

California

3 Tier with Specialty

Drug List

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 All previous versions are no longer in effect.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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Table of Contents

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

Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

The drug list is a complete list of covered drugs used to treat common diseases or health problems. 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)

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 insured is required to pay shall not exceed two hundred dollars (\$250) for an individual prescription of up to a 30-day supply.

Tier Descriptions

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

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

7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available. To get a brand drug that has a generic equivalent available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at a higher copayment. Refer to your plan documents.
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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: <ul style="list-style-type: none"> • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get
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 insurer may not deny the request thereafter.

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

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

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

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

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

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

Step Therapy Exception

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

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

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

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

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

- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization.

The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

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

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subscriber: Means the person 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	3	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 ea daily; 90 Day(s) limit)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS</i>	1	
DESOXYN (<i>methamphetamine hcl</i>)	7	PA
DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	3	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily)
<i>methamphetamine hcl</i>	3	PA
VYVANSE CAPS	2	QL(1 ea daily)
Analeptics		
<i>caffeine citrate SOLN OR</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA
SAXENDA	4	QL(0.5 ml daily); PA
XENICAL (<i>orlistat</i>)	7	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG <i>(atomoxetine hcl)</i>	7	QL(2 ea daily)	<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
STRATTERA 60 MG, 80 MG, 100 MG <i>(atomoxetine hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
Stimulants - Misc.			<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
APTENSIO XR CP24 <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 180 ea per fill retail)
<i>armodafinil</i>	1	ST; PA	<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
CONCERTA TBCR 18 MG, 27 MG, 36 MG <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
CONCERTA TBCR 54 MG <i>(methylphenidate hcl)</i>	7	QL(2 ea daily)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
DAYTRANA PTCH <i>(methylphenidate)</i>	7		<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>dexmethylphenidate hcl CP24</i>	3	QL(1 ea daily)	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	3	QL(1 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	<i>methylphenidate PTCH</i>	3	
FOCALIN XR CP24 <i>(dexmethylphenidate hcl)</i>	7	QL(1 ea daily)	<i>modafinil</i>	3	QL(1 ea daily); ST
FOCALIN TABS <i>(dexmethylphenidate hcl)</i>	7	QL(2 ea daily)	NUVIGIL <i>(armodafinil)</i>	7	ST; PA
METADATE CD CPR <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	PROVIGIL <i>(modafinil)</i>	7	QL(1 ea daily); ST
METHYLIN SOLN <i>(methylphenidate hcl)</i>	7		QUILLICHEW ER CHER	3	PA
<i>methylphenidate hcl CHEW</i>	3		QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
<i>methylphenidate hcl CP24 60 MG</i>	3	QL(1 ea daily; 90 ea per fill retail)	RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	RELEXXII TBCR 72 MG	3	QL(1 ea daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	3		RELEXXII TBCR 54 MG	2	QL(2 ea daily)
<i>methylphenidate hcl CPR</i>	1	QL(1 ea daily)	RITALIN LA CP24 <i>(methylphenidate hcl)</i>	7	
<i>methylphenidate hcl SOLN</i>	1		RITALIN TABS 20 MG <i>(methylphenidate hcl)</i>	7	QL(3 ea daily)
			RITALIN TABS 5 MG, 10 MG <i>(methylphenidate hcl)</i>	7	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections					

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides			OTREXUP SOAJ 10 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	ST; PA
ARIKAYCE	4	PA	RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
BETHKIS NEBU (<i>tobramycin</i>)	7	PA	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	4	ST; PA
HUMATIN	2		Anti-TNF-alpha - Monoclonal Antibodies		
KITABIS PAK NEBU (<i>tobramycin</i>)	7	PA	ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ml daily); PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ml daily); PA
TOBI PODHALER CAPS	4	PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
TOBI NEBU (<i>tobramycin</i>)	7	PA	HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
<i>tobramycin NEBU</i>	4	PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA
Antirheumatic - Enzyme Inhibitors			HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
RINVOQ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA	Antirheumatic Antimetabolites		
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA			
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA			
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA			

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

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ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	7		indomethacin SUPP	3	
CELEBREX 400 MG (celecoxib)	7	QL(2 ea daily); PA	indomethacin SUSP	1	
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	7	QL(2 ea daily)	ketoprofen CAPS 75 MG	1	
celecoxib 400 MG	1	QL(2 ea daily); PA	ketoprofen CP24	3	
celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 ea daily)	ketorolac tromethamine TABS	1	QL(20 ea per fill retail)
DAYPRO TABS (oxaprozin)	7		LODINE TABS (etodolac)	7	
diclofenac potassium TABS 50 MG	3		meclofenamate sodium CAPS	1	
diclofenac sodium TB24	3		mefenamic acid CAPS	3	
diclofenac sodium TBEC	1		meloxicam CAPS 10 MG	3	PA
diclofenac w/ misoprostol TBEC	3		meloxicam CAPS 5 MG	3	ST; PA
etodolac CAPS	1		meloxicam TABS 7.5 MG	1	QL(2 ea daily)
etodolac TABS	1		meloxicam TABS 15 MG	1	QL(1 ea daily)
etodolac TB24	1	QL(2 ea daily)	MOBIC TABS 15 MG (meloxicam)	7	QL(1 ea daily)
FELDENE CAPS 10 MG (piroxicam)	7		MOBIC TABS 7.5 MG (meloxicam)	7	QL(2 ea daily)
FELDENE CAPS 20 MG (piroxicam)	7	QL(1 ea daily)	nabumetone 500 MG	1	QL(4 ea daily)
fenoprofen calcium CAPS 400 MG	3		nabumetone 750 MG	1	QL(3 ea daily)
fenoprofen calcium CAPS 200 MG	1		NALFON TABS (fenoprofen calcium)	7	
FENOPROFEN CALCIUM CAPS 200 MG	2		NAPROSYN SUSP (naproxen)	7	
fenoprofen calcium TABS	1		NAPROSYN TABS 500 MG (naproxen)	7	
flurbiprofen TABS	1		naproxen sodium TABS 275 MG, 550 MG	1	
ibuprofen TABS 400 MG, 600 MG, 800 MG	1		naproxen SUSP	1	
INDOCIN SUSP (indomethacin)	7		naproxen TABS	1	
indomethacin CAPS 25 MG, 50 MG	1		oxaprozin TABS	1	
indomethacin CPCR	1		piroxicam CAPS 20 MG	1	QL(1 ea daily)
			piroxicam CAPS 10 MG	1	
			sulindac TABS 150 MG	1	QL(2 ea daily)
			sulindac TABS 200 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors					

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OTEZLA TABS	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA	ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA
OTEZLA TBPk	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA	ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
Pyrimidine Synthesis Inhibitors			ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA
ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 ea daily)	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 ea daily)	Analgesic Combinations		
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	3	
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	3	
Soluble Tumor Necrosis Factor Receptor Agents			(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	3	
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	

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<i>butalbital-acetaminophen-caffeine</i> TABS 40 MG-50 MG-325 MG	1		(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	PV
<i>butalbital-acetaminophen</i> TABS 50 MG-300 MG, 50 MG-325 MG	3				
<i>butalbital-aspirin-caffeine</i> CAPS	1				
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7				
FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	7				
Salicylates					

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(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG <i>(fentanyl citrate)</i>	7	ST; PA
<i>aspirin CHEW</i>	5	PV	ACTIQ LPOP 1600 MCG <i>(fentanyl citrate)</i>	7	ST; QL(4 ea daily); PA
<i>aspirin TBEC 81 MG</i>	5	PV	<i>codeine sulfate TABS</i>	1	
<i>diflunisal TABS</i>	3		CONZIP CP24 (<i>tramadol hcl</i>)	7	
<i>salsalate</i>	1		DILAUDID LIQD <i>(hydromorphone hcl)</i>	7	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			DILAUDID TABS <i>(hydromorphone hcl)</i>	7	
Opioid Agonists			<i>fentanyl citrate LPOP 1600 MCG</i>	1	ST; QL(4 ea daily); PA
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	1	ST; PA
(Methadone Hcl) METHADOSE TBSO	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>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>hydrocodone bitartrate CP12</i>	3	PA
			<i>hydrocodone bitartrate T24A</i>	3	PA
			<i>hydromorphone hcl LIQD</i>	1	
			<i>hydromorphone hcl TABS</i>	1	
			<i>hydromorphone hcl TB24 32 MG</i>	3	QL(2 ea daily)
			<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	3	QL(4 ea daily)
			HYSINGLA ER T24A	3	PA
			<i>levorphanol tartrate TABS</i>	3	ST; PA
			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	
			<i>meperidine hcl TABS 50 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl CONC</i>	1		ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 ea daily)
<i>methadone hcl SOLN OR</i>	1		SUBSYS LIQD 1200 MCG, 1600 MCG	4	PA
<i>methadone hcl TABS</i>	1	QL(12 ea daily)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	3	
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7		<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
METHADOSE CONC (<i>methadone hcl</i>)	7		<i>tramadol hcl TB24 200 MG</i>	3	QL(1 ea daily)
<i>morphine sulfate beads</i>	1	QL(1 ea daily)	<i>tramadol hcl TB24 100 MG</i>	3	QL(3 ea daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)	<i>tramadol hcl TB24</i>	3	
<i>morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1		ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)
<i>morphine sulfate SUPP</i>	1		Opioid Combinations		
<i>morphine sulfate TABS</i>	1		(Acetaminophen-Caff-Dihydrocod) TREZIX CAPS 30 MG-320.5 MG-16 MG	3	QL(12 ea daily)
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	3	
MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 ea daily)	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	3	QL(4 ea daily)
OXAYDO TABS 5 MG	2		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)
<i>oxycodone hcl CAPS</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	3	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1		<i>acetaminophen w/ codeine SOLN</i>	1	
<i>oxycodone hcl SOLN</i>	1		<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1				
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)			
<i>oxymorphone hcl TABS 5 MG</i>	3				
<i>oxymorphone hcl TABS 10 MG</i>	3	QL(8 ea daily)			
<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)			
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	7				

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<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	3	QL(4 ea daily)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	QL(12 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	3	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3		OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG	3	
<i>butalbital-aspirin-caffeine w/cod</i>	3		PERCO CET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7		PERCO CET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 ea daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		PERCO CET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		PROLATE TABS	3	
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)	<i>tramadol-acetaminophen</i>	3	QL(8 ea daily)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)	ULTRACET (<i>tramadol-acetaminophen</i>)	7	QL(8 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1		Opioid Partial Agonists		
<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
LORTAB ELIX	3		<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)
OXYCODONE AND ACETAMINOPHEN TABS	3		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)	<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)
			<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
			<i>buprenorphine PTWK 15 MCG/HR</i>	3	Limit 4 patches per 28 days; QL(4 ea per 28 days retail)

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<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR</i>	3	Limited to 4 patches per month; QL(4 ea per 28 days retail)	<i>danazol CAPS</i>	1	
<i>buprenorphine PTWK 20 MCG/HR</i>	3	Limit 4 patches per month; QL(4 ea per 28 days retail)	FORTESTA GEL TD (<i>testosterone</i>)	7	QL(4 gm daily)
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	3	QL(4 ea per 28 days retail)	METHITEST TABS	2	
<i>butorphanol tartrate NA 10 MG/ML</i>	3	Limit 7.5mls per month; QL(0.25 ml daily)	<i>methyltestosterone CAPS</i>	1	
<i>pentazocine w/ naloxone hcl</i>	3		TESTIM GEL TD (<i>testosterone</i>)	7	QL(10 gm daily); PA
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 ea daily)	<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 ea daily)	<i>testosterone enanthate SOLN IM</i>	1	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
Anabolic Steroids			<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
<i>oxandrolone 10 MG</i>	1	QL(2 ea daily)	<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limit 300gms per month; QL(10 gm daily)
<i>oxandrolone 2.5 MG</i>	1		VOGELXO GEL TD (<i>testosterone</i>)	7	QL(10 gm daily); PA
Androgens			ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)	Intrarectal Steroids		
ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)	<i>budesonide (intrarectal)</i>	3	ST; PA
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)	CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ml daily)
			CORTIFOAM EX 10 %	2	
			<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
			UCERIS (<i>budesonide (intrarectal)</i>)	7	ST; PA
			Rectal Combinations		
			ANALPRAM-HC LOTN EX	3	
			PROCTOFOAM HC FOAM EX	2	
			Rectal Steroids		

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(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1		ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7	
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7		<i>isosorbide dinitrate TABS</i>	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1		<i>isosorbide mononitrate TABS</i>	1	
Vasodilating Agents			<i>isosorbide mononitrate TB24</i>	1	
<i>nitroglycerin (intra-anal)</i>	3		NITRO-BID OINT	2	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	7		NITRO-DUR PT24	2	QL(1 ea daily)
ANTHELMINTICS - Drugs to Treat Worm Infections			NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 ea daily)
Anthelmintics			<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>albendazole</i>	3	QL(4 ea per fill retail)	<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
ALBENZA (<i>albendazole</i>)	7	QL(4 ea per fill retail)	<i>nitroglycerin SUBL</i>	1	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)	NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7	
BILTRICIDE (<i>praziquantel</i>)	7		NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA	ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
<i>praziquantel</i>	1		Antianxiety Agents - Misc.		
STROMECTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA	<i>buspirone hcl</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>hydroxyzine hcl SYRP</i>	1	
Antianginals-Other			<i>hydroxyzine hcl TABS</i>	1	
RANEXA TB12 1000 MG (<i>ranolazine</i>)	7		<i>hydroxyzine pamoate CAPS</i>	1	
RANEXA TB12 500 MG (<i>ranolazine</i>)	7	QL(4 ea daily)	VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7	
<i>ranolazine TB12 500 MG</i>	3	QL(4 ea daily)	Benzodiazepines		
<i>ranolazine TB12 1000 MG</i>	3		(Alprazolam) ALPRAZOLAM XR TB24	1	
Nitrates			(Diazepam) DIAZEPAM INTENSOL CONC	1	
			(Lorazepam) LORAZEPAM INTENSOL CONC	1	
			ALPRAZOLAM INTENSOL CONC	3	
			<i>alprazolam TABS</i>	1	

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<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
ATIVAN TABS (<i>lorazepam</i>)	7	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 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)
TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	7	
VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 ea daily)
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
XANAX XR TB24 (<i>alprazolam</i>)	7	
XANAX TABS (<i>alprazolam</i>)	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<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)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN (<i>dofetilide</i>)	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA;AC; Must use Acaria Specialty (844) 538-4661; PA
NUCALA SOAJ	4	PA; Must use Acaria Specialty (844) 538-4661; PA
NUCALA SOLR	4	PA; Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOSY 100 MG/ML	4	PA; Must use Acaria Specialty (844) 538-4661; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		

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ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)	<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1		<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	7	QL(1 ea daily)	<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)	<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
Leukotriene Modulators			PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)	PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)	PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ml daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)	PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ml daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)	PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ml daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)	QVAR REDHALER 80 MCG/ACT	2	QL(0.72 gm daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)	Sympathomimetics		
<i>zileuton TB12</i>	3	ST	(Budesonide-Formoterol Fumarate Dihydrate)	1	
ZYFLO TABS	3	ST	BREYNA		
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)			
<i>roflumilast</i>	1	QL(1 ea daily)			
Steroid Inhalants					
ARNUITY ELLIPTA	2	QL(1 ea daily)			
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)			

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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)	<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 ea daily)	<i>ipratropium-albuterol SOLN</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)	<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)	<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1		PERFOROMIST NEBU (<i>formoterol fumarate</i>)	7	QL(4 ml daily)
ALBUTEROL SULFATE NEBU	2		PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>albuterol sulfate SYRP</i>	1		SEREVENT DISKUS	2	QL(2 ea daily)
<i>albuterol sulfate TABS</i>	1		STIOLTO RESPIMAT	2	QL(0.14 gm daily)
ANORO ELLIPTA	2	QL(2 ea daily)	STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>arformoterol tartrate</i>	1	QL(4 ml daily)	SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	<i>terbutaline sulfate TABS</i>	1	
BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ml daily)	TRELEGY ELLIPTA	2	QL(2 ea daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1		XOPENEX (<i>levalbuterol hcl</i>)	7	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)	XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	7	
<i>fluticasone furoate- vilanterol</i>	1	QL(2 ea daily)	Xanthines		
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)	(Theophylline) ELIXOPHYLLIN ELIX	3	
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)	THEO-24 CP24	2	
			<i>theophylline ELIX</i>	3	
			<i>theophylline SOLN</i>	3	
			<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
			<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
			<i>theophylline TB24</i>	1	QL(1 ea daily)
			ANTICOAGULANTS - Blood Thinners		

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Coumarin Anticoagulants			<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ml per 90 days retail)
(Warfarin Sodium) JANTOVEN TABS	1		FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
<i>warfarin sodium TABS</i>	1		FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ml per 90 days retail)
Direct Factor Xa Inhibitors			FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ml per 90 days retail)
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)	FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ml per 90 days retail)
ELIQUIS TABS	2	QL(2 ea daily)	FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ml per 90 days retail)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)	FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ml per 90 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	7	QL(42 ml per 7 days retail)
XARELTO TABS 10 MG	2	QL(2 ea daily)	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	7	
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	7	QL(5.6 ml per 7 days retail)
Heparins And Heparinoid-Like Agents			LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	7	QL(11.2 ml per 7 days retail)
ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	7	QL(4 ml per 90 days retail)	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	7	QL(14 ml per 7 days retail)
ARIXTRA 10 MG/0.8ML (<i>fondaparinux sodium</i>)	7	QL(6 ml per 90 days retail)	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	7	QL(8.4 ml per 7 days retail)
ARIXTRA 5 MG/0.4ML (<i>fondaparinux sodium</i>)	7	QL(3 ml per 90 days retail)	ANTICONVULSANTS - Drugs to Treat Seizures		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ml per 7 days retail)	AMPA Glutamate Receptor Antagonists		
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1		FYCOMPA SUSP	3	QL(24 ml daily)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(11.2 ml per 7 days retail)	FYCOMPA TABS 2 MG	3	QL(6 ea daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ml per 7 days retail)	FYCOMPA TABS 4 MG	3	QL(3 ea daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ml per 7 days retail)	FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ml per 7 days retail)	FYCOMPA TABS 6 MG	3	QL(2 ea daily)
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ml per 90 days retail)			
<i>fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML</i>	4	QL(4 ml per 90 days retail)			

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Anticonvulsants - Benzodiazepines			(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)
<i>clobazam SUSP</i>	3		APTIOM	3	QL(1 ea daily); ST
<i>clobazam TABS 20 MG</i>	3	QL(2 ea daily)	BANZEL SUSP (<i>rufinamide</i>)	7	
<i>clobazam TABS 10 MG</i>	3	QL(1 ea daily)	BANZEL TABS 200 MG (<i>rufinamide</i>)	7	
<i>clonazepam TABS</i>	1		BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 ea daily)
<i>clonazepam TBDP</i>	1		BRIVIACT SOLN OR 10 MG/ML	3	ST; PA
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	7	Limit 4 per month; QL(0.14 ea daily)	BRIVIACT TABS 10 MG	3	ST; PA
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	7	Limit 4 per month; QL(0.14 ea daily)	BRIVIACT TABS 100 MG	3	ST; QL(2 ea daily); PA
<i>diazepam (anticonvulsant) GEL</i>	3	Limit 4 per month; QL(0.14 ea daily)	BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
KLONOPIN TABS (<i>clonazepam</i>)	7		<i>carbamazepine CHEW</i>	1	
NAYZILAM	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine CP12</i>	1	
ONFI SUSP (<i>clobazam</i>)	7		<i>carbamazepine SUSP</i>	1	
ONFI TABS 10 MG (<i>clobazam</i>)	7	QL(1 ea daily)	<i>carbamazepine TABS</i>	1	
ONFI TABS 20 MG (<i>clobazam</i>)	7	QL(2 ea daily)	<i>carbamazepine TB12 100 MG</i>	1	
Anticonvulsants - Misc.			<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
(Carbamazepine) EPITOL TABS	1		<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	CARBATROL CP12 (<i>carbamazepine</i>)	7	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE TABS	1		DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
			DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
			DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
			EPIDIOLEX	4	ST; PA
			<i>gabapentin CAPS</i>	1	
			<i>gabapentin SOLN</i>	1	
			<i>gabapentin TABS 600 MG, 800 MG</i>	1	

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KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)	<i>lamotrigine CHEW</i>	1	
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	7		<i>lamotrigine KIT</i>	3	ST; PA
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)	<i>lamotrigine KIT 25 MG</i>	1	ST
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)	<i>lamotrigine TABS</i>	1	
<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)	<i>lamotrigine TB24 250 MG</i>	3	PA
<i>lacosamide TABS</i>	1	QL(2 ea daily)	<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	3	QL(1 ea daily); PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7		<i>lamotrigine TB24 300 MG</i>	3	QL(2 ea daily); PA
LAMICTAL ODT KIT	3	ST; PA	<i>lamotrigine TBDP</i>	3	PA
LAMICTAL ODT KIT (<i>lamotrigine</i>)	7	ST; PA	<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	7	PA	<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	7	ST	<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	<i>levetiracetam TB24</i>	1	QL(4 ea daily)
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	ST; QL(2 ea daily); PA
LAMICTAL XR KIT	3	ST; PA	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	7	ST; QL(3 ea daily); PA
LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	7	PA	LYRICA SOLN (<i>pregabalin</i>)	7	QL(30 ml daily); PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	7	QL(1 ea daily); PA	MYSOLINE (<i>primidone</i>)	7	
LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	7	QL(2 ea daily); PA	NEURONTIN CAPS (<i>gabapentin</i>)	7	
LAMICTAL TABS (<i>lamotrigine</i>)	7		NEURONTIN SOLN (<i>gabapentin</i>)	7	
			NEURONTIN TABS (<i>gabapentin</i>)	7	
			<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)
			<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)
			<i>oxcarbazepine TABS 150 MG</i>	1	
			<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)
			OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); ST

