megestrol acetate SUSP	25		
megestrol acetate TABS	25		
MEKINIST SOLR	26		
MEKINIST TABS	26		
MEKTOVI	26		
meloxicam CAPS	4		
meloxicam TABS 15 MG	4		
meloxicam TABS 7.5 MG	4		
melphalan	24		
memantine hcl CP24	76		
memantine hcl SOLN	76		
memantine hcl TABS 10 MG	76		
memantine hcl TABS 5 MG	76		
memantine hcl TABS	76		
memantine hcl-donepezil hcl CP24	76		
M-END PE LIQD	40		
MENEST 2.5 MG	52		
MENOPUR SC	50		
MENOSTAR PTWK	52		
meperidine hcl SOLN PO 50			
MG/5ML	6		
meperidine hcl TABS 50 MG	6		
mercaptapurine SUSP 2000			
MG/100ML	24		

methoxsalen rapid	44	metoprolol succinate TB24	31	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	30
methscopolamine bromide	82	metoprolol tartrate TABS	31	mometasone furoate (nasal) SUSP 71	
methsuximide	14	metronidazole (topical) CREA	47	mometasone furoate CREA	46
methylidopa TABS	22	metronidazole (topical) GEL 0.75 % 47		mometasone furoate OINT	46
methylergonovine maleate TABS ..	75	metronidazole (topical) GEL 1 % ..	47	mometasone furoate SOLN	46
methylphenidate hcl CHEW	1	metronidazole (topical) LOTN	48	montelukast sodium CHEW	10
methylphenidate hcl CP24 60 MG ..	1	metronidazole CAPS	23	montelukast sodium PACK	10
methylphenidate hcl CP24	1	metronidazole TABS 250 MG, 500 MG	23	montelukast sodium TABS	10
methylphenidate hcl CPCR	1	metronidazole vaginal	83	morphine sulfate beads	6
methylphenidate hcl SOLN	1	metirosine	21	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6
methylphenidate hcl TABS 20 MG ..	1	mexiletine hcl	9	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	6
methylphenidate hcl TABS 5 MG, 10 MG	1	MG217 PSORIASIS MULTI- SYMPTOM OINT	47	morphine sulfate SUPP	6
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	MICROCHAMBER DEVI	64	morphine sulfate TABS	6
methylphenidate hcl TB24 36 MG ..	2	MICROCHAMBER MISC	64	morphine sulfate TBCR	6
methylphenidate hcl TBCR 10 MG ..	2	MICROSPACER MISC	64	MOVANTIK	53
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG	2	midazolam hcl SYRP	56	moxifloxacin hcl (ophth) SOLN OP 72	
methylphenidate hcl TBCR 54 MG ..	2	midodrine hcl	84	moxifloxacin hcl TABS	52
methylphenidate PTCH	2	mifepristone	51	MUCOTROL WAFR	67
methylprednisolone TABS	39	miglitol	16	MULPLETA	56
methylprednisolone TBPk	39	miglustat	55	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	68
methyltestosterone CAPS	8	minocycline hcl CAPS	80	MULTIVITAMIN/FLUORIDE SOLN 68	
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	52	minocycline hcl TABS	80	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	68
metoclopramide hcl TABS	52	minoxidil 2.5 MG, 10 MG	23	MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	68
metoclopramide hcl TBDP	52	mirtazapine TABS	14		
metolazone	49	mirtazapine TBDP	14		
METOPIRONE	48	misoprostol	83		
metoprolol & hydrochlorothiazide TABS	22	modafinil	2		
		moexipril hcl	21		

mupirocin OINT	43	NAYZILAM	12	niacin (antihyperlipidemic) TABS ..	21
MYALEPT	51	nebivolol hcl	31	niacin (antihyperlipidemic) TBCR ..	21
mycophenolate mofetil CAPS	67	NEBULIZER CUP/TUBING DEVI ..	64	nicardipine hcl CAPS	32
mycophenolate mofetil SUSR	67	NEBUSAL NEBU	41	NICOTINE KIT	79
mycophenolate mofetil TABS	67	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	69	nicotine polacrilex GUM	79
mycophenolate sodium	67	nefazodone hcl	15	nicotine polacrilex LOZG	79
MYLERAN TABS	24	neomycin sulfate TABS	2	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	79
MYTESI	18	neomycin-bacitracin zn-polymyxin ..	72	NICOTROL INHA	79
nabumetone 500 MG	4	neomycin-polymy-dexameth OINT ..	73	NICOTROL NS SOLN	79
nabumetone 750 MG	4	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	73	nifedipine CAPS	32
nadolol TABS 20 MG, 40 MG, 80 MG	31	neomycin-polymyxin-gramicidin ..	72	nifedipine TB24	32
naftifine hcl CREA	43	neomycin-polymyxin-hc (ophth) ..	73	nilotinib hcl 50 MG, 150 MG, 200 MG	27
naftifine hcl GEL 2 %	43	neomycin-polymyxin-hc (otic) SOLN .	74	nilutamide	25
NALFON TABS 600 MG	4	neomycin-polymyxin-hc (otic) SUSP .	74	nimodipine CAPS	32
naloxone hcl LIQD	18	NEONATAL + DHA MISC	69	nimodipine SOLN	32
naloxone hcl SOSY 2 MG/2ML	18	NEOTUSS PLUS LIQD	40	NINJACOF-XG LIQD	40
naltrexone hcl	18	NERLYNX	26	NINLARO	27
NAMZARIC C4PK	76	NESTABS	69	nisoldipine	32
NAMZARIC CP24 7 MG-10 MG ...	76	NESTABS DHA	69	nitazoxanide TABS	23
naproxen sodium TABS 275 MG, 550 MG	4	NEUPRO	28	nitisinone CAPS	51
naproxen SUSP	4	NEVANAC	74	NITRO-BID OINT	9
naproxen TABS	4	nevirapine SUSP	30	NITRO-DUR PT24	9
naratriptan hcl	65	nevirapine TABS	30	nitrofurantoin	23
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG ..	69	nevirapine TB24 400 MG	30	nitrofurantoin macrocrystal	23
NATACYN	72	NEXTSTELLIS	38	nitrofurantoin monohyd macro	23
NATAZIA	38			nitroglycerin (intra-anal)	8
nateglinide	18			nitroglycerin PT24	9
				nitroglycerin SOLN TL 0.4 MG/SPRAY	9