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR TB24 150 MG, 300 MG	3	ST	<i>topiramate</i> CP24 50 MG, 100 MG	3	PA
<i>pregabalin</i> CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	3	ST; QL(3 ea daily); PA	<i>topiramate</i> CP24 25 MG	3	ST; PA
<i>pregabalin</i> CAPS 225 MG, 300 MG	3	ST; QL(2 ea daily); PA	<i>topiramate</i> CPSP	1	
<i>pregabalin</i> SOLN	3	QL(30 ml daily); PA	<i>topiramate</i> CS24 25 MG, 50 MG	3	QL(2 ea daily); PA
<i>primidone</i> 50 MG, 250 MG	1		<i>topiramate</i> CS24 100 MG, 150 MG, 200 MG	3	QL(1 ea daily); PA
QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA	<i>topiramate</i> TABS 50 MG	1	QL(8 ea daily)
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	7	QL(1 ea daily); PA	<i>topiramate</i> TABS 100 MG	1	QL(4 ea daily)
<i>rufinamide</i> SUSP	1		<i>topiramate</i> TABS 200 MG	1	QL(2 ea daily)
<i>rufinamide</i> TABS 200 MG	1		<i>topiramate</i> TABS 25 MG	1	
<i>rufinamide</i> TABS 400 MG	1	QL(8 ea daily)	TRILEPTAL SUSP (<i>oxcarbazepine</i>)	7	QL(40 ml daily)
SPRITAM TB3D	3	PA	TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 ea daily)
TEGRETOL SUSP (<i>carbamazepine</i>)	7		TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7	
TEGRETOL TABS (<i>carbamazepine</i>)	7		TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 ea daily)
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7		TROKENDI XR CP24 25 MG (<i>topiramate</i>)	7	ST; PA
TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)	TROKENDI XR CP24 50 MG, 100 MG (<i>topiramate</i>)	7	PA
TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)	TROKENDI XR CP24 200 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7		VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	7	QL(40 ml daily)
TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)	VIMPAT TABS (<i>lacosamide</i>)	7	QL(2 ea daily)
TOPAMAX TABS 25 MG (<i>topiramate</i>)	7		ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 ea daily)
TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)	ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)	<i>zonisamide</i> CAPS 100 MG	1	QL(6 ea daily)
<i>topiramate</i> CP24 200 MG	3	QL(2 ea daily); PA	<i>zonisamide</i> CAPS 25 MG, 50 MG	1	
			Carbamates		
			<i>felbamate</i> SUSP	1	
			<i>felbamate</i> TABS	1	

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Drug Name	Drug Tier	Requirements/Limits
FELBATOL SUSP <i>(felbamate)</i>	7	
FELBATOL TABS <i>(felbamate)</i>	7	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 ea daily)
(Vigabatrin) VIGADRONE TABS	4	
GABITRIL <i>(tiagabine hcl)</i>	7	
SABRIL PACK <i>(vigabatrin)</i>	7	QL(6 ea daily)
SABRIL TABS <i>(vigabatrin)</i>	7	
<i>tiagabine hcl</i>	3	
<i>vigabatrin PACK</i>	4	QL(6 ea daily)
<i>vigabatrin TABS</i>	4	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN <i>(phenytoin sodium extended)</i>	7	
DILANTIN 30 MG	2	
DILANTIN INFATABS CHEW <i>(phenytoin)</i>	7	
DILANTIN-125 SUSP <i>(phenytoin)</i>	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN <i>(methsuximide)</i>	7	
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methsuximide</i>	1	
ZARONTIN CAPS <i>(ethosuximide)</i>	7	
ZARONTIN SOLN <i>(ethosuximide)</i>	7	
Valproic Acid		
DEPAKOTE ER TB24 <i>(divalproex sodium)</i>	7	
DEPAKOTE SPRINKLES CSDR <i>(divalproex sodium)</i>	7	
DEPAKOTE TBEC <i>(divalproex sodium)</i>	7	
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
REMERON SOLTAB TBDP <i>(mirtazapine)</i>	7	
REMERON TABS 15 MG, 30 MG <i>(mirtazapine)</i>	7	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
<i>bupropion hcl TB24 450 MG</i>	3	QL(1 ea daily); ST
FORFIVO XL TB24 <i>(bupropion hcl)</i>	7	QL(1 ea daily); ST
WELLBUTRIN SR TB12 <i>(bupropion hcl)</i>	7	

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WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)	<i>fluoxetine hcl TABS 60 MG</i>	3	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)			FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)
EMSAM	3	QL(1 ea daily)	<i>fluvoxamine maleate CP24 150 MG</i>	1	
MARPLAN	3		<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 ea daily)
NARDIL (<i>phenelzine sulfate</i>)	7		<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
PARNATE (<i>tranylcypromine sulfate</i>)	7		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<i>phenelzine sulfate</i>	1		LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)
<i>tranylcypromine sulfate</i>	1		LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>paroxetine hcl SUSP</i>	1	
SPRAVATO 56MG DOSE	4	PA	<i>paroxetine hcl TABS</i>	1	
SPRAVATO 84MG DOSE	4	PA	<i>paroxetine hcl TB24</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			PAXIL CR TB24 (<i>paroxetine hcl</i>)	7	
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)	PAXIL SUSP (<i>paroxetine hcl</i>)	7	
<i>citalopram hydrobromide SOLN</i>	3	QL(20 ml daily)	PAXIL TABS (<i>paroxetine hcl</i>)	7	
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)	PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7	
<i>escitalopram oxalate SOLN</i>	1		PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)	<i>sertraline hcl CONC</i>	1	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)	<i>sertraline hcl TABS</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		ZOLOFT CONC (<i>sertraline hcl</i>)	7	
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)	ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 ea daily)
<i>fluoxetine hcl CPDR</i>	3		Serotonin Modulators		
<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)	<i>nefazodone hcl</i>	3	
<i>fluoxetine hcl TABS 10 MG</i>	1		<i>trazodone hcl TABS</i>	1	
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(1 ea daily)	TRINTELLIX	3	ST

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VIIBRYD STARTER PACK KIT	3		<i>amoxapine</i>	1	
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7		ANAFRANIL (<i>clomipramine hcl</i>)	7	
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 ea daily)	<i>clomipramine hcl</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)	<i>desipramine hcl TABS</i>	1	
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		<i>doxepin hcl CAPS</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>doxepin hcl CONC</i>	1	
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)	<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)	<i>imipramine pamoate</i>	3	
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7	
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)	<i>nortriptyline hcl CAPS</i>	1	
FETZIMA TITRATION PACK C4PK	3	ST	<i>nortriptyline hcl SOLN</i>	2	
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST	PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST	<i>protriptyline hcl</i>	3	
PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)	<i>trimipramine maleate CAPS</i>	3	
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)	Alpha-Glucosidase Inhibitors		
<i>venlafaxine hcl TABS</i>	1		<i>acarbose</i>	1	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)	<i>miglitol</i>	3	
<i>venlafaxine hcl TB24 225 MG</i>	1		PRECOSE (<i>acarbose</i>)	7	
Tricyclic Agents			Antidiabetic Combinations		
<i>amitriptyline hcl TABS</i>	1		ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	7	
			DUETACT (<i>pioglitazone hcl-glimepiride</i>)	7	
			<i>glipizide-metformin hcl</i>	1	
			<i>glyburide-metformin</i>	1	
			GLYXAMBI	2	
			JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)

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JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
RIOMET SOLN (<i>metformin hcl</i>)	7	
Diabetic Other		
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 days retail)
PROGLYCEM (<i>diazoxide</i>)	7	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate 25 MG</i>	1	QL(1 ea daily)
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	Not available through Mail Order.; PA
RYBELSUS TABS 7 MG, 14 MG	2	PA
RYBELSUS TABS 3 MG	2	Not available through mail order; PA
TRULICITY	2	Not available through mail order; PA
VICTOZA	2	Not available through mail order; PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		
ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl 15 MG</i>	1	
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	7	
<i>glimepiride</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
GLYNASE (<i>glyburide micronized</i>)	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		

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Drug Name	Drug Tier	Requirements/Limits
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	3	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	7	RX/OTC
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
<i>loperamide hcl CAPS</i>	3	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	
FERRIPROX SOLN	4	Not available through mail order
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	7	
JADENU SPRINKLE PACK (<i>deferasirox</i>)	7	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
Opioid Antagonists		
KLOXXADO LIQD	2	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 days retail); RX/OTC
<i>naloxone hcl SOSY</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	7	QL(4 ea per 30 days retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; QL(2 ea per fill retail); PA
<i>granisetron hcl TABS</i>	3	ST; Limit 2 tablets per day; QL(2 ea daily); PA
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per 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</i>	1	QL(20 ea per fill retail)
SANCUSO PTCH	4	QL(1 ea per 21 days retail); PA
Antiemetics - Anticholinergic		
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	7	
<i>meclizine hcl TABS 50 MG</i>	1	
<i>scopolamine</i>	3	
TRANSDERM-SCOP (<i>scopolamine</i>)	7	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 days retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	7	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine-pyridoxine TBEC</i>	3	QL(4 ea daily)
<i>dronabinol CAPS 5 MG</i>	3	PA
<i>dronabinol CAPS 2.5 MG</i>	3	ST; PA
<i>dronabinol CAPS 10 MG</i>	3	PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	7	ST; PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	3	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	3	QL(1 ea per fill retail; 1 ea per 30 days retail)
<i>aprepitant CAPS 40 MG</i>	3	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant MISC</i>	3	Limit 3 per month; QL(0.1 ea daily)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	7	Limit 3 per month; QL(0.1 ea daily)
EMEND CAPS 80 MG (<i>aprepitant</i>)	7	QL(1 ea per fill retail; 1 ea per 30 days retail)
EMEND SUSR	3	QL(1 ea per 30 days retail)
VARUBI TBPB	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON (<i>flucytosine</i>)	7	
<i>flucytosine</i>	3	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
DIFLUCAN SUSR (<i>fluconazole</i>)	7	
DIFLUCAN TABS (<i>fluconazole</i>)	7	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
NOXAFIL SUSP (<i>posaconazole</i>)	7	
NOXAFIL TBEC (<i>posaconazole</i>)	7	
<i>posaconazole SUSP</i>	3	
<i>posaconazole TBEC</i>	3	
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX SOLN (<i>itraconazole</i>)	7	PA
TOLSURA CAPS	4	PA
VFEND SUSR (<i>voriconazole</i>)	7	
VFEND TABS (<i>voriconazole</i>)	7	QL(2 ea daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate TABS 4 MG</i>	3	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
KARBINAL ER SUER	3	
RYVENT TABS	3	
Antihistamines - Non-Sedating		
CLARINEX TABS (<i>desloratadine</i>)	7	ST; QL(1 ea daily); PA
<i>desloratadine TABS</i>	3	ST; QL(1 ea daily); PA
<i>desloratadine TBDP 2.5 MG</i>	3	ST; PA
<i>desloratadine TBDP 5 MG</i>	3	PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN 6.25 MG/5ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl SYRP</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	

ANTIHYPERLIPIDEMICS - Drugs to Treat High

Drug Name	Drug Tier	Requirements/Limits
Cholesterol		
Antihyperlipidemics - Combinations		
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 ea daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light PACK</i>	1	
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine PACK</i>	1	
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 ea daily)
<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7	
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7	
COLESTID PACK (<i>colestipol hcl</i>)	7	
COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl PACK</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl TABS</i>	1		TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7		HMG CoA Reductase Inhibitors		
QUESTRAN PACK (<i>cholestyramine</i>)	7		<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
QUESTRAN POWD (<i>cholestyramine</i>)	7		CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 ea daily)
WELCHOL PACK (<i>colesevelam hcl</i>)	7	QL(1 ea daily)	<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
WELCHOL TABS (<i>colesevelam hcl</i>)	7	QL(7 ea daily)	<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
Fibric Acid Derivatives			LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 ea daily)
ANTARA 30 MG	3		LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 ea daily)
<i>choline fenofibrate 45 MG</i>	1		<i>lovastatin TABS 10 MG, 20 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)	<i>lovastatin TABS 40 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>fenofibrate micronized 30 MG, 90 MG</i>	3		<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)	<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1		<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>fenofibrate CAPS</i>	3		<i>simvastatin TABS</i>	1	QL(1 ea daily)
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)	ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (<i>simvastatin</i>)	7	QL(1 ea daily)
<i>fenofibrate TABS 48 MG</i>	1		Intestinal Cholesterol Absorption Inhibitors		
<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)	<i>ezetimibe</i>	1	
FENOFIBRATE TABS	2	QL(1 ea daily)	ZETIA (<i>ezetimibe</i>)	7	
FIBRICOR (<i>fenofibric acid</i>)	7		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
<i>gemfibrozil TABS</i>	1				
LIPOFEN CAPS (<i>fenofibrate</i>)	7				
LOPID TABS (<i>gemfibrozil</i>)	7				
TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)			
TRICOR TABS 48 MG (<i>fenofibrate</i>)	7				
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA	<i>ramipril CAPS</i>	1	QL(2 ea daily)
JUXTAPID 5 MG	4	ST; PA	<i>trandolapril</i>	1	
Nicotinic Acid Derivatives			VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)
(Niacin (Antihyperlipidemic)) NIACOR TABS	3		ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)
<i>niacin (antihyperlipidemic) TABS</i>	3		ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7	
<i>niacin (antihyperlipidemic) TBCR</i>	1		Agents for Pheochromocytoma		
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7		DEMSEER (<i>metyrosine</i>)	7	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	7	Not available through mail
PRALUENT SOAJ	4	PA	<i>metyrosine</i>	3	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>phenoxybenzamine hcl</i>	1	Not available through mail
ACE Inhibitors			Angiotensin II Receptor Antagonists		
ACCUPRIL (<i>quinapril hcl</i>)	7		ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 ea daily)	ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)
<i>benazepril hcl</i>	1		AVAPRO (<i>irbesartan</i>)	7	
<i>captopril</i>	1		BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)	BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)
<i>fosinopril sodium</i>	1		<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)	COZAAR (<i>losartan potassium</i>)	7	
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7		DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
<i>moexipril hcl</i>	1		DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>perindopril erbumine</i>	1		EDARBI 40 MG	3	
QBRELIS SOLN	3	QL(5 ml daily)	EDARBI 80 MG	3	QL(1 ea daily)
<i>quinapril hcl</i>	1		<i>irbesartan</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</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)
MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)	<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7		<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)	<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 ea daily)	ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7	
<i>telmisartan 20 MG, 40 MG</i>	1		<i>atenolol & chlorthalidone</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7	
<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)	<i>benazepril & hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)
CARDURA (<i>doxazosin mesylate</i>)	7		BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	
<i>clonidine hcl TABS</i>	1		<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>clonidine hcl TB24</i>	3		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>doxazosin mesylate</i>	1		DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>guanfacine hcl</i>	1		DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7	
<i>methyldopa TABS</i>	1				
MINIPRESS CAPS (<i>prazosin hcl</i>)	7				
NEXICLON XR TB24 (<i>clonidine hcl</i>)	7				
<i>prazosin hcl CAPS</i>	1				
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1				
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)			
Antihypertensive Combinations					
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7				
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR	3	QL(1 ea daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>enalapril maleate & hydrochlorothiazide</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	1		TEKTURNA HCT	3	ST
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7		<i>telmisartan-amlodipine</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)	TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7	
<i>losartan potassium & hydrochlorothiazide</i>	1		<i>trandolapril-verapamil hcl</i>	3	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7		TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	7	QL(1 ea daily)	<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>metoprolol & hydrochlorothiazide TABS</i>	1		<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7		VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
			ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 ea daily)
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
Antihypertensives - Misc.		
VECAMYL	4	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	3	
TEKTURNA (<i>aliskiren fumarate</i>)	7	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
INSPRA (<i>eplerenone</i>)	7	
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.		
FLAGYL CAPS (<i>metronidazole</i>)	7	
IMPAVIDO	4	
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	7	
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole 250 MG</i>	3	ST; PA
<i>tinidazole 500 MG</i>	3	ST
<i>trimethoprim TABS</i>	1	
XIFAXAN 200 MG	3	Limit 9 per month; QL(9 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN 550 MG	3	QL(2 ea daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS (<i>nitazoxanide</i>)	7	
<i>atovaquone</i>	1	
MEPRON (<i>atovaquone</i>)	7	
<i>nitazoxanide TABS</i>	3	
Glycopeptides		
FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	7	PA
VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>)	7	PA
<i>vancomycin hcl CAPS 125 MG</i>	1	PA
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	3	PA
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
COARTEM	2	Limit 24 per month; QL(0.8 ea daily)
MALARONE (<i>atovaquone-proguanil hcl</i>)	7	
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	7	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	3	QL(2 ea daily); PA
SOVUNA 200 MG	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	7	
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	7	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide SOLN OR</i>	4	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	3	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
MYCOBUTIN (<i>rifabutin</i>)	7	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melfalan</i>)	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melfalan</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	7	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 500 MG</i>	4	AC
<i>capecitabine 150 MG</i>	4	AC

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	4	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	4	AC; PA
PURIXAN SUSP	2	AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	4	AC; PA
XELODA 150 MG (<i>capecitabine</i>)	7	AC
XELODA 500 MG (<i>capecitabine</i>)	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	4	PA; AC; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	4	PA; AC; AC; PA
VENCLEXTA TABS 50 MG	4	PA; AC; AC; PA
VENCLEXTA TABS 10 MG	4	PA; AC; QL(2 ea daily); AC; PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 100 MG	4	PA; AC; QL(4 ea daily); AC; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>gefitinib</i>	4	AC; AC
GILOTRIF	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
IRESSA (<i>gefitinib</i>)	7	AC; AC
TAGRISSE	4	SP; AC; PA
TARCEVA (<i>erlotinib hcl</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
VIZIMPRO	4	PA; AC; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	4	AC
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	QL(1 ea daily); PV; AC
ARIMIDEX (<i>anastrozole</i>)	7	QL(1 ea daily); PV; AC
AROMASIN (<i>exemestane</i>)	7	PV; AC

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<i>bicalutamide</i>	1	QL(1 ea daily); AC
CASODEX (<i>bicalutamide</i>)	7	QL(1 ea daily); AC
ELIGARD SC	3	PA
EMCYT	2	AC
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	1	PV; AC
FARESTON (<i>toremifene citrate</i>)	7	AC
FEMARA (<i>letrozole</i>)	7	AC
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	3	PA
LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
NILANDRON (<i>nilutamide</i>)	7	AC
<i>nilutamide</i>	1	AC
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	PV; AC

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>toremifene citrate</i>	1	AC
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	4	PA; AC; AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 100 MG, 200 MG, 300 MG	4	PA; AC; QL(1 ea daily); SP; PA
AYVAKIT 25 MG, 50 MG	4	QL(1 ea daily); SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	4	AC; PA
XPOVIO 80 MG TWICE WEEKLY	4	PA; AC; PA
Antineoplastic Combinations		
INQOVI	4	PA
KISQALI FEMARA 200 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA

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KISQALI FEMARA 400 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KISQALI FEMARA 600 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	BRUKINSA	4	PA; AC; AC; PA
LONSURF	4	AC; PA	CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA
Antineoplastic Enzyme Inhibitors			CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	CALQUENCE	4	QL(2 ea daily); AC; PA
AFINITOR TABS (<i>everolimus</i>)	7	QL(1 ea daily); SP; AC; PA	CALQUENCE	4	QL(2 ea daily); AC; PA
ALECENSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	CAPRELSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ALUNBRIG TABS	4	PA; AC; AC; PA	COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
ALUNBRIG TBPK	4	PA; AC; AC; PA	COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4663; AC; PA
BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4662; AC; PA
BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	COPIKTRA	4	PA; AC; AC; PA
BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	COTELLIC	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
			<i>everolimus</i> TABS	4	QL(1 ea daily); SP; AC; PA

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<i>everolimus TBSO</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	JAKAFI	4	PA; AC; QL(2 ea daily); AC; PA
FARYDAK	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
IBRANCE CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	KOSELUGO	4	PA; AC; PA
IBRANCE TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>lapatinib ditosylate</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA
IDHIFA	4	PA; AC; AC; PA	MEKINIST TABS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA	MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); PA	NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
IMBRUVICA CAPS	4	PA; AC; AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IMBRUVICA TABS	4	PA; AC; QL(1 ea daily); AC; PA			
INREBIC	4	PA; AC; AC; PA			

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NINLARO	4	PA;AC Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA	SPRYCEL	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>pazopanib hcl</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 200MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	<i>sunitinib malate 25 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 250MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
PIQRAY 300MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
QINLOCK	3	PA; AC; AC; PA	SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
RETEVMO	4	AC; PA	TABRECTA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ROZLYTREK CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	TAFINLAR CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
RUBRACA	4	PA; AC; AC; PA	TALZENNA 0.25 MG, 1 MG	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			
<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA			

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TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XOSPATA	4	PA; AC; AC; PA
TAZVERIK	4	PA; AC; PA	ZEJULA CAPS	4	PA; AC; AC; PA
TIBSOVO	4	PA; AC; AC; PA	ZEJULA TABS	4	PA
TURALIO 200 MG	4	PA; AC; AC; PA	ZELBORAF	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	ZOLINZA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
VERZENIO	4	QL(2 ea daily); AC; PA	ZYDELIG	3	PA; AC; AC; PA
VITRAKVI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; PA	ZYKADIA TABS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
VITRAKVI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	Antineoplastics Misc.		
VITRAKVI SOLN	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; PA	ACTIMMUNE	4	PA
VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ALFERON N	4	PA
VOTRIENT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>bexarotene</i>	4	SP; AC; PA
XALKORI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	HYDREA (<i>hydroxyurea</i>)	7	AC
			<i>hydroxyurea</i>	1	AC
			INTRON A SOLR	4	PA
			MATULANE	4	AC
			TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA
			<i>tretinoin (chemotherapy)</i>	1	AC
			Chemotherapy Rescue/Antidote/Protective Agents		
			<i>leucovorin calcium TABS</i>	1	AC
			MESNEX TABS	3	AC
			Mitotic Inhibitors		
			<i>etoposide CAPS</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA

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Topoisomerase I Inhibitors			DUOPA SUSP	3	PA
HYCAMTIN CAPS	4	AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC	INBRIJA CAPS	3	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			KYNMOBI TITRATION KIT KIT	3	PA
Antiparkinson Adjunctive Therapy			KYNMOBI FILM	3	PA
<i>carbidopa</i>	3		MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	7	
LODOSYN (<i>carbidopa</i>)	7		MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	7	QL(1 ea daily)
Antiparkinson Anticholinergics			NEUPRO	3	
<i>benztropine mesylate TABS</i>	1		PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
<i>trihexyphenidyl hcl SOLN</i>	1		PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	
<i>trihexyphenidyl hcl TABS</i>	1		<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
Antiparkinson COMT Inhibitors			<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
COMTAN (<i>entacapone</i>)	7		<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>entacapone</i>	3		<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	3	
TASMAR (<i>tolcapone</i>)	7		<i>pramipexole dihydrochloride TB24 3 MG</i>	3	QL(1 ea daily)
<i>tolcapone</i>	3		<i>ropinirole hydrochloride TABS</i>	1	
Antiparkinson Dopaminergics			<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	3	
<i>amantadine hcl CAPS</i>	1		<i>ropinirole hydrochloride TB24 12 MG</i>	3	QL(2 ea daily)
<i>amantadine hcl TABS</i>	1				
<i>bromocriptine mesylate CAPS</i>	1				
<i>bromocriptine mesylate TABS 2.5 MG</i>	1				
<i>carbidopa-levodopa-entacapone</i>	1				
<i>carbidopa-levodopa TABS</i>	1				
<i>carbidopa-levodopa TBCR 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>	3				
DHIVY TABS	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA	NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA
RYTARY CPR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA	VRAYLAR CAPS	4	SP
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7		VRAYLAR CPPK	4	SP
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7		<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
Antiparkinson Monoamine Oxidase Inhibitors			<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
AZILECT (<i>rasagiline mesylate</i>)	7		Benzisoxazoles		
<i>rasagiline mesylate</i>	1		INVEGA (<i>paliperidone</i>)	7	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)	<i>paliperidone</i>	3	
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)	RISPERDAL SOLN (<i>risperidone</i>)	7	
ZELAPAR TBDP	3		RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
Antimanic Agents			<i>risperidone SOLN</i>	1	
LITHIUM	2		<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)	<i>risperidone TBDP 0.25 MG</i>	3	
<i>lithium carbonate TABS</i>	1		<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1	
<i>lithium carbonate TBCR</i>	1		Butyrophenones		
LITHOBID TBCR (<i>lithium carbonate</i>)	7		<i>haloperidol lactate CONC</i>	1	
Antipsychotics - Misc.			<i>haloperidol TABS</i>	1	
EQUETRO	3		Dibenzapines		
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7		<i>asenapine maleate</i>	3	
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 ea daily)	<i>clozapine TABS</i>	1	
LATUDA (<i>lurasidone hcl</i>)	7		<i>clozapine TBDP 12.5 MG, 25 MG, 100 MG</i>	3	
<i>lurasidone hcl</i>	1		CLOZARIL TABS (<i>clozapine</i>)	7	
NUPLAZID CAPS	4	QL(1 ea daily); PA	<i>loxapine succinate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
<i>olanzapine TBDP</i>	3	
<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 150 MG, 200 MG, 300 MG, 400 MG</i>	3	PA
<i>quetiapine fumarate TB24 50 MG</i>	3	ST; PA
SAPHRIS 5 MG	3	
SAPHRIS (<i>asenapine maleate</i>)	7	
SEROQUEL XR TB24 50 MG (<i>quetiapine fumarate</i>)	7	ST; PA
SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	PA
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
VERSACLOZ SUSP	3	QL(18 ml daily)
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	7	
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
Phenothiazines		

Drug Name	Drug Tier	Requirements/Limits
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	3	
<i>fluphenazine hcl ELIX</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 15 MG (<i>aripiprazole</i>)	7	QL(2 ea daily)
ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 ea daily)
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	7	
<i>aripiprazole SOLN OR</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
<i>aripiprazole TBDP</i>	3	PA
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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	EMTRIVA CAPS <i>(emtricitabine)</i>	7	
APTIVUS CAPS	2		EMTRIVA SOLN	2	
<i>atazanavir sulfate CAPS</i>	1		EPIVIR SOLN <i>(lamivudine)</i>	7	
BIKTARVY 200 MG-50 MG-25 MG	2		EPIVIR TABS <i>(lamivudine)</i>	7	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit	EPZICOM <i>(abacavir sulfate-lamivudine)</i>	7	
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	<i>etravirine</i>	1	
CIMDUO	2		EVOTAZ	2	
COMBIVIR <i>(lamivudine-zidovudine)</i>	7		<i>fosamprenavir calcium TABS</i>	1	
COMPLERA	2		FUZEON SOLR	4	ST; PA
<i>darunavir TABS</i>	1		GENVOYA	2	
DELSTRIGO	2		INTELENCE <i>(etravirine)</i>	7	
DESCOVY 200 MG-25 MG	5	PV	INTELENCE 25 MG	2	
DOVATO	2		ISENTRESS HD TABS	2	
EDURANT	2		ISENTRESS CHEW	2	
<i>efavirenz CAPS</i>	1		ISENTRESS TABS	2	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)	JULUCA	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		KALETRA SOLN <i>(lopinavir-ritonavir)</i>	7	
<i>efavirenz TABS</i>	1		KALETRA TABS <i>(lopinavir-ritonavir)</i>	7	
<i>emtricitabine CAPS</i>	1		<i>lamivudine SOLN</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 ea daily); PV	<i>lamivudine TABS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)	<i>lamivudine-zidovudine</i>	1	
			LEXIVA SUSP	2	
			LEXIVA TABS <i>(fosamprenavir calcium)</i>	7	
			<i>lopinavir-ritonavir SOLN</i>	1	
			<i>lopinavir-ritonavir TABS</i>	1	
			<i>maraviroc TABS</i>	1	
			<i>nevirapine SUSP</i>	1	
			<i>nevirapine TABS</i>	1	
			<i>nevirapine TB24</i>	1	
			NORVIR PACK	2	
			NORVIR SOLN	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NORVIR TABS (<i>ritonavir</i>)	7		TRIUMEQ TABS	2	
ODEFSEY	2		TRIZIVIR	2	
PIFELTRO	2		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily); PV
PREZCOBIX	2		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily)
PREZISTA SUSP	2		TYBOST	2	
PREZISTA TABS 75 MG, 150 MG	2		VIRACEPT TABS	2	
PREZISTA TABS (<i>darunavir</i>)	7		VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	7	
RETROVIR CAPS (<i>zidovudine</i>)	7		VIREAD POWD	2	
RETROVIR SYRP (<i>zidovudine</i>)	7		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
REYATAZ PACK	2		ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
<i>ritonavir</i> TABS	1		ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
RUKOBIA	4		<i>zidovudine</i> CAPS	1	
SELZENTRY SOLN	2		<i>zidovudine</i> SYRP	1	
SELZENTRY TABS (<i>maraviroc</i>)	7		<i>zidovudine</i> TABS	1	
SELZENTRY TABS 25 MG, 75 MG	2		Antiviral Combinations		
<i>stavudine</i> CAPS	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
STRIBILD	2		PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV
SUSTIVA CAPS (<i>efavirenz</i>)	7		CMV Agents		
SUSTIVA TABS (<i>efavirenz</i>)	7		VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7				
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7				
SYMTUZA	2				
<i>tenofovir disoproxil fumarate</i> TABS	1				
TIVICAY TABS	2				
TRIUMEQ PD TBSO	2				

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VALCYTE TABS (<i>valganciclovir hcl</i>)	7		<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)	<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
<i>valganciclovir hcl TABS</i>	1		VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 ea daily)
Hepatitis Agents			VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 ea daily)
<i>adefovir dipivoxil</i>	1		ZOVIRAX SUSP (<i>acyclovir</i>)	7	
BARACLUDE TABS (<i>entecavir</i>)	7		Influenza Agents		
<i>entecavir TABS</i>	1		<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
EPCLUSA PACK	2	SP; PA	<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; SP; PA	RELENZA DISKHALER	3	QL(20 ea per fill retail)
EPCLUSA TABS 50 MG-200 MG	2	SP; PA	<i>rimantadine hydrochloride TABS</i>	3	
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	7		TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 ea per fill retail)
HEPSERA (<i>adefovir dipivoxil</i>)	7		TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ml daily; 5 Day(s) limit)
<i>lamivudine (hbv) TABS</i>	3		Misc. Antivirals		
MAVYRET TABS	4	PA: Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV
PEGASYS SOLN	4	PA	TPOXX (TECOVIRIMAT CAP 200 MG)	5	
VEMLIDY	4	SP; ST	TPOXX CAPS	5	PV
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TPOXX SOLN	5	PV
Herpes Agents			BETA BLOCKERS - Drugs to Treat High Blood Pressure		
<i>acyclovir CAPS</i>	1		Alpha-Beta Blockers		
<i>acyclovir SUSP</i>	1		<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)	<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)
<i>acyclovir TABS OR 400 MG</i>	1		<i>carvedilol phosphate</i>	1	
<i>famciclovir</i>	1				
SITAVIG TABS BU	3	PA			

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Drug Name	Drug Tier	Requirements/Limits
COREG 3.125 MG (<i>carvedilol</i>)	7	QL(2 ea daily)
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	7	
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7	
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	7	
HEMANGEOL SOLN OR	3	PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	7	
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/afll)</i>	1	
<i>sotalol hcl TABS</i>	1	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)	<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7		<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7		<i>verapamil hcl TABS</i>	1	
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)	<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1		<i>verapamil hcl TBCR 120 MG</i>	1	
<i>diltiazem hcl CP12</i>	1		VERELAN PM CP24 (<i>verapamil hcl</i>)	2	
<i>diltiazem hcl CP24</i>	1		VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
<i>diltiazem hcl TABS</i>	1		VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
<i>diltiazem hcl TB24</i>	1		VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
<i>felodipine 2.5 MG, 5 MG</i>	1		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>felodipine 10 MG</i>	1	QL(1 ea daily)	Cardiac Glycosides		
<i>isradipine CAPS</i>	1		(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
<i>nicardipine hcl CAPS</i>	1		(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
<i>nifedipine CAPS</i>	1		<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>nifedipine TB24 30 MG, 60 MG</i>	1		<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
<i>nifedipine TB24</i>	1	QL(1 ea daily)	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7	
<i>nimodipine CAPS</i>	1		CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>nisoldipine</i>	1		Cardiovascular Agents Misc. - Combinations		
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)	<i>amlodipine besylate-atorvastatin calcium</i>	3	PA
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)			
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 ea daily)			
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7				
TIAZAC (<i>diltiazem hcl extended release beads</i>)	7				
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7		VIAGRA (<i>sildenafil citrate</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	7	PA	Prostaglandin Vasodilators		
ENTRESTO	3	QL(2 ea daily); PA	ORENITRAM TBCR	4	PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1		TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA
Impotence Agents			TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA
CIALIS 2.5 MG (<i>tadalafil</i>)	7	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA
<i>sildenafil citrate</i>	4	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	TYVASO REFILL SOLN IN	4	PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	4	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	TYVASO STARTER SOLN IN	4	PA
<i>tadalafil 2.5 MG</i>	4	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	TYVASO SOLN IN	4	PA
			VENTAVIS	4	PA
			Pulmonary Hypertension - Endothelin Receptor Antagonists		
			<i>ambrisentan</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
			<i>bosentan TABS 62.5 MG</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			<i>bosentan TABS 125 MG</i>	4	ST; PA

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Drug Name	Drug Tier	Requirements/Limits
LETAIRIS (<i>ambrisentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
OPSUMIT	4	ST; PA
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST; PA
TRACLEER TBSO	4	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	QL(3 ea daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	4	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 750 MG</i>	3	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 2nd Generation			(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
CEFACTOR ER TB12	3		(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN	5	PV
<i>cefactor CAPS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
<i>cefactor SUSR 125 MG/5ML, 375 MG/5ML</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
<i>cefprozil SUSR</i>	1		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
<i>cefprozil TABS</i>	1		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	5	PV
<i>cefuroxime axetil TABS</i>	1		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG	5	PV
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1				
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
SUPRAX CAPS (<i>cefixime</i>)	7				
SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	7				
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV			
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV			

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	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, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	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, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 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, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	PV

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(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG-20 MCG	5	PV	BALCOLTRA <i>(levonorgestrel-ethinyl estradiol-iron)</i>	7	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	PV	BEYAZ <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	7	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV	<i>desogestrel & ethinyl estradiol</i>	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV	<i>drospirenone-ethinyl estradiol</i>	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
			ESTROSTEP FE <i>(norethindrone acetate-ethinyl estradiol-fe)</i>	7	PV
			<i>ethynodiol diacet & eth estrad</i>	5	PV
			GENERESS FE <i>(norethindrone & ethinyl estradiol-fe)</i>	7	PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
			LO LOESTRIN FE TABS	5	PV
			LOSEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	7	PV
			MINASTRIN 24 FE CHEW <i>(norethin acet & estrad-fe)</i>	7	PV
			MIRCETTE <i>(desogestrel-ethinyl estradiol (biphasic))</i>	7	PV

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Drug Name	Drug Tier	Requirements/Limits
NATAZIA	5	PV
NEXTSTELLIS	5	PV
<i>norethin acet & estrad-fe CAPS</i>	5	PV
<i>norethin acet & estrad-fe CHEW</i>	5	PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	PV
<i>norethindrone acet & eth estra</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	7	PV
TYBLUME CHEW	5	PV
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	7	PV
YAZ (<i>drospirenone-ethinyl estradiol</i>)	7	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV

Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	7	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	7	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		

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Drug Name	Drug Tier	Requirements/Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	
AGAMREE	4	SP; PA
<i>budesonide CPEP</i>	1	QL(3 ea daily)
<i>budesonide TB24</i>	3	PA
CORTEF TABS (<i>hydrocortisone</i>)	7	
<i>deflazacort TABS</i>	4	PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS (<i>deflazacort</i>)	7	PA
<i>hydrocortisone TABS</i>	1	
MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	7	
MEDROL TABS	2	
MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPK</i>	1	
ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	7	
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7	
<i>prednisolone sodium phosphate SOLN 25 MG/5ML</i>	3	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	1	
<i>prednisolone sodium phosphate TBDP</i>	3	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPK</i>	1	
UCERIS TB24 (<i>budesonide</i>)	7	PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate 150 MG</i>	3	
<i>benzonatate 100 MG, 200 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYCODAN SOLN <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	7		(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM GUAIFENESIN/PSEUDOE PHEDRINE HYDROCHLORIDE TB12 1200 MG-120 MG	3	
<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) GUAITUSSIN AC, GUAIFENESIN AC SYRP	1				
(Phenylephrine-Brompheniramine-DM) PRESGEN B, TUSSIPRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML	3				
(Phenylephrine-Chlorphen-DM) ED A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	3				
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	3		(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM GUAIFENESIN/PSEUDOE PHEDRINE HYDROCHLORIDE TB12 600 MG-60 MG	1	
(Pseudoephedrine-Guaifenesin) AMBI 40PSE/400GFN, MUCUS RELIEF D, QC MUCUS SINUS RELIEF D TABS 400 MG-40 MG	3				
ACTINEL PEDIATRIC LIQD	3				
BIO-DTUSS DMX LIQD	3				
			CAPCOF SYRP	3	

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CHLOPHEDIANOL/DEXC HLOPHENIRAMINE./PSE UDOEPHEDRINE	3		PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
CODITUSSIN AC LIQD	3		<i>pseudoephed-bromphen- dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	3	
ED BRON GP LIQD	3		<i>pseudoephedrine- guaifenesin TB12 600 MG-60 MG</i>	1	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	<i>pseudoephedrine- guaifenesin TB12 1200 MG-120 MG</i>	3	
GILTUSS COUGH & COLD TABS	3		RYDEX	3	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	TUSNEL C SYRP	3	
GLENMAX PEB LIQD	3		TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3	
<i>guaifenesin-codeine SOLN</i>	1		TUSNEL TABS	3	
<i>hydrocodone polistirex- chlorpheniramine polistirex SUER</i>	1		VANACOF	3	
LOHIST-DM SYRP	3		Expectorants		
MAR-COF BP	3		(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	3	
MAR-COF CG EXPECTORANT LIQD	3		<i>guaifenesin TABS 400 MG</i>	3	
MAXI-TUSS PE MAX LIQD	3		Misc. Respiratory Inhalants		
M-CLEAR WC SOLN	3				
M-END PE LIQD	3				
MUCINEX D MAXIMUM STRENGTH TB12 (<i>pseudoephedrine- guaifenesin</i>)	7				
MUCINEX D TB12 (<i>pseudoephedrine- guaifenesin</i>)	7				
NINJACOF-XG LIQD	3				
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)			
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)			
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)			
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)			
<i>promethazine- phenylephrine-codeine</i>	1				

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(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
HYPERSAL NEBU <i>(sodium chloride (inhalant))</i>	7		(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
HYPERSAL NEBU	3		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3	
NEBUSAL NEBU	3		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
<i>sodium chloride (inhalant) NEBU 7 %</i>	3		(Tretinoin) AVITA CREA 0.025 %	1	
Mucolytics			(Tretinoin) AVITA GEL 0.025 %	1	
<i>acetylcysteine SOLN</i>	1		ABSORICA 30 MG <i>(isotretinoin)</i>	7	QL(3 ea daily; 150 Day(s) limit)
DERMATOLOGICALS - Drugs to Treat Skin			ABSORICA 35 MG, 40 MG <i>(isotretinoin)</i>	7	QL(2 ea daily; 150 Day(s) limit)
Conditions			ABSORICA 10 MG, 25 MG <i>(isotretinoin)</i>	7	QL(4 ea daily; 150 Day(s) limit)
Acne Products			ABSORICA 20 MG <i>(isotretinoin)</i>	7	QL(5 ea daily; 150 Day(s) limit)
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC	ACZONE 7.5 % <i>(dapsonsone (topical))</i>	7	ST; QL(2 gm daily); PA
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	3		ACZONE 5 % <i>(dapsonsone (topical))</i>	7	ST; PA
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	3		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	3	ST; Limited 45gms per month; QL(1.5 gm daily); PA
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1				
(Erythromycin (Acne Aid)) ERY PADS	3				
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)			

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<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>clindamycin phosphate-tretinoin</i>	3	QL(1 gm daily)
<i>adapalene CREA</i>	1	QL(45 gm per fill retail)	<i>dapsone (topical) 7.5 %</i>	3	ST; QL(2 gm daily); PA
<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC	<i>dapsone (topical) 5 %</i>	3	ST; PA
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	DIFFERIN CREA (<i>adapalene</i>)	7	QL(45 gm per fill retail)
ATRALIN GEL (<i>tretinoin</i>)	7	Limit 45gms per month; QL(1.5 gm daily)	DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 gm per fill retail); RX/OTC
AZELEX	3		DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 gm per fill retail; 135 per fill mail)
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 gm daily)	DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ml daily)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)	EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	7	ST; Limited 45gms per month; QL(1.5 gm daily); PA
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	7		EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month; QL(1.5 gm daily)
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	7		ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7	
<i>clindamycin phosphate (topical) FOAM</i>	3		<i>erythromycin (acne aid) GEL</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1		<i>erythromycin (acne aid) SOLN</i>	1	
<i>clindamycin phosphate (topical) LOTN</i>	1		EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	7	
<i>clindamycin phosphate (topical) SOLN</i>	1		FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>clindamycin phosphate (topical) SWAB</i>	3		<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	3		<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)

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<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)	<i>tretinoin microsphere 0.08 %</i>	3	ST; PA
KLARON (<i>sulfacetamide sodium (acne)</i>)	7		<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 gm daily)
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin GEL 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily)
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 gm daily)	VELTIN (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
RETIN-A MICRO PUMP 0.08 % (<i>tretinoin microsphere</i>)	7	ST; PA	ZIANA (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 gm daily)	Agents for External Genital and Perianal Warts		
RETIN-A CREA (<i>tretinoin</i>)	7		VEREGEN	3	QL(30 gm per fill retail)
RETIN-A GEL (<i>tretinoin</i>)	7		Antibiotics - Topical		
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3		ALTABAX	3	
<i>sulfacetamide sodium (acne)</i>	1		CENTANY OINT	2	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	3		<i>gentamicin sulfate (topical) CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	3		<i>gentamicin sulfate (topical) OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)	<i>mupirocin OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	3		Antifungals - Topical		
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	(Ciclopirox) CICLODAN SOLN	3	
			(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	3	
			(Ketoconazole (Topical)) KETODAN FOAM	3	
			(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
			<i>ciclopirox olamine CREA</i>	1	