nitroglycerin SUBL	9	NUCALA SOAJ	10	octreotide acetate SOLN	51
NIVA THYROID TABS	81	NUCALA SOLR	10	octreotide acetate SOSY	51
nizatidine CAPS	82	NUCALA SOSY 100 MG/ML	10	ODEFSEY	30
NORDITROPIN FLEXPPO SOPN	50	NUCALA SOSY 40 MG/0.4ML	10	ODOMZO	25
norelgestromin-ethinyl estradiol ...	38	NUEDEXTA	77	OFEV	80
norethin acet & estrad-fe CAPS ...	38	NUPLAZID CAPS	28	ofloxacin (ophth)	72
norethin acet & estrad-fe CHEW ...	38	NUPLAZID TABS 10 MG	28	ofloxacin (otic)	74
norethin acet & estrad-fe TABS 1		NUVESSA	83	ofloxacin 300 MG	52
MG-20 MCG-75 MG, 1.5 MG-30		NUWIQ KIT	55	ofloxacin 400 MG	52
MCG-75 MG	38	NUWIQ SOLR 250 UNIT, 500 UNIT,		olanzapine TABS 15 MG, 20 MG ..	29
norethindrone & ethinyl estradiol-fe		1000 UNIT, 1500 UNIT, 2500 UNIT,		olanzapine TABS 2.5 MG, 5 MG, 7.5	
38		3000 UNIT, 4000 UNIT	55	MG, 10 MG	29
norethindrone (contraceptive)	39	nystatin (mouth-throat)	67	olanzapine TBDP	29
norethindrone acet & eth estra TABS		nystatin (topical) CREA	43	olanzapine-fluoxetine hcl	76
38		nystatin (topical) OINT	43	olmesartan medoxomil 40 MG	21
norethindrone acetate TABS	75	nystatin (topical) POWD EX	43	olmesartan medoxomil 5 MG, 20 MG	
norethindrone acetate-ethinyl		nystatin TABS	19	21	
estradiol	52	nystatin-triamcinolone CREA	43	olmesartan medoxomil-amlodipine-	
norethindrone acetate-ethinyl		nystatin-triamcinolone OINT	43	hydrochlorothiazide	22
estradiol-fe	38	NYVEPRIA	56	olmesartan medoxomil-	
norgestimate-ethinyl estradiol		OB COMPLETE ONE	69	hydrochlorothiazide 12.5 MG-20 MG .	
(triphasic)	38	OB COMPLETE PETITE	69	22	
norgestimate-ethinyl estradiol ...	38	OB COMPLETE PREMIER	69	olmesartan medoxomil-	
NORPACE CR CP12	9	OB COMPLETE/DHA	69	hydrochlorothiazide 12.5 MG-40 MG,	
nortriptyline hcl CAPS	16	OBIZUR	55	25 MG-40 MG	22
nortriptyline hcl SOLN	16	OBSTETRIX DHA MISC	69	olopatadine hcl (nasal)	70
NORVIR PACK	30	OBTREX DHA MISC 120 MG-1 MG-		olopatadine hcl 0.1 %	74
NOVAREL IM	50	3 MG-20 MG-40 MG-10 MCG-12		olopatadine hcl 0.2 %	74
NOVOEIGHT	55	MCG-3.4 MG-8.1 MG-350 MG-30		OMBRA TABLE TOP	
NOVOSEVEN RT	55	MG-25 MG-65 MCG-810 MCG-29		COMPRESSOR DEVI	64
NP THYROID TABS	81	MG	69	omega-3-acid ethyl esters	20
NUBEQA	25	OCALIVA	52	omeprazole CPDR 20 MG, 40 MG	82
				omeprazole magnesium CPDR ...	82