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<i>ciclopirox olamine SUSP</i>	1		<i>nystatin (topical) CREA</i>	1	
<i>ciclopirox GEL</i>	1		<i>nystatin (topical) OINT</i>	1	
<i>ciclopirox SHAM</i>	3		<i>nystatin (topical) POWD EX</i>	1	
<i>ciclopirox SOLN</i>	3		<i>nystatin-triamcinolone CREA</i>	1	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>nystatin-triamcinolone OINT</i>	1	
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)	<i>oxiconazole nitrate CREA</i>	3	
<i>econazole nitrate CREA</i>	1		OXISTAT CREA (<i>oxiconazole nitrate</i>)	7	
ECOZA FOAM	3	Limit 70gms per month; QL(2.34 gm daily)	OXISTAT LOTN	3	
ERTACZO	4	PA	<i>sulconazole nitrate CREA</i>	3	
EXELDERM CREA (<i>sulconazole nitrate</i>)	7		<i>sulconazole nitrate SOLN</i>	1	
EXELDERM SOLN	2		VYTONE 1.9 %-1 % (<i>iodoquinol-hydrocortisone in aloe vehicle</i>)	7	
EXODERM	3		Anti-inflammatory Agents - Topical		
EXTINA FOAM (<i>ketoconazole (topical)</i>)	7		(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	3				
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)			
<i>ketoconazole (topical) FOAM</i>	3				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7				
LOPROX CREA (<i>ciclopirox olamine</i>)	7				
LOPROX SUSP (<i>ciclopirox olamine</i>)	7				
<i>luliconazole</i>	3	PA			
LUZU (<i>luliconazole</i>)	7	PA			
<i>naftifine hcl CREA</i>	3				
<i>naftifine hcl GEL 2 %</i>	3				
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	7				

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<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)	COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA
<i>bexarotene (topical)</i>	1		COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)	DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 gm daily)
<i>diclofenac sodium (actinic keratoses) EX</i>	3	PA	<i>methoxsalen rapid</i>	1	
EFUDEX CREA (<i>fluorouracil (topical)</i>)	7		SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
<i>fluorouracil (topical) CREA 5 %</i>	1		SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA
<i>fluorouracil (topical) SOLN</i>	1		SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
PANRETIN	3	PA	SORILUX FOAM	3	QL(4 gm daily)
TARGRETIN (<i>bexarotene (topical)</i>)	7				
VALCHLOR	4	ST; PA			
Antipsoriatics					
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)			
<i>acitretin 10 MG</i>	3	QL(1 ea daily)			
<i>acitretin 25 MG</i>	3	QL(2 ea daily)			
<i>acitretin 17.5 MG</i>	3				
<i>calcipotriene CREA</i>	1	QL(5 gm daily)			
<i>calcipotriene FOAM</i>	3	QL(4 gm daily)			
CALCIPOTRIENE FOAM	3	QL(4 gm daily)			
<i>calcipotriene OINT</i>	1	QL(5 gm daily)			
<i>calcipotriene SOLN</i>	1				
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.34 gm daily)			

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STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7	
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); SP; PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA	SODIUM SULFACETAMIDE WASH LIQD	3	
<i>tazarotene CREA</i>	1	QL(1 gm daily)	<i>sulfacetamide sodium LIQD</i>	1	
<i>tazarotene GEL</i>	1	QL(1 gm daily)	Antivirals - Topical		
TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 gm daily)	<i>acyclovir topical CREA</i>	3	Limit 5gms per month; QL(0.17 gm daily); PA
TAZORAC CREA	2	QL(1 gm daily)	<i>acyclovir topical OINT</i>	1	QL(1 gm daily)
TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 gm daily)	ZOVIRAX CREA (<i>acyclovir topical</i>)	7	Limit 5gms per month; QL(0.17 gm daily); PA
TREMFYA SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 gm daily)
TREMFYA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	Burn Products		
VECTICAL (<i>calcitriol topical</i>)	2	Limit 100gms per month; QL(3.34 gm daily)	(Silver Sulfadiazine) SSD	1	
Antiseborrheic Products			<i>mafenide acetate PACK</i>	3	
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7		SILVADENE (<i>silver sulfadiazine</i>)	7	
			<i>silver sulfadiazine</i>	1	
			SULFAMYLON CREA	3	
			SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	7	
			Corticosteroids - Topical		
			(Clobetasol Propionate Emollient Base)	1	
			CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %		
			(Clobetasol Propionate Emulsion) TOVET	3	
			(Clobetasol Propionate) CLODAN SHAM	1	
			(Desonide) DESRX GEL	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Flurandrenolide) NOLIX CREA	3		<i>betamethasone valerate OINT</i>	1	
(Flurandrenolide) NOLIX LOTN	3	PA	<i>calcipotriene-betamethasone dipropionate OINT</i>	3	QL(2 gm daily); ST
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		<i>calcipotriene-betamethasone dipropionate SUSP</i>	3	QL(2 gm daily); ST
ALA-SCALP LOTN	3		CAPEX SHAM	2	
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emulsion</i>	3	
<i>amcinonide CREA</i>	3		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate FOAM</i>	3	
<i>amcinonide OINT</i>	3		<i>clobetasol propionate GEL 0.05 %</i>	1	
APEXICON E CREA	2		<i>clobetasol propionate LIQD</i>	3	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate LOTN</i>	3	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		CLOBEX LIQD (<i>clobetasol propionate</i>)	7	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	7	
<i>betamethasone dipropionate augmented OINT</i>	1		CLOBEX SHAM (<i>clobetasol propionate</i>)	7	
<i>betamethasone valerate CREA</i>	1		<i>clocortolone pivalate</i>	3	
<i>betamethasone valerate FOAM</i>	3		CLODERM (<i>clocortolone pivalate</i>)	7	
<i>betamethasone valerate LOTN</i>	1		CORDRAN CREA (<i>flurandrenolide</i>)	7	
			CORDRAN LOTN (<i>flurandrenolide</i>)	7	PA

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CORDRAN OINT	3	PA	<i>fluocinonide CREA</i>	1	
CORDRAN TAPE	3		<i>fluocinonide GEL</i>	1	
CUTIVATE LOTN (<i>fluticasone propionate</i>)	7		<i>fluocinonide OINT</i>	1	
DERMA-SMOOTHIE/FS BODY OIL (<i>fluocinolone acetonide</i>)	7		<i>fluocinonide SOLN</i>	1	
DERMA-SMOOTHIE/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7		<i>flurandrenolide CREA</i>	3	
<i>desonide CREA</i>	1		<i>flurandrenolide LOTN</i>	3	PA
<i>desonide GEL</i>	3		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide LOTN</i>	1		<i>fluticasone propionate LOTN</i>	3	
<i>desonide OINT</i>	1		<i>fluticasone propionate OINT</i>	1	
DESOWEN CREA (<i>desonide</i>)	7		<i>halobetasol propionate CREA</i>	1	
<i>desoximetasone CREA</i>	1		<i>halobetasol propionate OINT</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desoximetasone LIQD</i>	3	ST	<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
<i>desoximetasone OINT 0.25 %</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desoximetasone OINT 0.05 %</i>	3		<i>hydrocortisone butyrate hydrophilic lipo base</i>	3	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone butyrate CREA</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone butyrate LOTN</i>	3	PA
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7		<i>hydrocortisone butyrate OINT</i>	1	
EPIFOAM FOAM	3		<i>hydrocortisone butyrate SOLN</i>	3	
<i>fluocinolone acetonide CREA</i>	1		<i>hydrocortisone valerate CREA</i>	3	
<i>fluocinolone acetonide OIL</i>	1		<i>hydrocortisone valerate OINT</i>	3	
<i>fluocinolone acetonide OINT</i>	1		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7	
<i>fluocinolone acetonide SOLN</i>	1		LOCOID LIPOCREAM	3	
<i>fluocinonide emulsified base</i>	1				

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LOCOID LOTN (<i>hydrocortisone butyrate</i>)	7	PA	TOPICORT LIQD (<i>desoximetasone</i>)	7	ST
LUXIQ FOAM (<i>betamethasone valerate</i>)	7		TOPICORT OINT (<i>desoximetasone</i>)	7	
<i>mometasone furoate</i> CREA	1		<i>triamcinolone acetonide</i> (<i>topical</i>) AERS	1	
<i>mometasone furoate</i> OINT	1		<i>triamcinolone acetonide</i> (<i>topical</i>) CREA	1	
<i>mometasone furoate</i> SOLN	1		<i>triamcinolone acetonide</i> (<i>topical</i>) LOTN	1	
OLUX-E (<i>clobetasol propionate emulsion</i>)	7		<i>triamcinolone acetonide</i> (<i>topical</i>) OINT 0.025 %, 0.1 %, 0.5 %	1	
OLUX FOAM (<i>clobetasol propionate</i>)	7		TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
PRAMOSONE LOTN	3		ULTRAVATE LOTN	3	ST; PA
PRAMOSONE OINT 2.5 %-1 %	2		VANOS CREA (<i>fluocinonide</i>)	7	
PRAMOSONE OINT 1 %-1 %	3		Eczema Agents		
<i>prednicarbate</i> OINT	3		DUPIXENT SOPN 300 MG/2ML	4	PA
SYNALAR CREA (<i>fluocinolone acetonide</i>)	7		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
SYNALAR OINT (<i>fluocinolone acetonide</i>)	7		Enzymes - Topical		
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7		SANTYL OINT	3	
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST	Immunomodulating Agents - Topical		
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST	ALDARA (<i>imiquimod</i>)	7	
TEMOVATE CREA (<i>clobetasol propionate</i>)	7		<i>imiquimod</i> 5 %	1	
TEMOVATE OINT (<i>clobetasol propionate</i>)	7		Immunosuppressive Agents - Topical		
TEXACORT SOLN 2.5 %	3		ELIDEL (<i>pimecrolimus</i>)	7	QL(60 gm per fill retail)
TOPICORT CREA (<i>desoximetasone</i>)	7		<i>pimecrolimus</i>	3	QL(60 gm per fill retail)
TOPICORT GEL (<i>desoximetasone</i>)	7		PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 15 yrs old)
			PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 2 yrs old)

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<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)	EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)	Rosacea Agents		
Keratolytic/Antimitotic Agents			(Metronidazole (Topical)) ROSADAN CREA	1	
(Salicylic Acid) KERALYT SHAM 6 %	1		(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)
BENSAL HP OINT	3	RX/OTC	<i>azelaic acid GEL</i>	1	
CONDYLOX GEL (<i>podofilox</i>)	7		<i>brimonidine tartrate (topical)</i>	3	ST; PA
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC	<i>doxycycline (rosacea)</i>	3	ST; QL(1 ea daily); PA
PODOCON-25 SOLN	3		FINACEA FOAM	3	
<i>podofilox GEL</i>	1		FINACEA GEL (<i>azelaic acid</i>)	7	
<i>podofilox SOLN</i>	1		<i>ivermectin (rosacea)</i>	3	QL(1.5 gm daily); PA
SALICYLIC ACID OINT	3	RX/OTC	METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
<i>salicylic acid SHAM 6 %</i>	1		METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
<i>salicylic acid SOLN 26 %</i>	3		METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ml per fill retail)
<i>salicylic acid SOLN 28.5 %</i>	3	PA	<i>metronidazole (topical) CREA</i>	1	
SALIMEZ CREA	3		<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
SALY CIM CREA	3		<i>metronidazole (topical) GEL 1 %</i>	1	
ULTRASAL-ER SOLN (<i>salicylic acid</i>)	7	PA	<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)
Local Anesthetics - Topical			MIRVASO (<i>brimonidine tartrate (topical)</i>)	7	ST; PA
(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	3	QL(3 ea daily)	ORACEA (<i>doxycycline (rosacea)</i>)	7	ST; QL(1 ea daily); PA
<i>lidocaine-prilocaine CREA</i>	3		RHOFADE	3	ST; PA
<i>lidocaine PTCH 5 %</i>	3	QL(3 ea daily)	SOOLANTRA (<i>ivermectin (rosacea)</i>)	7	QL(1.5 gm daily); PA
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)	Scabicides & Pediculicides		
Misc. Topical					
DRYSOL SOLN	2				
XERAC AC	3				
Phosphodiesterase 4 (PDE4) Inhibitors - Topical					

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Drug Name	Drug Tier	Requirements/Limits
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	3	RX/OTC
<i>ivermectin (pediculicide)</i>	3	RX/OTC
<i>malathion</i>	3	
NATROBA (<i>spinosad</i>)	7	AL(At least 4 yrs old)
OVIDE (<i>malathion</i>)	7	
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
SKLICE (<i>ivermectin (pediculicide)</i>)	7	RX/OTC
<i>spinosad</i>	3	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	QL(15 gm per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KETONE STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	

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ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2		<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Loop Diuretics		
Carbonic Anhydrase Inhibitors			<i>bumetanide TABS 0.5 MG, 1 MG</i>		
<i>acetazolamide CP12</i>	1	QL(2 ea daily)	<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>acetazolamide TABS 125 MG</i>	1		BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)	EDECIN (<i>ethacrynic acid</i>)	7	ST
<i>methazolamide TABS</i>	1		<i>ethacrynic acid</i>	3	ST
Diuretic Combinations			<i>furosemide SOLN OR 10 MG/ML</i>	1	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7		<i>furosemide SOLN OR 40 MG/5ML</i>	3	
ALDACTAZIDE	2		<i>furosemide TABS</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1		LASIX TABS (<i>furosemide</i>)	7	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)	SOAANZ TABS 20 MG (<i>toremide</i>)	7	
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>toremide TABS 100 MG</i>	1	QL(2 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1		<i>toremide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		Potassium Sparing Diuretics		
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)	ALDACTONE TABS (<i>spironolactone</i>)	7	
			<i>amiloride hcl TABS</i>	1	
			DYRENIUM CAPS (<i>triamterene</i>)	7	
			<i>spironolactone TABS</i>	1	
			<i>triamterene CAPS</i>	3	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	1	
			DIURIL SUSP	3	
			<i>hydrochlorothiazide CAPS</i>	1	
			<i>hydrochlorothiazide TABS</i>	1	
			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	

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<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	7	Limit 4 for 28 days; QL(0.15 ea daily)
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	7	Limit 1 per month; QL(0.04 ea daily)
<i>alendronate sodium SOLN</i>	3	
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 ea daily)
BONIVA TABS (<i>ibandronate sodium</i>)	7	Limit 1 per month; QL(0.04 ea daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	4	PA
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	Limit 4 per 28 days; QL(0.15 ea daily)
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	7	PA
NATPARA	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 150 MG</i>	3	Limit 1 per month; QL(0.04 ea daily)
<i>risedronate sodium TABS 35 MG</i>	3	Limit 4 for 28 days; QL(0.15 ea daily)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	3	QL(1 ea daily)
TYMLOS	4	PA

Drug Name	Drug Tier	Requirements/Limits
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	QL(15 ea per 30 days retail)
<i>clomiphene citrate TABS</i>	1	QL(15 ea per 30 days retail)
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	7	PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis

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SYNAREL	2		<i>levocarnitine (metabolic modifiers) TABS</i>	3	
Metabolic Modifiers			MYALEPT	4	PA
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX	<i>nitisinone CAPS</i>	4	PA
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX	ORFADIN CAPS (<i>nitisinone</i>)	7	PA
<i>betaine</i>	4	PA	ORFADIN SUSP	4	PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7	PA	PALYNZIQ	4	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7	PA	<i>paricalcitol CAPS</i>	3	
<i>calcitriol CAPS 0.25 MCG</i>	1		RAVICTI	4	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)	ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
<i>calcitriol SOLN OR</i>	1		ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	7		ROCALTROL SOLN OR (<i>calcitriol</i>)	7	
CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7		<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	7		<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
<i>cinacalcet hcl</i>	3	PA	SENSIPAR (<i>cinacalcet hcl</i>)	7	PA
CYSTADANE (<i>betaine</i>)	7	PA	<i>sodium phenylbutyrate POWD</i>	4	PA
<i>doxercalciferol CAPS</i>	3		<i>sodium phenylbutyrate TABS</i>	4	PA
GALAFOLD	4	QL(0.5 ea daily); PA	STRENSIQ	4	PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX	ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX	Posterior Pituitary Hormones		
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	3		DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
			DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)
			<i>desmopressin acetate spray</i>	1	
			<i>desmopressin acetate spray refrigerated</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DESMOPRESSIN ACETATE SOLN NA	3		ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
<i>desmopressin acetate</i> TABS 0.2 MG	1	QL(6 ea daily)	ANGELIQ	3	
<i>desmopressin acetate</i> TABS 0.1 MG	1		CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 ea daily)
STIMATE SOLN NA	3		COMBIPATCH PTTW	3	
Progesterone Receptor Antagonists			DUAVEE	3	
MIFEPREX (<i>mifepristone</i>)	7	PV	<i>estradiol & norethindrone acetate</i> TABS	1	
<i>mifepristone</i>	5	PV	FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	7	
Prolactin Inhibitors			<i>norethindrone acetate-ethinyl estradiol</i>	1	
<i>cabergoline</i>	1		ORIAHNN	4	PA
Somatostatic Agents			PREFEST	3	
<i>octreotide acetate</i> SOLN	4	PA	PREMPHASE	2	
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	7	PA	PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
SIGNIFOR	4	PA	PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
Vasopressin Receptor Antagonists			Estrogens		
JYNARQUE TBPB	4	PA	(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs			ALORA PTTW	2	QL(0.29 ea daily)
Estrogen Combinations			CLIMARA PTWK (<i>estradiol</i>)	7	Limit 4 per 28 days; QL(0.15 ea daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1		DELESTROGEN (<i>estradiol valerate</i>)	7	QL(5 ml per fill retail)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		DIVIGEL GEL (<i>estradiol</i>)	7	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		ELESTRIN GEL	3	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		ESTRACE TABS (<i>estradiol</i>)	7	
			<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
			<i>estradiol GEL</i>	3	
			<i>estradiol PTTW</i>	1	QL(0.29 ea daily)

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<i>estradiol PTWK</i>	1	Limit 4 per 28 days; QL(0.15 ea daily)	OCALIVA 10 MG	4	QL(1 ea daily); PA
<i>estradiol TABS</i>	1		OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)	Gallstone Solubilizing Agents		
EVAMIST SOLN	3		CHENODAL	4	PA
MENEST	2		URSO 250 TABS (<i>ursodiol</i>)	7	
MENOSTAR PTWK	3	Limit 4 per 28 days; QL(0.15 ea daily)	URSO FORTE TABS (<i>ursodiol</i>)	7	
MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)	<i>ursodiol CAPS</i>	1	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)	<i>ursodiol TABS</i>	1	
PREMARIN TABS 0.9 MG	2		Gastrointestinal Chloride Channel Activators		
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)	AMITIZA (<i>lubiprostone</i>)	7	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			<i>lubiprostone</i>	1	
Fluoroquinolones			Gastrointestinal Stimulants		
<i>ciprofloxacin hcl TABS</i>	1		<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	3	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1		<i>metoclopramide hcl TABS</i>	1	
CIPRO SUSR	2		<i>metoclopramide hcl TBDP</i>	3	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7		REGLAN TABS (<i>metoclopramide hcl</i>)	7	
<i>levofloxacin SOLN OR</i>	1		Inflammatory Bowel Agents		
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)	APRISO CP24 (<i>mesalamine</i>)	7	QL(4 ea daily)
<i>moxifloxacin hcl TABS</i>	1		ASACOL HD TBEC (<i>mesalamine</i>)	7	
<i>ofloxacin 400 MG</i>	3	QL(28 ea per 90 days retail)	AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 ea daily)
<i>ofloxacin 300 MG</i>	1		AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 ea daily)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily; 280 ea per fill retail)
Farnesoid X Receptor (FXR) Agonists			CANASA SUPP (<i>mesalamine</i>)	7	QL(1 ea daily)
			COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 ea daily; 280 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 ea daily)	<i>alvimopan</i>	3	
DIPENTUM	3		ENTEREG (<i>alvimopan</i>)	7	
LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 ea daily)	MOVANTIK	3	QL(1 ea daily)
<i>mesalamine CP24</i>	1	QL(4 ea daily)	Phosphate Binder Agents		
<i>mesalamine CPCR</i>	3	QL(8 ea daily); PA	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>mesalamine CPDR</i>	1	QL(6 ea daily)	AURYXIA	3	ST; PA
<i>mesalamine ENEM</i>	1	QL(60 ml daily)	<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>mesalamine SUPP</i>	1	QL(1 ea daily)	<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>mesalamine TBEC 800 MG</i>	1		FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)	FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
PENTASA CPCR (<i>mesalamine</i>)	7	QL(8 ea daily); PA	FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
PENTASA CPCR 250 MG	3	PA	FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
SFROWASA ENEM	2		FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 rtl pack lmt per fill; PA	FOSRENOL PACK	3	
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)	<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)	<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
Intestinal Acidifiers			<i>lanthanum carbonate CHEW 500 MG</i>	1	
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1		PHOSLYRA SOLN	3	
<i>lactulose (encephalopathy)</i>	1		RENAGEL (<i>sevelamer hcl</i>)	7	QL(16 ea daily); PA
Irritable Bowel Syndrome (IBS) Agents			RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
<i>alosetron hcl</i>	3		RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 ea daily)
LINZESS	2	QL(1 ea daily)	RENVELA TABS (<i>sevelamer carbonate</i>)	7	
LOTRONEX (<i>alosetron hcl</i>)	7		<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
VIBERZI	3	PA	<i>sevelamer carbonate PACK 0.8 GM</i>	1	
Peripheral Opioid Receptor Antagonists					

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 400 MG</i>	3	ST; PA
<i>sevelamer hcl 800 MG</i>	3	QL(16 ea daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	3	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	PA
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX (<i>tamsulosin hcl</i>)	7	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7	
PROSCAR (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 8 MG (<i>silodosin</i>)	7	QL(1 ea daily)
<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)
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC	3	
THIOLA TABS (<i>tiopronin</i>)	7	
<i>tiopronin TABS</i>	3	
<i>tiopronin TBEC</i>	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - Drugs to Treat Gout			GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations			Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	PA
Gout Agents			Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)	ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)	ALPROLIX 4000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>colchicine CAPS</i>	3		ALTUVIIIIO	4	PA
<i>colchicine TABS</i>	1		BENEFIX KIT 500 UNIT, 1000 UNIT	4	PA
COLCRYS TABS (<i>colchicine</i>)	7		COAGADDEX	4	PA
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)	CORIFACT	4	PA
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)	ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
MITIGARE CAPS (<i>colchicine</i>)	7		ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 ea daily)	FEIBA	4	PA
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 ea daily)	FIBRYGA	4	PA
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)	HEMOFIL M SOLR 1501 - 2000 UNIT, 1700 UNIT	4	PA
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	PA
Uricosurics			Uricosurics		
<i>probenecid</i>	1		HUMATE-P SOLR	4	PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products			Antihemophilic Products		
ADVATE	4	PA	IDELVION	4	PA
ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA	IXINITY SOLR	4	PA
ADYNOVATE 750 UNIT, 1500 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	JIVI	4	PA
AFSTYLA	4	PA	KCENTRA	4	PA
ALPHANATE SOLR	4	PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	PA
			KOATE SOLR	3	PA
			KOGENATE FS KIT	4	PA
			KOVALTRY	4	PA
			NOVOEIGHT	4	PA
			NOVOSEVEN RT	4	PA

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NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Refer to Accredo SP Rx; PA
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	4	SP- Acaria Health; PA
OBIZUR	4	PA
PROFILNINE	4	PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	PA
RECOMBINATE SOLR	4	PA
RIASTAP	4	PA
RIXUBIS SOLR	4	PA
TRETTEN	4	PA
VONVENDI	4	PA
WILATE KIT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	7	PA
<i>icatibant acetate SOLN</i>	4	PA
<i>icatibant acetate SOSY</i>	4	PA
Complement Inhibitors		
FABHALTA	4	PA
HAEGARDA SOLR SC	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 100 MG	4	ST; PA
TAVALISSE 150 MG	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN	4	PA

Drug Name	Drug Tier	Requirements/Limits
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	
EFFIENT (<i>prasugrel hcl</i>)	7	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	7	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 1000 MG	4	AC; PA
SIKLOS TABS 100 MG	4	ST; AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV

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(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV	Hemostatics - Systemic		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV	AMICAR SOLN OR (<i>aminocaproic acid</i>)	7	
			AMICAR TABS (<i>aminocaproic acid</i>)	7	
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC	<i>aminocaproic acid</i> SOLN OR 0.25 GM/ML	3	
			<i>aminocaproic acid</i> TABS	3	
<i>folic acid</i> TABS 1 MG	1	RX/OTC	LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily; 5 Day(s) limit)
<i>folic acid</i> TABS 400 MCG, 800 MCG	5	PV	<i>tranexamic acid</i> TABS	1	QL(6 ea daily; 5 Day(s) limit)
Hematopoietic Growth Factors			HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
MULPLETA	4	PA	Barbiturate Hypnotics		
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA	<i>phenobarbital</i> ELIX	1	
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA	<i>phenobarbital</i> TABS	1	
PROMACTA TABS	4	QL(1 ea daily); PA	Non-Barbiturate Hypnotics		
RETACRIT 20000 UNIT/ML	4	PA	AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
RETACRIT	4	PA	AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
RETACRIT	4	PA	DORAL (<i>quazepam</i>)	7	
UDENYCA SOSY	4	PA	<i>estazolam</i>	1	
ZARXIO	4	PA	<i>eszopiclone</i>	1	QL(1 ea daily)
ZIEXTENZO	4	PA	<i>flurazepam hcl</i> 30 MG	1	QL(1 ea daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			<i>flurazepam hcl</i> 15 MG	1	QL(2 ea daily)
			HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)
			LUNESTA (<i>eszopiclone</i>)	7	QL(1 ea daily)
			<i>midazolam hcl</i> SYRP	3	
			<i>quazepam</i>	3	
			RESTORIL 7.5 MG (<i>temazepam</i>)	7	
			RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)
			RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>)	7	QL(1 ea daily)

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<i>temazepam 22.5 MG</i>	3	QL(1 ea daily)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	QL(4000 ml per fill retail); PV
<i>temazepam 15 MG</i>	1	QL(2 ea daily)			
<i>temazepam 7.5 MG</i>	1				
<i>temazepam 30 MG</i>	1	QL(1 ea daily)			
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)			
<i>triazolam 0.125 MG</i>	1				
<i>zaleplon</i>	1	QL(1 ea daily)			
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)			
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)			
Orexin Receptor Antagonists			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
BELSOMRA	2	QL(1 ea daily); ST			
Selective Melatonin Receptor Agonists			PEG-PREP	5	QL(1 ea per fill retail); PV
<i>ramelteon</i>	3	QL(1 ea daily); ST	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
ROZEREM (<i>ramelteon</i>)	7	QL(1 ea daily); ST	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	7	PV
LAXATIVES - Bowel Treatment Drugs			Laxatives - Miscellaneous		
Laxative Combinations			(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV	(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 POWD	1	Limited to 510 Gm per month; QL(17.6 gm daily)
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV	<i>lactulose SOLN</i>	1	
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	7	QL(4000 ml per fill retail); PV	MIRALAX POWD (<i>polyethylene glycol 3350</i>)	7	Limited to 510 Gm per month; QL(17.6 gm daily)
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	7	PV			
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV			

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<i>polyethylene glycol 3350 POWD</i>	1	Limited to 510 Gm per month; QL(17.6 gm daily)	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
Saline Laxatives					
OSMOPREP	5	PV			
Stimulant Laxatives					
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX SUPP (<i>bisacodyl</i>)	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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DULCOLAX TBEC (bisacodyl)	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	
azithromycin SUSR	1	
azithromycin TABS 500 MG	1	QL(3 ea daily)
azithromycin TABS 250 MG	1	QL(6 ea per fill retail)
azithromycin TABS 600 MG	1	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS (azithromycin)	7	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (azithromycin)	7	QL(6 ea per fill retail)
ZITHROMAX PACK (azithromycin)	7	
ZITHROMAX SUSR (azithromycin)	7	
ZITHROMAX TABS 250 MG (azithromycin)	7	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (azithromycin)	7	QL(3 ea daily)
Clarithromycin		
clarithromycin SUSR	1	
clarithromycin TABS	1	
clarithromycin TB24	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	

Drug Name	Drug Tier	Requirements/Limits
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	7	
ERYPED 200 SUSR (erythromycin ethylsuccinate)	7	
ERYPED 400 SUSR (erythromycin ethylsuccinate)	7	
erythromycin base CPEP	1	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 ea per 365 days retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICI DE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	PV

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FEMCAP DEVI	5	PV	KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	5	PV
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	Diabetic Supplies		
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
			ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
			ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
			Parenteral Therapy Supplies		

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ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD NEEDLE/30G X 1/2"	2	RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC			

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CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU MISC	2	RX/OTC
ADULT MASK DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	RX/OTC
AEROCHAMBER MV MISC	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC

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BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	RX/OTC	EASIVENT/MASK-LARGE MISC	2	RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC	EASIVENT/MASK-MEDIUM MISC	2	RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	RX/OTC	EASIVENT/MASK-SMALL MISC	2	RX/OTC
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	RX/OTC	EASIVENT MISC	2	RX/OTC
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	RX/OTC	EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM DEVI	2	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	RX/OTC	EASY FLOW BLACK/RED DEVI	2	RX/OTC
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL DEVI	2	RX/OTC	EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
CO MONITOR DEVI	2	RX/OTC	EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC
			EASY FLOW WHITE/BLUE DEVI	2	RX/OTC
			EASY FLOW WHITE/GREEN DEVI	2	RX/OTC
			EASY FLOW WHITE/PINK DEVI	2	RX/OTC
			EASY FLOW WHITE/WHITE DEVI	2	RX/OTC
			EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC	OPTICHAMBER DIAMOND DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC	OPTICHAMBER DIAMOND MISC	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC	PARI TREK S COMBO PACK DEVI	2	RX/OTC
FLEXICHAMBER DEVI	2	RX/OTC	POCKET CHAMBER DEVI	2	RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	2	RX/OTC	POCKET SPACER DEVI	2	RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	2	RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	2	RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	RX/OTC
MICROCHAMBER DEVI	2	RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	RX/OTC
MICROCHAMBER MISC	2	RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	RX/OTC
MICROSPACER MISC	2	RX/OTC	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	RX/OTC
NEBULIZER CUP/TUBING DEVI	2	RX/OTC	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	2	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	2	RX/OTC	QUAKE DEVI	2	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	RX/OTC	RITEFLO DEVI	2	RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	RX/OTC	SPIRO PD DEVI	2	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	RX/OTC	THRESHOLD PEP DEVI	2	RX/OTC
			VERSAPAP/UNIVERSAL TUBING DEVI	2	RX/OTC
			VERSAPAP DEVI	2	RX/OTC

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VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	RX/OTC	MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	7	QL(0.27 ml daily)
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	RX/OTC	Serotonin Agonists		
VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC	<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			AMERGE (<i>naratriptan hcl</i>)	7	Limit 9 per month; QL(0.3 ea daily)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>eletriptan hydrobromide</i>	3	Limit 6 per month; QL(0.2 ea daily)
AJOVY SOAJ	2	PA	FROVA (<i>frovatriptan succinate</i>)	7	Limit 9 per month; QL(0.3 ea daily)
AJOVY SOSY	2	PA	<i>frovatriptan succinate</i>	3	Limit 9 per month; QL(0.3 ea daily)
EMGALITY SOAJ	2	PA	IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)
EMGALITY SOSY 120 MG/ML	2	PA	IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 ea daily)
UBRELVY	3	QL(10 ea per 30 days retail); ST	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	ST; PA
Migraine Combinations			IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1		IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7		IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	Limit 2 per fill, 4 per month; QL(0.14 ml daily; 2 ml per fill retail); PA
<i>ergotamine w/ caffeine TABS</i>	1		IMITREX TABS (<i>sumatriptan succinate</i>)	7	Limit 9 per month; QL(2 ea daily)
Migraine Products					
D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	7	PA			
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	3	QL(0.27 ml daily)			
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	4	PA			
ERGOMAR SUBL	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 ea daily)	<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 18 tabs per month; QL(0.6 ea daily)	<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)	ZOMIG SOLN (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)
RELPAK (<i>eletriptan hydrobromide</i>)	7	Limit 6 per month; QL(0.2 ea daily)	ZOMIG SOLN 2.5 MG	2	Limit 6 per month; QL(0.2 ea daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 ea daily)	MINERALS & ELECTROLYTES		
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)	Calcium		
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)	CALCIFOL	3	
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	4	PA	CALCIUM-FOLIC ACID PLUS D	3	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	4	Limit 2 per fill, 4 per month; QL(0.14 ml daily; 2 ml per fill retail); PA	MAGNEBIND 400	3	
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA	Fluoride		
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; QL(2 ml per 30 days retail); PA	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)	FLORIVA	3	
<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 ea daily)	<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, 2.2 MG</i>	1	AL(Up to 6 yrs old)
			<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
			<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
			<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old); PV
			Iodine Products		
			<i>iodine strong (lugol's)</i>	3	
			Phosphate		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 10 MEQ	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		(Potassium Chloride) Klor-Con Pack OR 20 MEQ	1	
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7		EFFER-K	3	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7		K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1		K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	7	
Potassium			<i>potassium chloride microencapsulated crystals er</i>	1	
(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-Con/EF TBEF	1		<i>potassium chloride CPCR</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ	1		<i>potassium chloride PACK OR 20 MEQ</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ	1		<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ	1		<i>potassium chloride TBCR 20 MEQ</i>	3	
(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 8 MEQ	1		<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	
			Zinc		
			GALZIN	3	
			WILZIN	3	
			MISCELLANEOUS THERAPEUTIC CLASSES		
			Chelating Agents		
			CUPRIMINE CAPS (<i>penicillamine</i>)	7	PA
			DEPEN TITRATABS TABS (<i>penicillamine</i>)	7	
			<i>penicillamine CAPS</i>	4	PA
			<i>penicillamine TABS</i>	1	
			SYPRINE (<i>trientine hcl</i>)	7	PA
			<i>trientine hcl 500 MG</i>	4	PA
			<i>trientine hcl 250 MG</i>	4	PA
			Immunomodulators		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide</i>	4	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>mycophenolate mofetil SUSR</i>	1	
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC	<i>mycophenolate mofetil TABS</i>	1	
Immunosuppressive Agents			<i>mycophenolate sodium</i>	3	
(Azathioprine) AZASAN TABS 75 MG, 100 MG	3		MYFORTIC (<i>mycophenolate sodium</i>)	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7	
ASTAGRAF XL CP24	3	PA	PROGRAF CAPS (<i>tacrolimus</i>)	7	
<i>azathioprine TABS 50 MG</i>	1		PROGRAF PACK	4	PA
<i>azathioprine TABS 75 MG, 100 MG</i>	3		RAPAMUNE SOLN (<i>sirolimus</i>)	7	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7		RAPAMUNE TABS (<i>sirolimus</i>)	7	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7		SANDIMMUNE CAPS (<i>cyclosporine</i>)	7	
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7		SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	2	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		<i>sirolimus TABS</i>	3	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		<i>tacrolimus CAPS</i>	1	
<i>cyclosporine CAPS</i>	1		ZORTRESS (<i>everolimus (immunosuppressant)</i>)	7	
<i>everolimus (immunosuppressant)</i>	1		Potassium Removing Agents		
IMURAN TABS (<i>azathioprine</i>)	7		(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
<i>mycophenolate mofetil CAPS</i>	1		LOKELMA	3	QL(1 ea daily); PA
			<i>sodium polystyrene sulfonate POWD</i>	1	
			Systemic Lupus Erythematosus Agents		
			BENLYSTA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA

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BENLYSTA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral					
<i>lidocaine hcl (mouth-throat) 2 %</i>	1		(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC
Anti-infectives - Throat					
<i>clotrimazole</i>	1		(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC
<i>nystatin (mouth-throat)</i>	1		(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC
ORAVIG	3				
Dental Products					
PREVIDENT RINSE SOLN	3				
<i>sodium fluoride (dental) SOLN 0.2 %</i>	3				
Steroids - Mouth/Throat/Dental					
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1				
<i>triamcinolone acetonide (mouth)</i>	1				
Throat Products - Misc.					
<i>cevimeline hcl</i>	3	QL(3 ea daily)	POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
EVOXAC (<i>cevimeline hcl</i>)	7	QL(3 ea daily)	POLY-VI-FLOR/IRON SUSP	3	RX/OTC
MUCOTROL WAFR	3		QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)	Ped MV w/ Fluoride		
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 ea daily)			
MULTIVITAMINS					
Ped Multi Vitamins w/FI & FE					

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(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	TRI-VI-FLOR	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	TRI-VI-FLORO	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	FLORIVA	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	Prenatal Vitamins		
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	FLORIVA PLUS SOLN	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN + FLUORIDE CHEW	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old)	<i>pediatric vitamins acid w/ fluoride SOLN</i>	1	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	3		POLY-VI-FLOR SUSP	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW	2	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC SOLN	2	
			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	
			CITRANATAL ASSURE	2	
			CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
			CITRANATAL BLOOM	3	
			CITRANATAL BLOOM DHA	2	
			CITRANATAL ESSENCE	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 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 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	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3		PRENATAL 19 CHEW	2	
ENBRACE HR	3		PRENATAL 19 TABS	3	RX/OTC
FOLIVANE-OB	2		PRENATAL MULTIVITAMIN PLUS DHA MISC	3	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENATAL+DHA MISC	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENATAL-U CAPS	2	
NESTABS	3		PRENATE	3	
NESTABS DHA	2		PRENATE AM	3	
NESTABS ONE	3		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT- 25 MCG-155 MG-50 MG- 300 MG-40 UNIT-600 MCG-18 MG	3	
OB COMPLETE ONE	3		PRENATE ENHANCE	3	
OB COMPLETE PETITE	3		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG- 155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
OB COMPLETE PREMIER	3		PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG- 1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT- 600 MCG-25 MG	3	
OB COMPLETE/DHA	3		PRENATE PIXIE	3	
OBSTETRIX DHA MISC	2		PRENATE RESTORE	3	

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Drug Name	Drug Tier	Requirements/ Limits
PROVIDA OB	2	
RELNATE DHA CAPS	3	
SELECT-OB+DHA MISC	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
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	
SE-NATAL 19 CHEW	2	
SE-NATAL 19 TABS	3	RX/OTC
THRIVITE RX TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA	3	
TRISTART ONE	3	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VIRT-C DHA	2	
VIRT-NATE DHA CAPS	3	
VIRT-PN DHA	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAPEARL	3	
VITATRUE	2	
VIVA DHA CAPS	3	
VP-PNV-DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
WESTGEL DHA	3	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	

Drug Name	Drug Tier	Requirements/ Limits
MUSCULOSKELETAL THERAPY AGENTS -		
Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS 350 MG</i>	1	
<i>carisoprodol TABS 250 MG</i>	3	
<i>chlorzoxazone TABS 500 MG</i>	3	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 800 MG</i>	3	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
SKELAXIN (<i>metaxalone</i>)	7	QL(4 ea daily)
SOMA TABS (<i>carisoprodol</i>)	7	
<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)
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	7	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7	
<i>dantrolene sodium CAPS</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine</i>	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL -		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Drugs to treat the Nose or Sinus					
Nasal Agent Combinations					
<i>azelastine hcl-fluticasone propionate SUSP</i>	3	Limit 1 bottle per month; QL(0.77 gm daily)	(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	7	Limit 1 bottle per month; QL(0.77 gm daily)			
Nasal Antiallergy					
(Azelastrine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC			
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)			
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC			
<i>olopatadine hcl (nasal)</i>	3				
PATANASE (<i>olopatadine hcl (nasal)</i>)	7				
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids					
			(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPDOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 gm daily); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
XHANCE EXHU	3	QL(1.07 ml daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	4	PA
RADICAVA ORS SUSP	4	PA
RELYVRIO	4	PA
RILUTEK TABS (<i>riluzole</i>)	7	
<i>riluzole TABS</i>	3	
Spinal Muscular Atrophy Agents (SMA)		

Drug Name	Drug Tier	Requirements/Limits
EVRYSDI	4	PA
NUTRIENTS		
Lipids		
DOJOLVI	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	3	
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	3	
<i>carteolol hcl (ophth)</i>	3	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	7	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	3	
<i>timolol maleate (ophth) SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL	2	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN (<i>tropicamide</i>)	7	
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	3	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
<i>tropicamide SOLN</i>	3	
Miotics		

Drug Name	Drug Tier	Requirements/Limits
ISOPTO CARPINE SOLN 1 %, 2 % (<i>pilocarpine hcl</i>)	7	QL(0.5 ml daily)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	7	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	7	
CILOXAN OINT	2	
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	7	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	3	

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<i>gentamicin sulfate (ophth) SOLN</i>	1		ALCAINE (<i>proparacaine hcl</i>)	7	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)	<i>proparacaine hcl</i>	3	
<i>levofloxacin (ophth) 1.5 %</i>	3		<i>tetracaine hcl (ophth)</i>	3	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)	Ophthalmic Steroids		
NATACYN	2		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	1		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>neomycin-polymyxin-gramicidin</i>	1		ALREX SUSP (<i>loteprednol etabonate</i>)	7	
OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)	<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)	BLEPHAMIDE S.O.P. OINT	2	
<i>polymyxin b-trimethoprim</i>	1		BLEPHAMIDE SUSP	2	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7		<i>dexamethasone sodium phosphate (ophth)</i>	1	
POVIDONE IODINE	3		<i>difluprednate</i>	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1		DUREZOL (<i>difluprednate</i>)	7	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		FLAREX	2	
<i>tobramycin (ophth) SOLN</i>	1		<i>fluorometholone (ophth) SUSP</i>	1	
TOBEX OINT	2		FML FORTE SUSP	2	
<i>trifluridine</i>	1		FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)	FML OINT	2	
ZIRGAN GEL	3		LOTEMAX GEL (<i>loteprednol etabonate</i>)	7	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	7		LOTEMAX OINT	3	
Ophthalmic Immunomodulators			LOTEMAX SUSP (<i>loteprednol etabonate</i>)	7	Limit 6 per month; QL(0.2 ml daily)
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)	<i>loteprednol etabonate GEL</i>	3	
Ophthalmic Local Anesthetics			<i>loteprednol etabonate SUSP 0.5 %</i>	3	Limit 6 per month; QL(0.2 ml daily)
(Tetracaine Hcl (Ophth)) ALTACAINE	3				
AKTEN	3				

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<i>Ioteprednol etabonate</i> SUSP 0.2 %	3		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
MAXIDEX SUSP OP	2		OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC		
MAXITROL OINT (<i>neomycin-polymy- dexameth</i>)	7		OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %		
MAXITROL SUSP (<i>neomycin-polymy- dexameth</i>)	7		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>neomycin-polymy- dexameth OINT</i>	1		OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %		
<i>neomycin-polymy- dexameth SUSP</i>	1		ACULAR (<i>ketorolac tromethamine (ophth)</i>)	7	
<i>neomycin-polymyxin-hc (ophth)</i>	1		ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7	
PRED MILD	2		ACUVAIL	3	
PRED-G S.O.P. OINT	3		ALOCRIAL	3	
PRED-G SUSP	3		ALOMIDE	2	
<i>prednisolone acetate (ophth)</i>	1		<i>azelastine hcl (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	2		AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.34 ml daily)
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOX ACIN SOLN	3		<i>bepotastine besilate</i>	3	QL(0.34 ml daily); ST
<i>sulfacetamide sod- prednisolone SOLN</i>	1		BEPREVE (<i>bepotastine besilate</i>)	7	QL(0.34 ml daily); ST
TOBRADEX ST SUSP	3		<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.34 ml daily)
TOBRADEX OINT	3		<i>bromfenac sodium (ophth)</i> 0.07 %, 0.075 %	3	
TOBRADEX SUSP (<i>tobramycin- dexamethasone</i>)	7	QL(5 ml per fill retail)			
<i>tobramycin- dexamethasone SUSP</i>	1	QL(5 ml per fill retail)			
ZYLET	3	QL(5 ml per fill retail)			
Ophthalmic Surgical Aids					
GELFILM OP	3				
Ophthalmics - Misc.					