OMNIFLEX DIAPHRAGM	60	ORENITRAM MONTH 1 TEPK	33	oxiconazole nitrate CREA	43
ondansetron hcl SOLN PO 4 MG/5ML	19	ORENITRAM MONTH 2 TEPK	33	OXISTAT LOTN	43
ondansetron hcl TABS 4 MG, 8 MG 19		ORENITRAM MONTH 3 TEPK	33	oxybutynin chloride TABS 5 MG ...	83
ondansetron TBDP 4 MG, 8 MG ...	19	ORENITRAM TBCR	33	oxybutynin chloride TB24	83
ONE FLOW SPIROMETER DEVI .	64	ORFADIN SUSP	51	oxycodone hcl CAPS	6
ONETOUCH ULTRA 2 KIT	61	ORIAHNN	52	oxycodone hcl CONC 100 MG/5ML	6
ONETOUCH ULTRA BLUE TEST STRP	48	ORKAMBI PACK	80	oxycodone hcl SOLN	6
ONETOUCH ULTRA STRP	48	ORKAMBI TABS	80	oxycodone hcl TABS 30 MG	6
ONETOUCH ULTRA TEST STRP .	48	orlistat	1	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	6
ONETOUCH VERIO FLEX SYSTEM KIT	61	orphenadrine citrate TB12	70	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...	7
ONETOUCH VERIO REFLECT KIT 61		oseltamivir phosphate CAPS	31	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	7
ONETOUCH VERIO STRP	48	oseltamivir phosphate SUSR	31	oxycodone w/ acetaminophen TABS 325 MG-5 MG	7
ONUREG TABS	24	OSPHENA	50	OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	7
OPILL	39	OTEZLA TABS	4	oxymorphone hcl TABS 10 MG	6
OPSUMIT	33	OTEZLA TBPk	4	oxymorphone hcl TABS 5 MG	6
OPTICHAMBER DIAMOND DEVI .	64	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	oxymorphone hcl TB12	6
OPTICHAMBER DIAMOND MISC .	64	OVIDREL SOSY	50	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	17
OPTICHAMBER DIAMOND-LG MASK DEVI	64	oxaprozin TABS	4	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	17
OPTICHAMBER DIAMOND-MD MASK MISC	64	OXAYDO TABS 5 MG	6	OZEMPIC (2 MG/DOSE) SOPN ...	17
OPTICHAMBER DIAMOND-SM MASK MISC	64	oxazepam CAPS 10 MG, 15 MG ...	9	paliperidone	28
OPTIONS GYNOL II CONTRACEPTIVE GEL	83	oxazepam CAPS 30 MG	9	PALYNZIQ	51
ORACIT	54	oxcarbazepine SUSP	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,	
ORAL CITRATE	54	oxcarbazepine TABS 150 MG	13		
ORAVIG	67	oxcarbazepine TABS 300 MG	13		
		oxcarbazepine TABS 600 MG	13		
		oxcarbazepine TB24 150 MG, 300 MG	14		
		oxcarbazepine TB24 600 MG	13		

83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT	49	penicillamine TABS	66	PHEXXI	83
PANRETIN	44	penicillin v potassium SOLR	75	phytonadione TABS 5 MG	84
pantoprazole sodium PACK	82	penicillin v potassium TABS	75	PIFELTRO	30
pantoprazole sodium TBEC	83	pentamidine isethionate IN	23	pilocarpine hcl (oral) 5 MG	67
PARI MANUAL INTERRUPTER DEVI	64	PENTASA CPCR 250 MG	53	pilocarpine hcl (oral) 7.5 MG	67
PARI TREK S COMBO PACK DEVI . 64		PENTASA CPCR 500 MG	53	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 72	
paricalcitol CAPS 1 MCG, 2 MCG .51		pentazocine w/ naloxone hcl	8	pimecrolimus	47
paricalcitol CAPS 4 MCG	51	pentoxifylline	55	pimozide	77
paroxetine hcl SUSP	15	perampanel TABS 2 MG	12	pindolol TABS	31
paroxetine hcl TABS	15	perampanel TABS 4 MG	12	pioglitazone hcl 15 MG	18
paroxetine hcl TB24	15	perampanel TABS 6 MG	12	pioglitazone hcl 30 MG, 45 MG	18
PATADAY 0.7 %	74	perampanel TABS 8 MG, 10 MG, 12 MG	12	pioglitazone hcl-glimepiride	16
PAXLOVID (150/100)	30	perindopril erbumine	21	pioglitazone hcl-metformin hcl TABS . 16	
PAXLOVID (300/100)	30	permethrin CREA	48	PIQRAY (200 MG DAILY DOSE) .27	
pazopanib hcl	27	perphenazine TABS	29	PIQRAY (250 MG DAILY DOSE) .27	
ped multivitamins w/fl & iron SOLN 68		perphenazine-amitriptyline	76	PIQRAY (300 MG DAILY DOSE) .27	
pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG	68	phenelzine sulfate	15	pirfenidone CAPS	80
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	57	phenobarbital ELIX	56	pirfenidone TABS	80
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 57		phenobarbital TABS	56	piroxicam CAPS 10 MG	4
peg 3350-potassium chloride-sod bicarbonate-sod chloride	57	phenoxybenzamine hcl	21	piroxicam CAPS 20 MG	4
PEGASYS SOLN	31	phentermine hcl CAPS	1	PLEGRIDY SOAJ	77
PEG-PREP	57	phentermine hcl-topiramate	1	PLEGRIDY SOSY IM	77
penicillamine CAPS	66	phenylephrine hcl (mydriatic) SOLN 10 %	72	PLEGRIDY STARTER PACK SOAJ . 77	
		phenylephrine hcl (mydriatic) SOLN 2.5 %	72	PLEGRIDY STARTER PACK SOSY SC	77
		phenytoin CHEW	14	PNV 27-CA/FE/FA TABS	69
		phenytoin sodium extended 100 MG, 200 MG, 300 MG	14	PNV-DHA+DOCUSATE	69
		phenytoin SUSP	14	PNV-OMEGA	69

POCKET CHAMBER DEVI64	41	prednisolone sodium phosphate TBDP39
POCKET SPACER DEVI64	POVIDONE-IODINE72	PREDNISOLONE-MOXIFLOXACIN SOLN73
PODOCON-25 SOLN47	PRALUENT SOAJ21	PREDNISONE INTENSOL CONC 39
podofilox GEL47	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG28	prednisone SOLN39
podofilox SOLN47	pramipexole dihydrochloride TABS 1 MG28	prednisone TABS39
POLY HUB NEEDLE62	pramipexole dihydrochloride TABS 1 MG28	prednisone TBPk39
polyethylene glycol 3350 POWD .. 57	pramipexole dihydrochloride TABS 1.5 MG28	pregabalin CAPS 225 MG, 300 MG 14
polymyxin b-trimethoprim 72	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG28	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 14
POLY-VI-FLOR CHEW 0.5 MG, 1 MG68	pramipexole dihydrochloride TB24 3 MG28	pregabalin SOLN14
POLY-VI-FLOR SUSP68	PRAMOSONE LOTN46	PREGNYL IM50
POLY-VI-FLOR/IRON CHEW68	PRAMOSONE OINT 1 %-1 %46	PREMARIN84
POLY-VI-FLOR/IRON SUSP68	PRAMOSONE OINT 2.5 %-1 % ...47	PREMARIN TABS52
POMALYST25	prasugrel hcl55	PREMESISRX69
posaconazole SUSP19	pravastatin sodium 10 MG, 20 MG, 80 MG21	PREMPHASE52
posaconazole TBEC19	pravastatin sodium 40 MG21	PREMPRO52
pot & sod citrates w/citric ac SOLN 54	praziquantel8	PRENA 1 TRUE69
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..66	prazosin hcl CAPS22	PRENA1 PEARL69
potassium chloride CPCR66	PRECISION XTRA BLOOD GLUCOSE STRP48	PRENAISSANCE69
potassium chloride microencapsulated crystals er66	PRECISION XTRA KETONE48	PRENAISSANCE PLUS CAPS69
potassium chloride PACK PO 20 MEQ66	PRED MILD73	PRENATAL 19 CHEW69
potassium chloride SOLN PO 10 %, 20 %, 10 %66	PREDNISOLONE SODIUM PHOSPHATE73	PRENATAL 19 TABS69
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ66	prednisolone sodium phosphate SOLN 25 MG/5ML39	PRENATAL+DHA MISC69
potassium citrate (alkalinizer) TBCR . 54	prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML39	PRENATAL-U CAPS69
potassium citrate-citric acid SOLN .54		PRENATE69
potassium iodide (expectorant) SOLN		PRENATE AM69
		PRENATE ENHANCE69
		PREPIDIL GEL75

PREZCOBIX	30	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	20	PULMICORT FLEXHALER AEPB 90 MCG/ACT	10
PREZISTA SUSP	30	promethazine hcl SUPP 12.5 MG, 25 MG	20	PULMOZYME	80
PREZISTA TABS 75 MG, 150 MG	30	promethazine hcl TABS 12.5 MG ..	20	PURE COMFORT 3-BALL BREATHE EX DEVI	64
PRIFTIN	24	promethazine hcl TABS 25 MG ...	20	PURE COMFORT SPACER CHAMBER DEVI	64
PRILOSEC PACK	83	promethazine hcl TABS 50 MG ...	20	pyrazinamide	24
primaquine phosphate TABS	24	promethazine w/codeine SOLN ...	40	pyridostigmine bromide SOLN PO	24
primidone 50 MG, 250 MG	14	promethazine w/codeine SYRP ...	40	pyridostigmine bromide TABS 60 MG	24
PRO COMFORT SPACER ADULT MISC	64	promethazine-dm SYRP	40	pyridostigmine bromide TBCR	24
PRO COMFORT SPACER CHILD MISC	64	propafenone hcl CP12	9	QBRELIS SOLN	21
PRO COMFORT SPACER INFANT DEVI	64	propafenone hcl TABS 150 MG	9	QINLOCK	27
PROAIR RESPICLICK AEPB	11	propafenone hcl TABS 225 MG, 300 MG	9	QUAKE DEVI	64
probenecid	54	proparacaine hcl	73	quazepam	56
PROCARE SPACER/ADULT MASK DEVI	64	propranolol hcl CP24	31	quetiapine fumarate TABS 200 MG 29	
PROCARE SPACER/CHILD MASK DEVI	64	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	31	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	29
PROCHAMBER VHC DEVI	64	propranolol hcl TABS	31	quetiapine fumarate TABS 300 MG, 400 MG	29
prochlorperazine	29	propylthiouracil	80	quetiapine fumarate TB24	29
prochlorperazine maleate TABS ...	29	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	40	QUFLORA FE PEDIATRIC LIQD ..	68
PROCTOFOAM HC FOAM EX	8	protriptyline hcl	16	QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	68
PROCYSBI CPDR	54	PROVIDA OB	69	QUFLORA PEDIATRIC SOLN	68
PROCYSBI PACK	54	PSE-DEXCHLORPHEN- CHLOPHEDIANOL	40	QUILLICHEW ER CHER 20 MG, 40 MG	2
PROFILNINE	55	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 40		QUILLICHEW ER CHER 30 MG	2
progesterone CAPS	75	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	40	QUILLIVANT XR SRER	2
PROGRAF PACK	67	PULMICORT FLEXHALER AEPB 180 MCG/ACT	10	quinapril hcl	21
PROLATE TABS	7			quinapril-hydrochlorothiazide 12.5	
PROLIA SOSY	50				
promethazine & phenylephrine SYRP	40				

MG-10 MG, 12.5 MG-20 MG 22	REBIF REBIDOSE TITRATION PACK SOAJ77	risedronate sodium TABS 150 MG 50
quinapril-hydrochlorothiazide 25 MG- 20 MG22	REBIF SOSY77	risedronate sodium TABS 35 MG . 50
quinidine gluconate TBCR 9	REBIF TITRATION PACK SOSY ..77	risedronate sodium TABS 5 MG, 30 MG 50
quinidine sulfate TABS9	REBINYN55	risperidone SOLN28
quinine sulfate CAPS 324 MG24	RECOMBINATE SOLR 55	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG28
QVAR REDHALER 80 MCG/ACT .10	RELENZA DISKHALER31	risperidone TABS 3 MG 28
RABEPRAZOLE SODIUM CPSP .83	RELION INSULIN SYRINGE62	risperidone TBDP28
rabeprazole sodium TBEC83	RELION KETONE TEST STRP ... 48	RITEFLO DEVI64
RADICAVA ORS STARTER KIT SUSP71	RELNATE DHA CAPS69	ritonavir TABS30
RADICAVA ORS SUSP71	RELYVRIO 71	rivaroxaban SUSR 1 MG/ML 11
raloxifene hcl 50	RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 81	rivaroxaban TABS 2.5 MG11
ramelteon57	repaglinide18	rivastigmine76
ramipril CAPS21	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML56	rivastigmine tartrate CAPS76
ranolazine TB12 1000 MG8	RETACRIT 20000 UNIT/ML 56	RIXUBIS SOLR55
ranolazine TB12 500 MG8	RETEVMO CAPS27	rizatriptan benzoate TABS65
RAPIDGO FLU A/B COVID-19 HOME48	REVLIMID66	rizatriptan benzoate TBDP65
rasagiline mesylate28	REXULTI 29	roflumilast10
RASUVO SOAJ 20 MG/0.4ML2	REYATAZ PACK30	ropinirole hydrochloride TABS28
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/0.6ML2	RHOFADE48	ropinirole hydrochloride TB24 12 MG 28
REALITY LATEX CONDOMS MISC . 60	RIASTAP55	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG28
REALITY LATEX/ULTRA TEXTURED DEVI60	RIDAURA3	rosuvastatin calcium TABS21
REALITY LATEX/ULTRA THIN DEVI 60	rifabutin24	ROZLYTREK CAPS 27
REBIF REBIDOSE SOAJ77	rifampin CAPS 24	ROZLYTREK PACK 27
	riluzole TABS71	RUBRACA27
	rimantadine hydrochloride TABS ..31	rufinamide SUSP14
	RINVOQ LQ SOLN2	rufinamide TABS 200 MG14
	RINVOQ TB24 2	rufinamide TABS 400 MG14

RUKOBIA	30	selegiline hcl CAPS	28	simvastatin TABS	21
RYBELSUS TABS	17	selegiline hcl TABS	28	sirolimus SOLN	67
RYDAPT	27	selenium sulfide LOTN 2.5 %	44	sirolimus TABS	67
RYDEX	41	SELZENTRY SOLN	30	SITAVIG TABS BU	31
RYTARY CPCR	28	SE-NATAL 19 CHEW	69	SIVEXTRO TABS	23
sacubitril-valsartan TABS	32	SE-NATAL 19 TABS	69	SKYRIZI PEN SOAJ	44
SALICYLIC ACID OINT	47	SEREVENT DISKUS	11	SKYRIZI SOCT	53
salicylic acid SHAM 6 %	47	SEROSTIM SC 4 MG, 5 MG, 6 MG 50		SKYRIZI SOSY	44
salicylic acid SOLN 26 %	47	sertraline hcl CAPS 150 MG, 200 MG	15	SLYND	39
SALIMEZ CREA	47	sertraline hcl CONC	15	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	41
salsalate	5	sertraline hcl TABS	15	sodium fluoride (dental) SOLN 0.2 % 67	
SALYCIM CREA	47	sevelamer carbonate PACK 0.8 GM . 53		sodium fluoride CHEW 0.25 MG, 0.5 MG	65
SANCUSO PTCH	19	sevelamer carbonate PACK 2.4 GM . 53		sodium fluoride CHEW 1 MG	65
SANDIMMUNE SOLN PO 100 MG/ML	67	sevelamer carbonate TABS	53	sodium fluoride SOLN 0.5 MG/ML .	66
SANTYL OINT	47	sevelamer hcl 400 MG	53	sodium fluoride TABS	66
sapropterin dihydrochloride PACK .	51	sevelamer hcl 800 MG	53	SODIUM OXYBATE SOLN	75
sapropterin dihydrochloride TABS .	51	SEVENFACT	55	sodium phenylbutyrate POWD	51
SAVELLA TABS	76	SFROWASA ENEM	53	sodium phenylbutyrate TABS	51
SAVELLA TITRATION PACK MISC 76		SIGNIFOR	51	sodium polystyrene sulfonate POWD 67	
saxagliptin hcl	17	SIKLOS TABS	55	SODIUM SULFACETAMIDE- BAKUCHIOL LIQD	44
saxagliptin-metformin hcl	16	sildenafil citrate (pulmonary hypertension) SUSR	33	sodium sulfate-potassium sulfate- magnesium sulfate	57
scopolamine	19	sildenafil citrate (pulmonary hypertension) TABS	33	solifenacin succinate TABS 10 MG 83	
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	69	sildenafil citrate	33	solifenacin succinate TABS 5 MG .	83
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	69	silodosin 4 MG	54	SOLTAMOX SOLN	25
SELECT-OB+DHA MISC	69	silodosin 8 MG	54	SOLUVITA ACD WITH FLUORIDE SOLN	68
		silver sulfadiazine	45		

SOLUVITA SOLN	66	sulconazole nitrate CREA	43	sumatriptan succinate SOCT	65
SOLUVITA WITH FLUORIDE SOLN .	68	sulconazole nitrate SOLN	43	sumatriptan succinate SOLN 6	
SOMAVERT	50	sulfacetamide sodium (acne)	42	MG/0.5ML	65
sorafenib tosylate	27	sulfacetamide sodium (ophth) OINT		sumatriptan succinate TABS	65
SORILUX FOAM	44	72		sunitinib malate 12.5 MG, 37.5 MG,	
sotalol hcl (afib/af)	31	sulfacetamide sodium (ophth) SOLN .	72	50 MG	27
sotalol hcl TABS	31	sulfacetamide sodium LIQD	45	sunitinib malate 25 MG	27
SPEEDY SWAB COVID-19/FLU		sulfacetamide sodium w/ sulfur		SUPRAX CHEW	34
HOME	48	CREA 9.8 %-4.8 %	42	SUPRAX SUSR 500 MG/5ML	34
spinosad	48	sulfacetamide sodium w/ sulfur LIQD		SYMDEKO	80
SPIRIVA RESPIMAT AERS 1.25		9.8 %-4.8 %	42	SYMTUZA	30
MCG/ACT	10	sulfacetamide sodium w/ sulfur LOTN		SYNAREL	51
SPIRIVA RESPIMAT AERS 2.5		10 %-5 %	42	SYNJARDY TABS	16
MCG/ACT	10	sulfacetamide sodium w/ sulfur LOTN		SYNJARDY XR TB24 1000 MG-10	
SPIRO PD DEVI	64	9.8 %-4.8 %	42	MG, 1000 MG-25 MG	16
spironolactone & hydrochlorothiazide		sulfacetamide sod-prednisolone		SYNJARDY XR TB24 1000 MG-12.5	
.....	49	SOLN	73	MG, 1000 MG-5 MG	16
spironolactone TABS	49	SULFACETAMIDE-SULFUR IN		SYNTHROID TABS 112 MCG, 125	
SPRAVATO (56 MG DOSE)	15	UREA EMUL	42	MCG, 175 MCG, 200 MCG	
SPRAVATO (84 MG DOSE)	15	sulfadiazine TABS	80	(levothyroxine sodium)	81
SPRITAM TB3D	14	sulfamethoxazole-trimethoprim SUSP		SYNTHROID TABS 25 MCG, 50	
STELARA SOLN 45 MG/0.5ML ...	44		23	MCG, 75 MCG, 88 MCG, 100 MCG,	
STELARA SOSY 45 MG/0.5ML ...	44	sulfamethoxazole-trimethoprim TABS		137 MCG, 150 MCG, 300 MCG	
STELARA SOSY 90 MG/ML	44		23	(levothyroxine sodium)	81
STIOLTO RESPIMAT	11	SULFAMYLON CREA	45	TABLOID	24
STIVARGA	27	sulfasalazine TABS	53	TABRECTA	27
STRENSIQ	51	sulfasalazine TBEC	53	tacrolimus (topical) OINT 0.03 % ..	47
STRIBILD	30	sulindac TABS 150 MG	4	tacrolimus (topical) OINT 0.1 % ...	47
STRIVERDI RESPIMAT	11	sulindac TABS 200 MG	4	tacrolimus CAPS	67
sucralfate SUSP	82	sumatriptan 20 MG/ACT	65	tadalafil (pulmonary hypertension)	
sucralfate TABS	82	sumatriptan 5 MG/ACT	65	TABS	33
		sumatriptan succinate SOAJ	65	tadalafil 2.5 MG	33
				tadalafil 5 MG, 10 MG, 20 MG	33

TAFINLAR CAPS	27	teriflunomide	77	ticagrelor 60 MG, 90 MG	55
TAFINLAR TBSO	27	teriparatide SOPN	50	timolol	71
tafluprost	74	testosterone cypionate SOLN IM ...	8	timolol maleate (ophth) SOLG	71
TAGRISSO	25	testosterone enanthate SOLN IM ...	8	timolol maleate (ophth) SOLN	71
TALZENNA	27	testosterone GEL TD 1 %, 50		timolol maleate (ophth) SOLN	72
tamoxifen citrate TABS	25	MG/5GM	8	timolol maleate TABS 10 MG	31
tamsulosin hcl	54	testosterone GEL TD 1 %	8	timolol maleate TABS 5 MG, 20 MG .	32
TAVALISSE	55	testosterone GEL TD 1.62 %, 20.25		tinidazole	23
tazarotene CREA	44	MG/1.25GM, 25 MG/2.5GM, 40.5		tiopronin TABS	54
TAZAROTENE FOAM	42	MG/2.5GM, 1.62 %	8	tiopronin TBEC	54
tazarotene GEL	44	testosterone GEL TD 10 MG/ACT ..	8	tiotropium bromide monohydrate	
TAZVERIK	27	tetrabenazine	76	CAPS	10
TECHLITE INSULIN SYRINGE ...	62	tetracaine hcl (ophth)	73	TIROSINT CAPS 37.5 MCG, 44	
TEGSEDI	79	tetracycline hcl CAPS	80	MCG, 62.5 MCG	81
telmisartan 20 MG, 40 MG	21	THALITONE	49	TIVICAY TABS	30
telmisartan 80 MG	21	THALOMID	66	tizanidine hcl CAPS	70
telmisartan-amlodipine	22	THEO-24 CP24	11	tizanidine hcl TABS 2 MG	70
telmisartan-hydrochlorothiazide ...	22	theophylline ELIX	11	tizanidine hcl TABS 4 MG	70
temazepam 15 MG	56	theophylline SOLN	11	TOBI PODHALER CAPS	2
temazepam 22.5 MG, 30 MG	57	theophylline TB12 300 MG	11	TOBRADEX OINT	73
temazepam 7.5 MG	56	theophylline TB12 450 MG	11	TOBRADEX ST SUSP	73
temozolomide CAPS	24	theophylline TB24	11	tobramycin (ophth) SOLN	72
tenofovir disoproxil fumarate TABS		thioridazine hcl 10 MG, 25 MG, 100		tobramycin NEBU	2
30		MG	29	tobramycin-dexamethasone SUSP	
terazosin hcl 1 MG, 2 MG, 5 MG ..	22	thioridazine hcl 50 MG	29	73	
terazosin hcl 10 MG	22	thiothixene	29	TOBREX OINT	73
terbinafine hcl TABS	19	THRESHOLD PEP DEVI	64	TODAY SPONGE MISC	83
terbutaline sulfate TABS	11	THRIVITE RX TABS	69	tolcapone	27
terconazole vaginal CREA	83	THYROID TABS 15 MG, 30 MG, 60		tolmetin sodium CAPS	4
terconazole vaginal SUPP	83	MG, 90 MG, 120 MG	81	tolmetin sodium TABS 600 MG	4
		tiagabine hcl	14		
		TIBSOVO	27		

tolterodine tartrate CP24	83	tranexamic acid TABS	56	AERS	47
tolterodine tartrate TABS	83	tranylcypromine sulfate	15	triamcinolone acetonide (topical) CREA	47
tolvaptan TBPK 15 MG	51	travoprost SOLN	74	triamcinolone acetonide (topical) LOTN	47
topiramate CP24 200 MG	14	trazodone hcl TABS	15	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	47
topiramate CP24 25 MG, 50 MG, 100 MG	14	TRELEGY ELLIPTA	11	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	49
topiramate CPSP 15 MG, 25 MG ..	14	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	53	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	49
topiramate CS24 100 MG, 150 MG, 200 MG	14	TREMFYA ONE-PRESS SOAJ 100 MG/ML	44	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	49
topiramate CS24 25 MG, 50 MG ..	14	TREMFYA PEN SOAJ 100 MG/ML 44		triamterene CAPS	49
topiramate TABS 100 MG	14	TREMFYA PEN SOAJ SC 200 MG/2ML	53	triazolam 0.125 MG	57
topiramate TABS 200 MG	14	TREMFYA SOSY 100 MG/ML	44	triazolam 0.25 MG	57
topiramate TABS 25 MG	14	TREMFYA SOSY SC 200 MG/2ML 53		trientine hcl 250 MG	66
topiramate TABS 50 MG	14	TRESIBA FLEXTOUCH SOPN	18	trientine hcl 500 MG	66
toremifene citrate	25	TRESIBA SOLN	18	trifluoperazine hcl TABS	29
torsemide TABS 100 MG	49	tretinoin (chemotherapy)	27	trifluridine	73
torsemide TABS 5 MG, 10 MG, 20 MG	49	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	42	trihexyphenidyl hcl SOLN	27
TOUJEO MAX SOLOSTAR SOPN 18		tretinoin GEL 0.01 %, 0.025 %	42	trihexyphenidyl hcl TABS	27
TOUJEO SOLOSTAR SOPN	18	tretinoin GEL 0.05 %	42	TRIJARDY XR	16
TPOXX (TECOVIRIMAT CAP 200 MG)	31	tretinoin microsphere 0.04 %, 0.1 % 42		TRIKAFTA TBPK 100 MG-50 MG ..	80
TPOXX CAPS	31	tretinoin microsphere 0.08 %	42	TRIKAFTA TBPK 50 MG-25 MG ..	80
tramadol hcl TABS 100 MG	6	TRETEN	55	TRIKAFTA THPK	80
tramadol hcl TABS 50 MG	6	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24	trimethobenzamide hcl CAPS	19
tramadol hcl TB24 100 MG	6	triamcinolone acetonide (mouth) ..	67	trimethoprim TABS	23
tramadol hcl TB24 200 MG	6	triamcinolone acetonide (nasal) AERO	71	trimipramine maleate CAPS	16
tramadol hcl TB24 300 MG	6	triamcinolone acetonide (topical)		TRINATAL RX 1 TABS	69
tramadol-acetaminophen	7			TRINTELLIX	15
trandolapril	21			TRIUMEQ PD TBSO	30
trandolapril-verapamil hcl	22				

TRIUMEQ TABS	30	TRUSTEX NATURAL CONDOMS + LUBE MISC	60	UDENYCA SOAJ	56
TRI-VI-FLOR SUSP 0.25 MG/ML ..	68	TRUSTEX NON-LUBRICATED MISC	60	UDENYCA SOSY	56
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	68	TRUSTEX RIA LUB/SPERMICIDE MISC	60	ULTRAVATE LOTN	47
TROJAN ENZ MISC	60	TRUSTEX RIA LUBRICATED MISC .	60	umeclidinium-vilanterol	11
TROJAN MAGNUM MISC	60	60		UPTRAVI TABS 200 MCG	33
TROJAN ULTRA THIN/SPERMICIDAL MISC	60	TRUSTEX RIA NON-LUBRICATED MISC	60	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	33
TROJAN-ENZ LUBRICATED MISC 60		TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	61	UPTRAVI TITRATION TBPK	33
TROJAN-ENZ/SPERMICIDAL MISC .	60	TUKYSA	25	ursodiol CAPS	52
tropicamide SOLN	72	TURALIO 125 MG	27	ursodiol TABS	52
trospium chloride CP24	83	TUSNEL C SYRP	41	valacyclovir hcl 1 GM	31
trospium chloride TABS	83	TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML ..	41	valacyclovir hcl 500 MG	31
TRUE COVER DEVI	60	TUSNEL TABS	41	VALCHLOR	44
TRULICITY	17	TWIRLA	38	valganciclovir hcl SOLR	30
TRUSTEX COLOR CONDOMS + LUBE MISC	60	TYBLUME CHEW	38	valganciclovir hcl TABS	31
TRUSTEX LUB/RIBBED/STUDDED MISC	60	TYBOST	30	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	14
TRUSTEX LUB/SPERMICIDE EX ST MISC	60	TYMLOS	50	valproic acid CAPS	14
TRUSTEX LUB/SPERMICIDE XL MISC	60	TYVASO DPI INSTITUTIONAL KIT POWD	33	valsartan TABS 160 MG	21
TRUSTEX LUBRICATED EX LARGE MISC	60	TYVASO DPI MAINTENANCE KIT POWD	33	valsartan TABS 40 MG, 80 MG, 320 MG	22
TRUSTEX LUBRICATED EXTRA ST MISC	60	TYVASO DPI TITRATION KIT POWD	33	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	22
TRUSTEX LUBRICATED MISC ...	60	TYVASO REFILL KIT SOLN IN ...	33	valsartan-hydrochlorothiazide 25 MG-160 MG	22
TRUSTEX LUBRICATED/SPERMICIDE MISC 60		TYVASO SOLN IN	33	VANACOF	41
		TYVASO STARTER KIT SOLN IN	33	vancomycin hcl CAPS	23
		UBRELVY	65	VANDAZOLE	83
		UDENYCA ONBODY SOSY	56	varenicline tartrate TABS	79
				varenicline tartrate TBPK	79

VARUBI (180 MG DOSE) TBPK ...19	VEREGEN42	VIZIMPRO25
VASCEPA (icosapent ethyl)20	VERSACLOZ SUSP29	VONVENDI55
VCF VAGINAL CONTRACEPTIVE FILM83	VERSAPAP DEVI64	voriconazole SUSR19
VCF VAGINAL CONTRACEPTIVE FOAM83	VERSAPAP W/UNIVERSAL TUBING DEVI64	voriconazole TABS19
VCF VAGINAL CONTRACEPTIVE GEL83	VERZENIO27	VORTEX HOLD CHMBR/MASK/CHILD DEVI64
VECAMYL23	VIBERZI53	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..64
VEMLIDY31	vigabatrin PACK14	VORTEX VALVE CHAMBER-PEDI MASK DEVI64
VENCLEXTA STARTING PACK TBPK25	vigabatrin TABS14	VORTEX VALVED HOLDING CHAMBER DEVI65
VENCLEXTA TABS 10 MG25	VIIBRYD STARTER PACK KIT15	VOSEVI31
VENCLEXTA TABS 100 MG25	vilazodone hcl TABS 10 MG, 40 MG . 15	VOTRIENT27
VENCLEXTA TABS 50 MG25	vilazodone hcl TABS 20 MG15	VRAYLAR CAPS28
venlafaxine hcl CP24 150 MG15	VINATE DHA RF70	VRAYLAR CPPK28
venlafaxine hcl CP24 37.5 MG, 75 MG15	VINATE ONE TABS70	VYNDAMAX34
venlafaxine hcl TABS15	VIRACEPT TABS30	VYNDAQEL34
venlafaxine hcl TB24 225 MG16	VIREAD POWD30	warfarin sodium TABS11
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG16	VIREAD TABS 150 MG, 200 MG, 250 MG30	WESCAP-C DHA70
VENTAVIS IN33	VISTOGARD18	WESNATE DHA CAPS70
verapamil hcl CP24 100 MG, 200 MG, 300 MG32	VITAFOL GUMMIES70	WIDE-SEAL DIAPHRAGM 6061
verapamil hcl CP24 120 MG, 240 MG32	VITAFOL-NANO70	WIDE-SEAL DIAPHRAGM 6561
verapamil hcl CP24 180 MG32	VITAFOL-ONE CAPS70	WIDE-SEAL DIAPHRAGM 7061
verapamil hcl CP24 360 MG32	VITAMEDMD ONE RX/QUATREFOLIC70	WIDE-SEAL DIAPHRAGM 7561
verapamil hcl TABS32	VITAMINS ACD-FLUORIDE SOLN 68	WIDE-SEAL DIAPHRAGM 8061
verapamil hcl TBCR 120 MG32	VITAPEARL70	WIDE-SEAL DIAPHRAGM 8561
verapamil hcl TBCR 180 MG, 240 MG32	VITATRUE70	WIDE-SEAL DIAPHRAGM 9061
	VITRAKVI CAPS27	WIDE-SEAL DIAPHRAGM 9561
	VITRAKVI SOLN27	WILATE KIT55
	VIVA DHA CAPS70	XALKORI CAPS27

XALKORI CPSP	27	XPOVIO (80 MG ONCE WEEKLY) 40 MG	25	zolmitriptan SOLN	65
XARELTO STARTER PACK TBPk 11		XPOVIO (80 MG TWICE WEEKLY) . 25		zolmitriptan TABS	65
XARELTO TABS 10 MG	12	XTANDI CAPS	25	zolmitriptan TBDP	65
XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban)	12	XTANDI TABS	25	zolpidem tartrate TABS	57
XARELTO TABS 2.5 MG, 15 MG, 20 MG	12	XYNTHA	55	zolpidem tartrate TBCR	57
XATMEP SOLN PO	24	XYNTHA SOLOFUSE	55	zonisamide CAPS 100 MG	14
XELJANZ SOLN	2	XYREM SOLN	75	zonisamide CAPS 25 MG, 50 MG .	14
XELJANZ TABS	2	YONSA	25	ZORBTIVE SC	50
XELJANZ XR TB24	2	zaleplon	57	ZYFLO TABS	10
XERAC AC	47	ZARXIO	56	ZYKADIA TABS	27
XERMELO	53	ZEJULA TABS	27	ZYLET	73
XHANCE EXHU	71	ZELAPAR TBDP	28		
XIFAXAN 200 MG	23	ZELBORAF	27		
XIFAXAN 550 MG	23	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	49		
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	16	zidovudine CAPS	30		
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	16	zidovudine SYRP	30		
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	16	zidovudine TABS	30		
XOSPATA	27	zileuton TB12	10		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	25	ziprasidone hcl 20 MG, 40 MG	28		
XPOVIO (40 MG ONCE WEEKLY) 40 MG	25	ziprasidone hcl 60 MG, 80 MG	28		
XPOVIO (40 MG TWICE WEEKLY) 40 MG	25	ZIRGAN GEL	73		
XPOVIO (60 MG ONCE WEEKLY) 60 MG	25	ZITHROMAX PACK	58		
XPOVIO (60 MG TWICE WEEKLY) . 25		ZOLINZA	27		