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<i>bromfenac sodium (ophth) 0.09 %</i>	1	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	7	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	Limit 4 bottles per month; QL(2.15 ml daily); 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	
LASTACAPT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PAREMYD	3	
PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PATADAY EXTRA STRENGTH	3	Limit 1 bottle per month; QL(0.084 ml daily); ST
PROLENSA (<i>bromfenac sodium (ophth)</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
TRUSOPT (<i>dorzolamide hcl</i>)	7	QL(0.34 ml daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 ml daily)
<i>tafluprost</i>	3	QL(1 ea daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ml daily)
ZIOPTAN (<i>tafluprost</i>)	7	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetoneide</i>	3	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OTOVEL (<i>ciprofloxacin-fluocinolone acetoneide</i>)	7	Limit 15mls per month; QL(0.5 ea daily)
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	3	
DERMOTIC (<i>fluocinolone acetoneide (otic)</i>)	7	
<i>fluocinolone acetoneide (otic)</i>	3	
<i>hydrocortisone w/acetic acid</i>	3	QL(10 ml per fill retail; 30 per fill mail)
HYDROCORTISONE/ACETIC ACID (<i>hydrocortisone w/acetic acid</i>)	7	QL(10 ml per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
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	

Drug Name	Drug Tier	Requirements/Limits
<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 ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
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		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AYGESTIN TABS (<i>norethindrone acetate</i>)	7		<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)	<i>galantamine hydrobromide SOLN</i>	1	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1		<i>galantamine hydrobromide TABS</i>	1	
<i>megestrol acetate (appetite)</i>	3	AC	<i>memantine hcl CP24 7 MG</i>	3	ST; PA
<i>norethindrone acetate TABS</i>	1		<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	3	PA
<i>progesterone CAPS</i>	1	QL(1 ea daily)	<i>memantine hcl SOLN</i>	1	
PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 ea daily)	<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
PROVERA 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	7		<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 ea daily)	<i>memantine hcl TABS</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7	
Agents for Chemical Dependency			NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	7	PA
<i>acamprosate calcium</i>	1		NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	7	ST; PA
<i>disulfiram</i>	1		NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)
LUCEMYRA	3	QL(224 ea per 14 days retail); PA	NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 ea daily)
Anti-Cataleptic Agents			NAMZARIC C4PK	3	PA
SODIUM OXYBATE SOLN	4	ST; PA	NAMZARIC CP24 7 MG-10 MG	3	ST; PA
XYREM SOLN	4	ST; PA	NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	3	PA
Antidementia Agents			RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 ea daily)
ARICEPT TABS (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)	<i>rivastigmine</i>	1	
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)	<i>rivastigmine tartrate CAPS</i>	1	
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)	Combination Psychotherapeutics		
EXELON (<i>rivastigmine</i>)	7				

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<i>chlordiazepoxide-amitriptyline</i>	3		AVONEX PEN AJKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>olanzapine-fluoxetine hcl</i>	3		AVONEX PSKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>perphenazine-amitriptyline</i>	3		BETASERON KIT	4	PA
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	7		COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	7	QL(1 ml daily)
Fibromyalgia Agents			COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	7	QL(12 ml per 28 days retail)
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA	<i>dalfampridine</i>	1	PA
SAVELLA TABS	3	QL(2 ea daily); PA	<i>dimethyl fumarate CDPK</i>	3	QL(60 ea per 365 days retail)
Movement Disorder Drug Therapy			<i>dimethyl fumarate CPDR</i>	3	QL(2 ea daily)
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA	<i> fingolimod hcl</i>	1	QL(1 ea daily)
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA	GILENYA 0.5 MG	2	QL(1 ea daily)
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA	GILENYA (<i> fingolimod hcl</i>)	7	QL(1 ea daily)
INGREZZA CAPS 80 MG	4	QL(1 ea daily); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
INGREZZA CAPS 40 MG	4	Specialty drug-Health Net will refer to SP Pharmacy; QL(1 ea daily); PA	<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 days retail)
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA	KESIMPTA	4	QL(0.0143 ml daily); PA
INGREZZA CPPK	4	PA	MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA
<i>tetrabenazine</i>	4		MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA
XENAZINE (<i>tetrabenazine</i>)	7		MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA
Multiple Sclerosis Agents			MAYZENT TABS 1 MG	3	not available thru mail order; PA
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)	MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 ea daily); PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 days retail)			
AMPYRA (<i>dalfampridine</i>)	7	PA			
AUBAGIO (<i>teriflunomide</i>)	7	QL(1 ea daily)			

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PLEGRIDY STARTER PACK SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Smoking Deterrents		
PLEGRIDY STARTER PACK SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	5	PV
PLEGRIDY SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			
PLEGRIDY SOSY IM	4	PA			
PLEGRIDY SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA			
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA			
REBIF REBIDOSE SOAJ	4	PA			
REBIF TITRATION PACK SOSY	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA			
REBIF SOSY	4	PA			
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	7	QL(60 ea per 365 days retail)			
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	QL(2 ea daily)			
<i>teriflunomide</i>	1	QL(1 ea daily)			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	3				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	4	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	3				
<i>pimozide</i>	3				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR		

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(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR		

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(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR		
			APO-VARENICLINE TABS	5	QL(2 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	7	PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	7	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
			<i>nicotine MISC XX</i>	5	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
			NICOTROL INHALER INHA	5	PV
			NICOTROL NS SOLN	5	PV
			<i>varenicline tartrate TABS</i>	5	QL(2 ea daily); PV
Tranthyretin Amyloidosis Agents					
			TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions					
Cystic Fibrosis Agents					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KALYDECO PACK	4	PA	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
KALYDECO TABS	4	PA	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
ORKAMBI PACK 94 MG-75 MG	4	PA	ACTICLATE TABS (<i>doxycycline hyclate</i>)	7	
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	PA	<i>demeclocycline hcl</i> TABS	1	
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); PA	<i>doxycycline (monohydrate)</i> CAPS 150 MG	3	ST
PULMOZYME	4	QL(5 ml daily); PA	<i>doxycycline (monohydrate)</i> CAPS 50 MG, 75 MG, 100 MG	1	
SYMDEKO	4	PA	<i>doxycycline (monohydrate)</i> SUSR	1	
TRIKAFTA TBPK 50 MG-25 MG	4	QL(3 ea daily); PA	<i>doxycycline (monohydrate)</i> TABS 50 MG, 75 MG	3	
TRIKAFTA TBPK 100 MG-50 MG	4	QL(3 ea daily); PA	<i>doxycycline (monohydrate)</i> TABS 150 MG	3	ST
Pulmonary Fibrosis Agents			<i>doxycycline (monohydrate)</i> TABS 100 MG	1	
ESBRIET CAPS (<i>pirfenidone</i>)	7	QL(3 ea daily); SP; PA	<i>doxycycline hyclate</i> CAPS	1	
ESBRIET TABS (<i>pirfenidone</i>)	7	QL(3 ea daily); SP; PA	<i>doxycycline hyclate</i> TABS 100 MG	1	
OFEV	4	QL(2 ea daily); PA	<i>doxycycline hyclate</i> TABS 20 MG, 75 MG, 150 MG	3	
<i>pirfenidone</i> CAPS	4	QL(3 ea daily); SP; PA	<i>minocycline hcl</i> CAPS	1	
<i>pirfenidone</i> TABS	4	QL(3 ea daily); SP; PA	<i>minocycline hcl</i> TABS 50 MG, 100 MG	1	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections			<i>minocycline hcl</i> TABS 75 MG	1	PA
Sulfonamides			<i>tetracycline hcl</i> CAPS	1	
<i>sulfadiazine</i> TABS	3		VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	
TETRACYCLINES - Drugs to Treat Bacterial Infections			VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	
Tetracyclines			THYROID AGENTS - Drugs to Regulate Thyroid		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Hormones					
Antithyroid Agents					
<i>methimazole TABS</i>	1		<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)	<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 ea daily)
Thyroid Hormones					
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		<i>liothyronine sodium TABS 5 MCG</i>	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	NIVA THYROID TABS	2	
ADTHYZA TABS	2		NP THYROID 120 TABS	2	
ARMOUR THYROID TABS	2		NP THYROID 15 TABS	2	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		NP THYROID 30 TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 ea daily)	NP THYROID 60 TABS	2	
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	1		NP THYROID 90 TABS	2	
<i>levothyroxine sodium CAPS 125 MCG</i>	1	QL(1 ea daily)	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
			SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)
			THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
			TIROSINT CAPS 75 MCG	2	
			TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
			(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1	

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(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1		ROBINUL TABS (glycopyrrolate)	7	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1		H-2 Antagonists		
ANASPAZ TBDP (hyoscyamine sulfate)	7		<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	1	
BELLADONNA/OPIUM	3		<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
<i>chlordiazepoxide hcl- clidinium bromide</i>	1	PA	<i>cimetidine TABS 300 MG, 800 MG</i>	1	
CUVPOSA SOLN OR (glycopyrrolate)	7		<i>famotidine SUSR</i>	3	
<i>dicyclomine hcl CAPS</i>	1		<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)
<i>dicyclomine hcl SOLN OR</i>	1		<i>nizatidine CAPS</i>	1	
<i>dicyclomine hcl TABS</i>	1		<i>nizatidine SOLN</i>	1	
GLYCATE TABS	3		PEPCID TABS 40 MG (famotidine)	7	QL(2 ea daily)
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1		Misc. Anti-Ulcer		
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1		CARAFATE SUSP (sucralfate)	7	
GLYCOPYRROLATE TABS	3		CARAFATE TABS (sucralfate)	7	QL(4 ea daily)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>sucralfate SUSP</i>	1	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		<i>sucralfate TABS</i>	1	QL(4 ea daily)
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		Proton Pump Inhibitors		
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1		(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC
LEVBIID TB12 (hyoscyamine sulfate)	7		(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
LEVSIN/SL SUBL (hyoscyamine sulfate)	7				
LEVSIN TABS (hyoscyamine sulfate)	7				
LIBRAX (chlordiazepoxide hcl- clidinium bromide)	7	PA			
<i>methscopolamine bromide</i>	1				
ROBINUL FORTE TABS (glycopyrrolate)	7				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)	<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)	PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 ea daily); RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)	PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily); AL(Up to 12 yrs old)
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	7	ST; QL(1 ea daily); PA	PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
<i>lansoprazole CPDR</i>	1	QL(1 ea daily)	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily)
<i>lansoprazole TBDD 30 MG</i>	3	QL(1 ea daily); AL(Up to 12 yrs old)	PRIOLOSEC PACK	3	PA
<i>lansoprazole TBDD 15 MG</i>	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	PROTONIX PACK (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)	PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>pantoprazole sodium PACK</i>	3	QL(1 ea daily)	<i>rabeprazole sodium TBEC</i>	3	ST; QL(1 ea daily); PA
			Ulcer Drugs - Prostaglandins		
			CYTOTEC (<i>misoprostol</i>)	7	
			<i>misoprostol</i>	1	
			Ulcer Therapy Combinations		
			<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
			HELIDAC THERAPY	3	
			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
			<i>darifenacin hydrobromide</i>	3	
			DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 ea daily)
			DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	7	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 ea daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	QL(2 ea daily)
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	7	
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	7	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flvoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
COVID VACCINES	5	
FLUMIST QUADRIVALENT	5	PV
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily)
Spermicides		
ENCARE SUPP 100 MG	5	PV

Drug Name	Drug Tier	Requirements/Limits
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	3	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	PA
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	3	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	
FEMRING	3	Limit 1 per month; QL(0.04 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis)</i> SOAJ 0.3 MG/0.3ML	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis)</i> SOAJ 0.15 MG/0.15ML	4	Not available through mail; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis)</i> SOAJ 0.15 MG/0.3ML	4	QL(2 ea per fill retail; 4 ea per 30 days retail)
SYMJEPI SOSY 0.3 MG/0.3ML	3	QL(2 ea per fill retail; 4 ea per 30 days retail); PA
SYMJEPI SOSY 0.15 MG/0.3ML	3	QL(2 ea per fill retail); PA
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	7	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	7	PV
<i>ergocalciferol CAPS</i>	1	PV
MEPHYTON TABS (<i>phytonadione</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>phytonadione TABS 5 MG</i>	1	
Water Soluble Vitamins		
POTABA CAPS	3	

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INDEX

(Acetaminophen-Caff-Dihydrocod) TREZIX CAPS 30 MG-320.5 MG-16 MG	9	ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	8	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	81
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	59	(Azathioprine) AZASAN TABS 75 MG, 100 MG	93	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	81
(Alprazolam) ALPRAZOLAM XR TB24	12	(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	98	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	14
(Amiodarone Hcl) PACERONE TABS	13	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN	100	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	6
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	7	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	101	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	6
(Aspirin) ASPIRIN 81 LOW DOSE,	7	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE		(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .	6
				(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6
				(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	9
				(Calcipotriene) CALCITRENE OINT 63	
				(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	75

(Carbamazepine) EPITOL TABS .. 17	EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ... 51	(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG 48
(Carisoprodol) VANADOM TABS 350 MG 97	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA 51	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG 47
(Cholestyramine Light) PREVALITE PACK 27	(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN 51	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER . 47
(Cholestyramine Light) PREVALITE POWD 27	(Desonide) DESRX GEL 64	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG 47
(Ciclopirox) CICLODAN SOLN 61	(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG 56	(Diltiazem Hcl) DILT-XR CP24 47
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB 59	(Dextroamphetamine Sulfate) PROCENTRA SOLN 1	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 47
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM 59	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG 1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG 115
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC .. 59	(Diazepam) DIAZEPAM INTENSOL CONC 12	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 115
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % 64	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG 4	(Doxycycline Hyclate) LYMEPAK TABS 100 MG 115
(Clobetasol Propionate Emulsion) TOVET 64	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG 51
(Clobetasol Propionate) CLODAN SHAM 64	ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG 51
(Clomiphene Citrate) CLOMID TABS 71	ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN	(Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG 51
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG 93	ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX 62	(Ergotamine W/ Caffeine) MIGERGOT SUPP 90
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 93	(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG 48	(Erythromycin (Acne Aid)) ERY PADS 59
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ... 51		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ,		

(Erythromycin Base) ERY-TAB TBEC82	ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP98	SOSY 40 MG/ML 106
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG82	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 15	(Glipizide) GLIPIZIDE XL TB24 24
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG 73	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 79	(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, REFENESIN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG ... 58
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 73	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 79	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML 57
(Estradiol Vaginal) YUVAFEM TABS . 119	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 79	(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP 57
(Estradiol) DOTTI, LYLLANA PTTW . 73	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 79	(Homatropine Hbr) HOMATROPAIRE100
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG 51	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 79	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 56
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG 51	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 78	(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 12
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE55	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG 79	(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG 116
(Fluocinolone Acetonide (Otic)) FLAC104	(Gentamicin Sulfate (Ophth)) GENTAK OINT 100	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 117
(Flurandrenolide) NOLIX CREA ... 65	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML 106	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG 117
(Flurandrenolide) NOLIX LOTN ... 65	(Glatiramer Acetate) GLATOPA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG 4
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT	(Glatiramer Acetate) GLATOPA	(Icatibant Acetate) SAJAZIR SOSY

78		LANSOPRAZOLE CPDR 15 MG .117	LEVONEST, TRIVORA-2852
(Indomethacin) INDOCIN SUPP4	(Lansoprazole) CVS		(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA,
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC61	LANSOPRAZOLE, GOODSENSE	LANSOPRAZOLE TBDD 15 MG .117	CAMRESE, CAMRESE LO,
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..59	(Levetiracetam) ROWEEPRA TABS 500 MG17		DAYSEE, FAYOSIM, ICLEVIA,
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..59	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .52		INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA52
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..59	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...52		(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA 0.03 MG-0.15 MG52
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG59	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...52		(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE52
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 69	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG .52		(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX52
(Ketoconazole (Topical)) KETODAN FOAM61	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG .52		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG116
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC75	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG .52		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG116
(Lactulose) CONSTULOSE SOLN 10 GM/15ML80	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG55		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG116
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT17	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28,		(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %68
(Lamotrigine) SUBVENITE TABS .17			(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL,
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM			

SM ANTI-DIARRHEAL CAPS 25	MINI NICOTINE, RA NICOTINE	CVS NICOTINE GUM, CVS
(Lorazepam) LORAZEPAM	POLACRILEX, SM NICOTINE, SM	NICOTINE POLACRILEX, CVS
INTENSOL CONC 12	NICOTINE POLACRILEX LOZG 2	NICOTINE POLACRILEX STARTER,
(Methadone Hcl) METHADONE	MG 108	EQ NICOTINE POLACRILEX, EQL
HYDROCHLORIDE INTENSOL	(Nicotine Polacrilex) CVS NICOTINE	NICOTINE POLACRILEX REFILL,
CONC 8	LOZENGE, CVS NICOTINE	EQL NICOTINE POLACRILEX
(Methadone Hcl) METHADOSE	POLACRILEX, EQ NICOTINE	STARTER, GNP NICOTINE GUM,
TBSO 8	LOZENGES, EQ NICOTINE	GNP NICOTINE POLACRILEX,
(Methylergonovine Maleate)	POLACRILEX, EQL NICOTINE	GOODSENSE NICOTINE GUM,
METHERGINE TABS 104	POLACRILEX, FT NICOTINE, FT	GOODSENSE NICOTINE
(Metronidazole (Topical)) ROSADAN	NICOTINE MINI, GNP NICOTINE	POLACRILEX GUM, HM NICOTINE
CREA 68	MINI LOZENGE, GNP NICOTINE	POLACRILEX, KLS QUIT2, KLS
(Metronidazole (Topical)) ROSADAN	POLACRILEX, GNP NICOTINE	QUIT4, PX STOP SMOKING AID,
GEL 0.75 % 68	POLACRILEX MINI, GOODSENSE	RA NICOTINE, RA NICOTINE GUM,
(Miconazole Nitrate Vaginal)	NICOTINE, GOODSENSE	SM NICOTINE, SM NICOTINE
MICONAZOLE 3 SUPP 200 MG . 119	NICOTINE POLACRILEX, HM	POLACRILEX, THRIVE GUM 2 MG
(Miglustat) YARGESA 78	NICOTINE POLACRILEX, KLS	109
(Nabumetone) RELAFEN 500 MG . 4	QUIT2, KLS QUIT4, NICOTINE MINI	(Nicotine Polacrilex) CVS NICOTINE,
(Nabumetone) RELAFEN 750 MG . 4	LOZENGE, NICOTINE POLACRILEX	CVS NICOTINE GUM, CVS
(Neomycin-Bacitracin Zn-Polymyxin)	MINI, PX STOP SMOKING AID, RA	NICOTINE POLACRILEX, CVS
NEO-POLYCIN 100	MINI NICOTINE, RA NICOTINE	NICOTINE POLACRILEX STARTER,
(Niacin (Antihyperlipidemic)) NIACOR	POLACRILEX, SM NICOTINE, SM	EQ NICOTINE POLACRILEX, EQL
TABS 29	NICOTINE POLACRILEX LOZG 4	NICOTINE POLACRILEX REFILL,
(Nicotine Polacrilex) CVS NICOTINE	MG 108	EQL NICOTINE POLACRILEX
LOZENGE, CVS NICOTINE	(Nicotine Polacrilex) CVS NICOTINE	STARTER, GNP NICOTINE GUM,
POLACRILEX, EQ NICOTINE	LOZENGE, CVS NICOTINE	GNP NICOTINE POLACRILEX,
LOZENGES, EQ NICOTINE	POLACRILEX, EQ NICOTINE	GOODSENSE NICOTINE GUM,
POLACRILEX, EQL NICOTINE	LOZENGES, EQ NICOTINE	GOODSENSE NICOTINE
POLACRILEX, FT NICOTINE, FT	POLACRILEX, EQL NICOTINE	POLACRILEX GUM, HM NICOTINE
NICOTINE MINI, GNP NICOTINE	POLACRILEX, FT NICOTINE, FT	POLACRILEX, KLS QUIT2, KLS
MINI LOZENGE, GNP NICOTINE	NICOTINE MINI, GNP NICOTINE	QUIT4, PX STOP SMOKING AID,
POLACRILEX, GNP NICOTINE	MINI LOZENGE, GNP NICOTINE	RA NICOTINE, RA NICOTINE GUM,
POLACRILEX MINI, GOODSENSE	POLACRILEX, GNP NICOTINE	SM NICOTINE, SM NICOTINE
NICOTINE, GOODSENSE	POLACRILEX MINI, GOODSENSE	POLACRILEX, THRIVE GUM 4 MG
NICOTINE POLACRILEX, HM	NICOTINE, GOODSENSE	109
NICOTINE POLACRILEX, KLS	NICOTINE POLACRILEX, HM	(Nicotine Polacrilex) CVS NICOTINE,
QUIT2, KLS QUIT4, NICOTINE MINI	NICOTINE POLACRILEX, KLS	CVS NICOTINE GUM, CVS
LOZENGE, NICOTINE POLACRILEX	QUIT2, KLS QUIT4, NICOTINE MINI	NICOTINE POLACRILEX, CVS
MINI, PX STOP SMOKING AID, RA	LOZENGE, NICOTINE POLACRILEX	NICOTINE POLACRILEX STARTER,
MINI NICOTINE, RA NICOTINE	MINI, PX STOP SMOKING AID, RA	EQ NICOTINE POLACRILEX, EQL
POLACRILEX, SM NICOTINE, SM	MINI NICOTINE, RA NICOTINE	NICOTINE POLACRILEX REFILL,
NICOTINE POLACRILEX LOZG . 107	POLACRILEX, SM NICOTINE, SM	EQL NICOTINE POLACRILEX
(Nicotine Polacrilex) CVS NICOTINE,	NICOTINE POLACRILEX LOZG . 107	STARTER, GNP NICOTINE GUM,
		GNP NICOTINE POLACRILEX,

GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 109	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 114 (Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	3/CLEAR PT24 TD 14 MG/24HR 111 (Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 110 (Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS
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NICOTINE
TRANSDERMALSYSTEM STEP 1,
CVS NICOTINE
TRANSDERMALSYSTEM STEP 2,
CVS NICOTINE
TRANSDERMALSYSTEM/STEP 3,
EQ NICOTINE, EQ NICOTINE STEP
3, GNP NICOTINE
TRANSDERMALSYSTEM, GNP
NICOTINE
TRANSDERMALSYSTEM STEP 2,
HABITROL, HM NICOTINE
TRANSDERMAL SYSTEM STEP 1,
HM NICOTINE TRANSDERMAL
SYSTEM STEP 2, HM NICOTINE
TRANSDERMAL SYSTEM STEP 3,
NICOTINE STEP 1, NICOTINE
STEP 3, NICOTINE TRANSDERMAL
SYSTEM STEP 1, NICOTINE
TRANSDERMAL SYSTEM STEP
1/CLEAR, NICOTINE
TRANSDERMAL SYSTEM STEP 2,
NICOTINE TRANSDERMAL
SYSTEM STEP 2/CLEAR,
NICOTINE TRANSDERMAL
SYSTEM STEP 3, NICOTINE
TRANSDERMAL SYSTEM STEP
3/CLEAR, QC NICOTINE
TRANSDERMAL SYSTEM/STEP 1,
QC NICOTINE TRANSDERMAL
SYSTEM/STEP 2, RA NICOTINE,
RA NICOTINE TRANSDERMAL
SYSTEM, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
1/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
2/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
3/CLEAR PT24 TD 7 MG/24HR, 21
MG/24HR 113

(Nicotine) CVS NICOTINE
TRANSDERMALSYSTEM, CVS
NICOTINE
TRANSDERMALSYSTEM STEP 1,
CVS NICOTINE

TRANSDERMALSYSTEM STEP 2,
CVS NICOTINE
TRANSDERMALSYSTEM/STEP 3,
EQ NICOTINE, EQ NICOTINE STEP
3, GNP NICOTINE
TRANSDERMALSYSTEM, GNP
NICOTINE
TRANSDERMALSYSTEM STEP 2,
HABITROL, HM NICOTINE
TRANSDERMAL SYSTEM STEP 1,
HM NICOTINE TRANSDERMAL
SYSTEM STEP 2, HM NICOTINE
TRANSDERMAL SYSTEM STEP 3,
NICOTINE STEP 1, NICOTINE
STEP 3, NICOTINE TRANSDERMAL
SYSTEM STEP 1, NICOTINE
TRANSDERMAL SYSTEM STEP
1/CLEAR, NICOTINE
TRANSDERMAL SYSTEM STEP 2,
NICOTINE TRANSDERMAL
SYSTEM STEP 2/CLEAR,
NICOTINE TRANSDERMAL
SYSTEM STEP 3, NICOTINE
TRANSDERMAL SYSTEM STEP
3/CLEAR, QC NICOTINE
TRANSDERMAL SYSTEM/STEP 1,
QC NICOTINE TRANSDERMAL
SYSTEM/STEP 2, RA NICOTINE,
RA NICOTINE TRANSDERMAL
SYSTEM, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
1/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
2/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
3/CLEAR PT24 TD 7 MG/24HR ..112

(Norelgestromin-Ethinyl Estradiol)
XULANE, ZAFEMY55

(Norethin Acet & Estrad-Fe)
AUROVELA 24 FE, AUROVELA FE
1.5/30, AUROVELA FE 1/20,
BLISOVI 24 FE, BLISOVI FE 1.5/30,
BLISOVI FE 1/20, HAILEY 24 FE,
HAILEY FE 1.5/30, HAILEY FE 1/20,

JUNEL FE 1.5/30, JUNEL FE 1/20,
JUNEL FE 24, LARIN 24 FE, LARIN
FE 1.5/30, LARIN FE 1/20,
LOESTRIN FE 1.5/30, LOESTRIN
FE 1/20, MICROGESTIN 24 FE,
MICROGESTIN FE 1.5/30,
MICROGESTIN FE 1/20, TARINA 24
FE, TARINA FE 1/20, TARINA FE
1/20 EQ TABS 1 MG-20 MCG-75 MG
.....52

(Norethin Acet & Estrad-Fe)
AUROVELA 24 FE, AUROVELA FE
1.5/30, AUROVELA FE 1/20,
BLISOVI 24 FE, BLISOVI FE 1.5/30,
BLISOVI FE 1/20, HAILEY 24 FE,
HAILEY FE 1.5/30, HAILEY FE 1/20,
JUNEL FE 1.5/30, JUNEL FE 1/20,
JUNEL FE 24, LARIN 24 FE, LARIN
FE 1.5/30, LARIN FE 1/20,
LOESTRIN FE 1.5/30, LOESTRIN
FE 1/20, MICROGESTIN 24 FE,
MICROGESTIN FE 1.5/30,
MICROGESTIN FE 1/20, TARINA 24
FE, TARINA FE 1/20, TARINA FE
1/20 EQ TABS 1.5 MG-30 MCG-75
MG 53

(Norethin Acet & Estrad-Fe)
CHARLOTTE 24 FE, FINZALA,
MIBELAS 24 FE CHEW 53

(Norethin Acet & Estrad-Fe)
GEMMILY, MERZEE, TAYSOFY
CAPS 53

(Norethindrone & Eth Estradiol)
ALYACEN 1/35, BALZIVA,
BRIELLYN, CYCLAFEM 1/35,
DASETTA 1/35, NECON 0.5/35-28,
NORTREL 0.5/35 (28), NORTREL
1/35, NYLIA 1/35, PHILITH,
PIRMELLA 1/35, VYFEMLA, WERA
35 MCG-0.4 MG 53

(Norethindrone & Eth Estradiol)
ALYACEN 1/35, BALZIVA,
BRIELLYN, CYCLAFEM 1/35,

DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 53	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 73	OLOPATADINE HCL 0.2 % 102
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG 53	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 54	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % 102
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 53	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 54	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 118
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 53	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI- VYLIBRA LO 54	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG 118
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 56	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 54	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 118
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG 54	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 54	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 9
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG 53	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG . 9 (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG 9 (Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON

SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML 94	SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM 80	Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 92
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %100	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92
SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ... 94	(Phenylephrine-Brompheniramine- DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML57	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 92
(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/ML 94	(Phenylephrine-Chlorphen-DM) ED A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML .. 57	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ 92
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 94	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 20	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ 92
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 95	(Phenytoin) PHENYTOIN INFATABS CHEW 20	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ 92
(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 95	(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 POWD 80	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 76
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 95	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP 76	(Potassium Citrate-Citric Acid) CYTRA-K SOLN 76
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 95	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL 92	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 92
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E 80	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 92	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 101
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G	(Potassium Chloride	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 95

200 MG-150 MCG-30 UNIT-29 MG 95	RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM	(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM11
(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 95	GUAIFENESIN/PSEUDOEPHEDRIN E HYDROCHLORIDE TB12 600 MG- 60 MG57	(Tetracaine Hcl (Ophth)) ALTACAINE101
(Prochlorperazine) COMPRO43	(Salicylic Acid) KERALYT SHAM 6 %68	(Theophylline) ELIXOPHYLLIN ELIX . 15
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG27	(Sapropterin Dihydrochloride) JAVYGTOR PACK72	(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %99
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG27	(Sapropterin Dihydrochloride) JAVYGTOR TABS72	(Tretinoin) AVITA CREA 0.025 % .59
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML57	(Silver Sulfadiazine) SSD64	(Tretinoin) AVITA GEL 0.025 % ...59
(Pseudoephedrine-Guaifenesin) AMBI 40PSE/400GFN, MUCUS RELIEF D, QC MUCUS SINUS RELIEF D TABS 400 MG-40 MG ..57	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 59	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE94
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 59	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI- SYMPTOM, RA NASAL ALLERGY SPRAY AERO98
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP91	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %65
GUAIFENESIN/PSEUDOEPHEDRIN E HYDROCHLORIDE TB12 1200 MG-120 MG57	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG91	(Vigabatrin) VIGADRONE TABS ..20
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D,	(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML93	(Vigabatrin) VIGADRONE, VIGPODER PACK20
	(Sotalol Hcl) SORINE TABS47	(Warfarin Sodium) JANTOVEN TABS16
	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %59	abacavir sulfata SOLN43
	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM59	abacavir sulfata TABS43
	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %59	abacavir sulfata-lamivudine43
	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..32	ABILIFY TABS 15 MG (aripiprazole) .
	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS50	

43	ACIPHEX TBEC (rabeprazole sodium)	118	acyclovir TABS OR 800 MG	46	
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)	43	acitretin 10 MG	63	acyclovir topical CREA	64
ABILIFY TABS 20 MG (aripiprazole) .	43	acitretin 17.5 MG	63	acyclovir topical OINT	64
abiraterone acetate	35	acitretin 25 MG	63	ACZONE 5 % (dapson (topical)) .	59
ABSORICA 10 MG, 25 MG (isotretinoin)	59	ACTICLATE TABS (doxycycline hyclate)	115	ACZONE 7.5 % (dapson (topical))	59
ABSORICA 20 MG (isotretinoin) ...	59	ACTIMMUNE	40	ADALIMUMAB-ADAZ SOAJ	3
ABSORICA 30 MG (isotretinoin) ..	59	ACTINEL PEDIATRIC LIQD	57	ADALIMUMAB-ADAZ SOSY	3
ABSORICA 35 MG, 40 MG (isotretinoin)	59	ACTIQ LPOP 1600 MCG (fentanyl citrate)	8	adapalene CREA	60
acamprosate calcium	105	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate)	8	adapalene GEL 0.1 %	60
acarbose	22	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate)	73	adapalene GEL 0.3 %	60
ACCUPRIL (quinapril hcl)	29	ACTONEL TABS 150 MG (risedronate sodium)	71	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	60
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)	30	ACTONEL TABS 35 MG (risedronate sodium)	71	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	59
ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)	30	ACTOPLUS MET TABS (pioglitazone hcl-metformin hcl)	22	ADCIRCA TABS (tadalafil (pulmonary hypertension))	50
acebutolol hcl CAPS	47	ACTOS 15 MG (pioglitazone hcl) ..	24	ADDERALL TABS (amphetamine-dextroamphetamine)	1
acetaminophen w/ codeine SOLN ..	9	ACTOS 30 MG, 45 MG (pioglitazone hcl)	24	ADDERALL XR CP24 (amphetamine-dextroamphetamine) .	1
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	10	ACULAR (ketorolac tromethamine (ophth))	102	adefovir dipivoxil	46
acetaminophen w/ codeine TABS 60 MG-300 MG	9	ACULAR LS (ketorolac tromethamine (ophth))	102	ADEMPAS	50
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ...	10	ACUVAIL	102	ADIPEX-P CAPS (phentermine hcl)	1
acetazolamide CP12	70	acyclovir CAPS	46	ADTHYZA TABS	116
acetazolamide TABS 125 MG	70	acyclovir SUSP	46	ADULT MASK DEVI	87
acetazolamide TABS 250 MG	70	acyclovir TABS OR 400 MG	46	ADVAIR DISKUS AEPB (fluticasone-salmeterol)	15
acetic acid (otic)	103			ADVATE	77
acetylcysteine SOLN	59			ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	77

ADYNOVATE 750 UNIT, 1500 UNIT . 77	PLUS/LARGE MASK MISC87	alclometasone dipropionate OINT .65
AEROBIKA DEVI87	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC87	ALDACTAZIDE (spironolactone & hydrochlorothiazide)70
AEROCHAMBER HOLDING CHAMBER DEVI87	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC87	ALDACTAZIDE70
AEROCHAMBER MINI AEROSOLCHAMBER DEVI87	AEROCHAMBER/FLOWSIGNAL MISC87	ALDACTONE TABS (spironolactone)70
AEROCHAMBER MV MISC87	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI .87	ALDARA (imiquimod)67
AEROCHAMBER PLUS FLOW VU MISC87	AFINITOR DISPERZ TBSO (everolimus)37	ALECENSA37
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI87	AFINITOR TABS (everolimus)37	alendronate sodium SOLN71
AEROCHAMBER PLUS FLOW-VU MISC87	AFSTYLA77	alendronate sodium TABS 35 MG, 70 MG71
AEROCHAMBER PLUS FLOW- VU/INTERMEDIATE MASK DEVI .87	AGAMREE56	alendronate sodium TABS 5 MG, 10 MG71
AEROCHAMBER PLUS FLOW- VU/LARGE MASK DEVI87	AGRYLIN 0.5 MG (anagrelide hcl) 78	ALFERON N40
AEROCHAMBER PLUS FLOW- VU/LARGE MASK MISC87	AIMSCO LUBRICATED MISC82	alfuzosin hcl76
AEROCHAMBER PLUS FLOW- VU/MASK MISC87	AJOVY SOAJ90	ALINIA SUSR32
AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK DEVI87	AJOVY SOSY90	ALINIA TABS (nitazoxanide)32
AEROCHAMBER PLUS FLOW- VU/SMALL MASK DEVI87	AKTEN101	aliskiren fumarate32
AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC87	AKYNZEO25	ALKERAN (melphalan)34
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC87	ALA-SCALP LOTN65	ALL FLOW 1000 PFT FILTER DEVI . 87
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC87	albendazole12	ALL FLOW 2000 PFT FILTER DEVI . 87
AEROCHAMBER Z-STAT	ALBENZA (albendazole)12	ALL FLOW 3000 PFT FILTER DEVI . 87
	albuterol sulfate AERS15	ALL FLOW 4000 PFT FILTER DEVI . 87
	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML15	ALL FLOW 5000 PFT FILTER DEVI . 87
	ALBUTEROL SULFATE NEBU15	ALL FLOW 6000 PFT FILTER DEVI . 87
	albuterol sulfate SYRP15	ALL FLOW 7000 PFT FILTER DEVI . 87
	albuterol sulfate TABS15	allopurinol 100 MG77
	ALCAINE (proparacaine hcl)101	
	alclometasone dipropionate CREA 65	

allopurinol 300 MG	77	amantadine hcl TABS	41	amlodipine besylate-valsartan 10 MG-160 MG	30
almotriptan malate	90	AMARYL (glimepiride)	24	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	30
ALOCRIIL	102	AMBIEN CR TBCR (zolpidem tartrate)	79	amlodipine-valsartan- hydrochlorothiazide	30
alogliptin benzoate 25 MG	23	AMBIEN TABS (zolpidem tartrate)	79	amoxapine	22
alogliptin benzoate 6.25 MG, 12.5 MG	23	ambrisentan	49	amoxicillin & pot clavulanate CHEW . 104	
ALOMIDE	102	amcinonide CREA	65	amoxicillin & pot clavulanate SUSR 104	
ALORA PTTW	73	amcinonide LOTN	65	amoxicillin & pot clavulanate TABS 104	
alosetron hcl	75	amcinonide OINT	65	amoxicillin & pot clavulanate TB12 104	
ALPHAGAN P (brimonidine tartrate) 100		AMERGE (naratriptan hcl)	90	amoxicillin CAPS	104
ALPHANATE SOLR	77	AMICAR SOLN OR (aminocaproic acid)	79	amoxicillin CHEW 125 MG, 250 MG . 104	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	77	AMICAR TABS (aminocaproic acid) 79		amoxicillin SUSR	104
ALPRAZOLAM INTENSOL CONC 12		amiloride & hydrochlorothiazide ...	70	amoxicillin TABS	104
alprazolam TABS	12	amiloride hcl TABS	70	amoxicillin-clarithromycin w/ lansoprazole THPK	118
alprazolam TB24	13	aminocaproic acid SOLN OR 0.25 GM/ML	79	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
alprazolam TBDP	13	aminocaproic acid TABS	79	amphetamine-dextroamphetamine TABS	1
ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 77		amiodarone hcl TABS	13	ampicillin CAPS 500 MG	104
ALPROLIX 4000 UNIT	77	AMITIZA (lubiprostone)	74	AMPYRA (dalfampridine)	106
ALREX SUSP (lorteprednol etabonate)	101	amitriptyline hcl TABS	22	ANAFRANIL (clomipramine hcl) ..	22
ALTABAX	61	amlodipine besylate TABS 2.5 MG	47	anagrelide hcl	78
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	29	amlodipine besylate TABS 5 MG, 10 MG	47		
ALTUVIIIO	77	amlodipine besylate-atorvastatin calcium	48		
ALUNBRIG TABS	37	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	30		
ALUNBRIG TBPK	37	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 30			
alvimopan	75				
amantadine hcl CAPS	41				

ANALPRAM-HC LOTN EX	11	(methylphenidate hcl)	2	asenapine maleate	42
ANAPROX DS TABS (naproxen sodium)	4	APTIOM	17	aspirin CHEW	8
ANASPAZ TBDP (hyoscyamine sulfate)	117	APTIVUS CAPS	44	aspirin TBEC 81 MG	8
anastrozole	35	ARAVA 10 MG (leflunomide)	6	aspirin-dipyridamole	78
ANCOBON (flucytosine)	26	ARAVA 20 MG (leflunomide)	6	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	85
ANDEXXA 200 MG	25	ARCALYST	4	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	85
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone)	11	arformoterol tartrate	15	ASTAGRAF XL CP24	93
ANDROGEL PUMP GEL TD 1.62 % (testosterone)	11	ARICEPT TABS (donepezil hydrochloride)	105	ATABEX EC TBEC	95
ANGELIQ	73	ARIKAYCE	3	ATACAND 32 MG (candesartan cilexetil)	29
ANNOVERA	55	ARIMIDEX (anastrozole)	35	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	29
ANORO ELLIPTA	15	aripiprazole SOLN OR	43	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	30
ANTARA 30 MG	28	aripiprazole TABS 15 MG	43	atazanavir sulfate CAPS	44
ANTIVERT TABS 50 MG (meclizine hcl)	25	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	43	atenolol & chlorthalidone	30
ANUSOL-HC EX (hydrocortisone (rectal))	12	aripiprazole TABS 20 MG	43	atenolol TABS	47
ANZEMET TABS 50 MG	25	aripiprazole TBDP	43	ATIVAN TABS (lorazepam)	13
APEXICON E CREA	65	ARIXTRA 10 MG/0.8ML (fondaparinux sodium)	16	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1
APO-VARENICLINE TABS	114	ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (fondaparinux sodium)	16	atomoxetine hcl 60 MG, 80 MG, 100 MG	1
apraclonidine hcl	100	ARIXTRA 5 MG/0.4ML (fondaparinux sodium)	16	atorvastatin calcium TABS	28
aprepitant CAPS 40 MG	26	armodafinil	2	atovaquone	32
aprepitant CAPS 80 MG, 125 MG	26	ARMOUR THYROID TABS	116	atovaquone-proguanil hcl	33
aprepitant CAPS	26	ARNUITY ELLIPTA	14	ATRALIN GEL (tretinoin)	60
aprepitant MISC	26	AROMASIN (exemestane)	35	atropine sulfate (ophthalmic) OINT 100	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	44	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4	atropine sulfate (ophthalmic) SOLN 100	
APRISO CP24 (mesalamine)	74	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	5		
APTENSIO XR CP24		ASACOL HD TBEC (mesalamine)	74		

ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))100	azelastine hcl 0.1 %, 137 MCG/SPRAY98	BANZEL TABS 200 MG (rufinamide) 17
ATROPINE SULFATE SOLN 1 % 100	azelastine hcl 0.15 %, 205.5 MCG/SPRAY98	BANZEL TABS 400 MG (rufinamide) 17
ATROVENT HFA14	azelastine hcl-fluticasone propionate SUSP98	BARACLUDE TABS (entecavir) ...46
AUBAGIO (teriflunomide)106	AZELEX60	BASE GELATIN GUMMY TROCHE . 104
AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)104	AZILECT (rasagiline mesylate) ...42	BD AUTOSHIELD DUO 30G X 5MM85
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML104	azithromycin PACK82	BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2"85
AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate) ...104	azithromycin SUSR82	BD NEEDLE/30G X 1/2"85
AURYXIA75	azithromycin TABS 250 MG82	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM85
AUSTEDO TABS 12 MG106	azithromycin TABS 500 MG82	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM85
AUSTEDO TABS 6 MG106	azithromycin TABS 600 MG82	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"85
AUSTEDO TABS 9 MG106	AZOPT (brinzolamide)102	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM85
AVALIDE (irbesartan- hydrochlorothiazide)30	AZULFIDINE EN-TABS TBEC (sulfasalazine)74	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM85
AVAPRO (irbesartan)29	AZULFIDINE TABS (sulfasalazine) 74	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...85
AVODART (dutasteride)76	bacitracin (ophthalmic)100	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...85
AVONEX PEN AJKT106	bacitracin-polymyxin b (ophth) ...100	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"85
AVONEX PSKT106	bacitracin-poly-neomycin-hc101	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM85
AYGESTIN TABS (norethindrone acetate)105	baclofen TABS 10 MG97	BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM85
AYVAKIT 100 MG, 200 MG, 300 MG 36	baclofen TABS 20 MG97	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM85
AYVAKIT 25 MG, 50 MG36	baclofen TABS 5 MG97	BANZEL SUSP (rufinamide)17
AZASITE100	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..32	
azathioprine TABS 50 MG93	BACTRIM TABS (sulfamethoxazole- trimethoprim)32	
azathioprine TABS 75 MG, 100 MG 93	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)54	
azelaic acid GEL68	balsalazide disodium CAPS74	
azelastine hcl (ophth)102	BALVERSA37	

FINE/1/2 UNIT/0.3ML/31G X 6MM 85	benzoyl peroxide-erythromycin GEL . 60	betaxolol hcl47
BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM85	benztropine mesylate TABS41	bethanechol chloride119
BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" .85	bepotastine besilate102	BETHKIS NEBU (tobramycin)3
BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ...85	BEPREVE (bepotastine besilate) 102	BETIMOL99
BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" .85	BESIVANCE100	BETOPTIC-S SUSP99
BELLADONNA/OPIUM117	BETADINE OPHTHALMIC PREP 100	bexarotene (topical)63
BELSOMRA80	betaine72	bexarotene40
benazepril & hydrochlorothiazide .30	betamethasone dipropionate (topical) CREA65	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...54
benazepril hcl29	betamethasone dipropionate (topical) LOTN65	bicalutamide36
BENEFIX KIT 500 UNIT, 1000 UNIT . 77	betamethasone dipropionate (topical) OINT65	BIDIL (isosorbide dinitrate- hydralazine hcl)49
BENICAR 40 MG (olmesartan medoxomil)29	betamethasone dipropionate augmented CREA65	BIKTARVY 200 MG-50 MG-25 MG 44
BENICAR 5 MG, 20 MG (olmesartan medoxomil)29	betamethasone dipropionate augmented GEL 0.05 %65	BILTRICIDE (praziquantel)12
BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide)30	betamethasone dipropionate augmented LOTN65	bimatoprost SOLN103
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide)30	betamethasone dipropionate augmented OINT65	BIO-DTUSS DMX LIQD57
BENLYSTA SOAJ93	betamethasone valerate CREA ...65	bisacodyl SUPP81
BENLYSTA SOSY94	betamethasone valerate FOAM ...65	bisacodyl TBEC81
BENSAL HP OINT68	betamethasone valerate LOTN ...65	bisoprolol & hydrochlorothiazide ..30
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)60	betamethasone valerate OINT65	bisoprolol fumarate47
BENZNIDAZOLE12	BETAPACE AF (sotalol hcl (afib/afll))47	BLEPH-10 SOLN (sulfacetamide sodium (ophth))100
benzonatate 100 MG, 200 MG56	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)47	BLEPHAMIDE S.O.P. OINT101
benzonatate 150 MG56	BETASERON KIT106	BLEPHAMIDE SUSP101
	betaxolol hcl (ophth) SOLN99	BONIVA TABS (ibandronate sodium) 71
		bosentan TABS 125 MG49
		bosentan TABS 62.5 MG49
		BOSULIF CAPS37
		BOSULIF TABS37
		BRAFTOVI 75 MG37

MG/3ML IM SUSP ER)	44	calcium acetate (phosphate binder) CAPS	75	carbidopa-levodopa TABS	41
cabergoline	73	calcium acetate (phosphate binder) TABS	75	carbidopa-levodopa TBCR 100 MG- 25 MG	41
CABOMETYX TABS 20 MG, 60 MG . 37		CALCIUM-FOLIC ACID PLUS D ..	91	carbidopa-levodopa TBCR 200 MG- 50 MG	41
CABOMETYX TABS 40 MG	37	CALQUENCE	37	carbidopa-levodopa TBDP	41
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)	49	CANASA SUPP (mesalamine)	74	carbidopa-levodopa-entacapone ..	41
CAFERGOT TABS (ergotamine w/ caffeine)	90	candesartan cilexetil 32 MG	29	carbinoxamine maleate SOLN	26
caffeine citrate SOLN OR	1	candesartan cilexetil 4 MG, 8 MG, 16 MG	29	carbinoxamine maleate TABS 4 MG . 27	
CALAN SR TBCR 120 MG (verapamil hcl)	47	candesartan cilexetil- hydrochlorothiazide	30	CARBINOXAMINE MALEATE TABS . 27	
CALAN SR TBCR 180 MG, 240 MG (verapamil hcl)	47	CAPCOF SYRP	57	CARDIZEM CD CP24 (diltiazem hcl coated beads)	48
CALCIFOL	91	capecitabine 150 MG	34	CARDIZEM LA TB24 (diltiazem hcl) 48	
calcipotriene CREA	63	capecitabine 500 MG	34	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	48
calcipotriene FOAM	63	CAPEX SHAM	65	CARDURA (doxazosin mesylate) .30	
CALCIPOTRIENE FOAM	63	CAPRELSA	37	CARDURA XL	76
calcipotriene OINT	63	captopril	29	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	86
calcipotriene SOLN	63	CARAC CREA (fluorouracil (topical)) 63		carisoprodol TABS 250 MG	97
calcipotriene-betamethasone dipropionate OINT	65	CARAFATE SUSP (sucralfate) ...	117	carisoprodol TABS 350 MG	97
calcipotriene-betamethasone dipropionate SUSP	65	CARAFATE TABS (sucralfate) ...	117	carisoprodol w/ aspirin & codeine .97	
calcitonin (salmon) IJ	71	carbamazepine CHEW	17	CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 72	
calcitonin (salmon) NA	71	carbamazepine CP12	17	CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 72	
calcitriol (topical)	63	carbamazepine SUSP	17	CARNITOR TABS (levocarnitine (metabolic modifiers))	72
calcitriol CAPS 0.25 MCG	72	carbamazepine TABS	17	carteolol hcl (ophth)	99
calcitriol CAPS 0.5 MCG	72	carbamazepine TB12 100 MG	17		
calcitriol SOLN OR	72	carbamazepine TB12 200 MG	17		
		carbamazepine TB12 400 MG	17		
		CARBATROL CP12 (carbamazepine)	17		
		carbidopa	41		

carvedilol 3.125 MG46	mofetil) 93	choline fenofibrate 45 MG 28
carvedilol 6.25 MG, 12.5 MG, 25 MG 46	CELLCEPT TABS (mycophenolate mofetil) 93	CIALIS 2.5 MG (tadalafil) 49
carvedilol phosphate 46	CELONTIN (methsuximide)20	CIALIS 5 MG, 10 MG, 20 MG (tadalafil) 49
CASODEX (bicalutamide)36	CENTANY OINT 61	ciclopirox GEL 62
CAYA DPRH82	cephalexin CAPS 250 MG, 500 MG 50	ciclopirox olamine CREA 61
cefaclor CAPS 51	cephalexin CAPS 750 MG50	ciclopirox olamine SUSP 62
CEFACLOR ER TB1251	cephalexin SUSR 50	ciclopirox SHAM 62
cefaclor SUSR 125 MG/5ML, 375 MG/5ML51	CEPROTIN78	ciclopirox SOLN62
cefadroxil CAPS50	CERDELGA 78	cilostazol78
cefadroxil SUSR 50	CERVIDIL INST104	CILOXAN OINT100
cefadroxil TABS50	CETRAXAL (ciprofloxacin hcl (otic)) . 103	CILOXAN SOLN (ciprofloxacin hcl (ophth)) 100
cefdinir CAPS51	cevimeline hcl 94	CIMDUO 44
cefdinir SUSR51	CHEMET 25	cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML 117
cefixime CAPS51	CHENODAL 74	cimetidine TABS 300 MG, 800 MG 117
cefixime SUSR51	CHLOPHEDIANOL/DEXCHLOPHEN IRAMINE./PSEUDOEPHEDRINE .58	cimetidine TABS 400 MG117
cefpodoxime proxetil SUSR51	chlordiazepoxide hcl CAPS 13	cinacalcet hcl72
cefpodoxime proxetil TABS51	chlordiazepoxide hcl-clidinium bromide 117	CIPRO HC 103
cefprozil SUSR51	chlordiazepoxide-amitriptyline ... 106	CIPRO SUSR 74
cefprozil TABS51	chloroquine phosphate TABS33	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) 74
cefuroxime axetil TABS51	chlorpromazine hcl TABS43	CIPRODEX (ciprofloxacin- dexamethasone)103
CELEBREX 400 MG (celecoxib)5	chlorthalidone 25 MG, 50 MG 70	ciprofloxacin hcl (ophth) SOLN ...100
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)5	chlorzoxazone TABS 500 MG 97	ciprofloxacin hcl (otic)103
celecoxib 400 MG5	cholestyramine light PACK 27	ciprofloxacin hcl TABS74
celecoxib 50 MG, 100 MG, 200 MG 5	cholestyramine light POWD 27	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML 74
CELEXA TABS (citalopram hydrobromide)21	cholestyramine PACK27	ciprofloxacin-dexamethasone103
CELLCEPT CAPS (mycophenolate mofetil) 93	cholestyramine POWD27	
CELLCEPT SUSR (mycophenolate	choline fenofibrate 135 MG 28	

ciprofloxacin-fluocinolone acetonide . 104	CLEOCIN-T LOTN (clindamycin phosphate (topical))60	peroxide (refrigerate)60
citalopram hydrobromide SOLN ... 21	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI . 88	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % 60
citalopram hydrobromide TABS ... 21	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI 88	clindamycin phosphate-tretinoin .. 60
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 MG95	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .88	CLINDESSE 119
CITRANATAL ASSURE95	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI 88	clobazam SUSP17
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 95	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .88	clobazam TABS 10 MG17
CITRANATAL BLOOM95	CLIMARA PRO73	clobazam TABS 20 MG17
CITRANATAL BLOOM DHA 95	CLIMARA PTWK (estradiol) 73	clobetasol propionate CREA 0.05 % . 65
CITRANATAL ESSENCE 95	CLINDAGEL GEL (clindamycin phosphate (topical))60	clobetasol propionate emollient base 0.05 %65
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG96	clindamycin hcl 33	clobetasol propionate emulsion ...65
CITRANATAL MEDLEY96	clindamycin palmitate hydrochloride . 33	clobetasol propionate FOAM 65
CLARINEX TABS (desloratadine) .27	clindamycin phosphate (topical) FOAM 60	clobetasol propionate GEL 0.05 % 65
clarithromycin SUSR 82	clindamycin phosphate (topical) GEL 60	clobetasol propionate LIQD65
clarithromycin TABS 82	clindamycin phosphate (topical) LOTN60	clobetasol propionate LOTN65
clarithromycin TB2482	clindamycin phosphate (topical) SOLN60	clobetasol propionate OINT 0.05 % 65
clemastine fumarate SYRP27	clindamycin phosphate vaginal CREA119	clobetasol propionate SHAM 65
clemastine fumarate TABS 2.68 MG . 27	CLEOCIN (clindamycin hcl)32	clobetasol propionate SOLN 0.05 % . 65
CLEOCIN (clindamycin hcl)32	CLEOCIN CREA (clindamycin phosphate vaginal) 119	CLOBEX LIQD (clobetasol propionate)65
CLEOCIN CREA (clindamycin phosphate vaginal) 119	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)33	CLOBEX LOTN 0.05 % (clobetasol propionate)65
CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)33	CLEOCIN SUPP119	CLOBEX SHAM (clobetasol propionate)65
CLEOCIN SUPP119	clindamycin phosphate-benzoyl	clocortolone pivalate 65
		CLODERM (clocortolone pivalate) 65
		clomiphene citrate TABS71
		clomipramine hcl 22

clonazepam TABS	17	(colestipol hcl)	27	CONDOMS	82
clonazepam TBDP	17	COLESTID GRAN (colestipol hcl) ..	27	CONDYLOX GEL (podofilox)	68
clonidine hcl TABS	30	COLESTID PACK (colestipol hcl) ..	27	CONTRACE	1
clonidine hcl TB24	30	COLESTID TABS (colestipol hcl) ..	27	CONZIP CP24 (tramadol hcl)	8
clopidogrel bisulfate	78	colestipol hcl GRAN	27	COPAXONE SOSY 20 MG/ML (glatiramer acetate)	106
clorazepate dipotassium TABS	13	colestipol hcl PACK	27	COPAXONE SOSY 40 MG/ML (glatiramer acetate)	106
clotrimazole	94	colestipol hcl TABS	28	COPIKTRA	37
clotrimazole w/ betamethasone CREA	62	COMBIGAN (brimonidine tartrate- timolol maleate)	99	CORDRAN CREA (flurandrenolide) 65	
clotrimazole w/ betamethasone LOTN	62	COMBIPATCH PTTW	73	CORDRAN LOTN (flurandrenolide) 65	
clozapine TABS	42	COMBIVENT RESPIMAT AERS ..	15	CORDRAN OINT	66
clozapine TBDP 12.5 MG, 25 MG, 100 MG	42	COMBIVIR (lamivudine-zidovudine) .	44	CORDRAN TAPE	66
CLOZARIL TABS (clozapine)	42	COMETRIQ KIT	37	COREG 3.125 MG (carvedilol)	47
C-NATE DHA CAPS	96	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ...	88	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)	47
CO MONITOR DEVI	88	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	88	COREG CR (carvedilol phosphate) 47	
COAGADEX	77	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	88	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)	47
COARTEM	33	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	88	CORIFACT	77
codeine sulfate TABS	8	COMPLERA	44	CORLANOR SOLN	50
CODITUSSIN AC LIQD	58	COMPLETENATE CHEW	96	CORLANOR TABS	50
COLAZAL CAPS (balsalazide disodium)	74	COMTAN (entacapone)	41	CORTEF TABS (hydrocortisone) ..	56
colchicine CAPS	77	CONCEPT DHA	96	CORTENEMA (hydrocortisone (intrarectal))	11
colchicine TABS	77	CONCEPT OB	96	CORTIFOAM EX 10 %	11
colchicine w/ probenecid	77	CONCERTA TBCR 18 MG, 27 MG, 36 MG (methylphenidate hcl)	2	CORTISPORIN-TC	104
COLCRYS TABS (colchicine)	77	CONCERTA TBCR 54 MG (methylphenidate hcl)	2	COSENTYX SENSOREADY PEN SOAJ	63
colesevelam hcl PACK	27			COSENTYX SOSY 150 MG/ML	63
colesevelam hcl TABS	27				

COSENTYX SOSY 75 MG/0.5ML .63	cycloserine 34	darunavir TABS 44
COSENTYX UNOREADY SOAJ .. 63	cyclosporine (ophth) EMUL101	DAURISMO 35
COSOPT (dorzolamide hcl-timolol maleate)99	cyclosporine CAPS 93	DAYPRO TABS (oxaprozin) 5
COSOPT PF (dorzolamide hcl-timolol maleate)99	cyclosporine modified (for microemulsion) CAPS 93	DAYTRANA PTCH (methylphenidate)2
COTELLIC37	cyclosporine modified (for microemulsion) SOLN 93	DDAVP TABS 0.1 MG (desmopressin acetate)72
COVID VACCINES 119	CYMBALTA CPEP (duloxetine hcl) 22	DDAVP TABS 0.2 MG (desmopressin acetate)72
COVID-19 AT HOME TEST KITS .69	cyproheptadine hcl SYRP 27	deferasirox PACK25
COZAAR (losartan potassium) ...29	cyproheptadine hcl TABS27	deferasirox TABS 25
CREON CPEP69	CYSTADANE (betaine) 72	deferiprone TABS 500 MG 25
CRESEMBA CAPS 186 MG26	CYSTAGON CAPS 76	deflazacort TABS 56
CRESTOR TABS (rosuvastatin calcium)28	CYSTARAN103	DELESTROGEN (estradiol valerate) 73
CRINONE GEL 8 % 120	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) 116	DELSTRIGO 44
cromolyn sodium (ophth) 103	CYTOMEL TABS 5 MCG (liothyronine sodium) 116	DELZICOL CPDR (mesalamine) .. 75
cromolyn sodium NEBU 13	CYTOTEC (misoprostol)118	demeclocycline hcl TABS 115
CUPRIMINE CAPS (penicillamine) 92	D.H.E. 45 SOLN IJ (dihydroergotamine mesylate)90	DEMSEER (metyrosine)29
CUTIVATE LOTN (fluticasone propionate)66	dalfampridine106	DEPAKOTE ER TB24 (divalproex sodium) 20
CUVPOSA SOLN OR (glycopyrrolate) 117	DALIRESP (roflumilast) 14	DEPAKOTE SPRINKLES CSDR (divalproex sodium)20
CVS WOMENS PRENATAL+DHA MISC96	danazol CAPS 11	DEPAKOTE TBEC (divalproex sodium) 20
cyclobenzaprine hcl TABS 5 MG, 10 MG 97	DANTRIUM CAPS 25 MG (dantrolene sodium)97	DEPEN TITRATABS TABS (penicillamine) 92
CYCLOGYL (cyclopentolate hcl) 100	dantrolene sodium CAPS97	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) 55
CYCLOGYL100	dapsone (topical) 5 %60	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) 66
CYCLOMYDRIL100	dapsone (topical) 7.5 %60	DERMA-SMOOTH/FS SCALP OIL
cyclopentolate hcl100	dapsone 100 MG32	
cyclophosphamide CAPS34	dapsone 25 MG32	
CYCLOPHOSPHAMIDE TABS34	darifenacin hydrobromide118	

(fluocinolone acetonide)	66	desvenlafaxine succinate	22	diazepam TABS 2 MG, 5 MG	13
DERMOTIC (fluocinolone acetonide (otic))	104	DETROL LA CP24 (tolterodine tartrate)	118	diazoxide	23
DESCOVY 200 MG-25 MG	44	DETROL TABS (tolterodine tartrate) . 118		DIBENZYLINE (phenoxybenzamine hcl)	29
desipramine hcl TABS	22	dexamethasone ELIX	56	DICLEGIS TBEC (doxylamine- pyridoxine)	25
desloratadine TABS	27	DEXAMETHASONE INTENSOL CONC	56	diclofenac potassium TABS 50 MG .5	
desloratadine TBDP 2.5 MG	27	dexamethasone sodium phosphate (ophth)	101	diclofenac sodium (actinic keratoses) EX	63
desloratadine TBDP 5 MG	27	dexamethasone SOLN	56	diclofenac sodium (ophth)	103
DESMOPRESSIN ACETATE SOLN NA	73	dexamethasone TABS	56	diclofenac sodium (topical) GEL EX 63	
desmopressin acetate spray	72	DEXEDRINE CP24 (dextroamphetamine sulfate)	1	diclofenac sodium (topical) SOLN EX 1.5 %	63
desmopressin acetate spray refrigerated	72	dexmethylphenidate hcl CP24	2	diclofenac sodium TB24	5
desmopressin acetate TABS 0.1 MG 73		dexmethylphenidate hcl TABS	2	diclofenac sodium TBEC	5
desmopressin acetate TABS 0.2 MG 73		dextroamphetamine sulfate CP24 ...	1	diclofenac w/ misoprostol TBEC ...	5
desogestrel & ethinyl estradiol	54	dextroamphetamine sulfate SOLN ..	1	dicloxacin sodium	104
desogestrel-ethinyl estradiol (biphasic)	54	dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl CAPS	117
desonide CREA	66	DHIVY TABS	41	dicyclomine hcl SOLN OR	117
desonide GEL	66	DIACOMIT CAPS 250 MG	17	dicyclomine hcl TABS	117
desonide LOTN	66	DIACOMIT CAPS 500 MG	17	DIFFERIN CREA (adapalene)	60
desonide OINT	66	DIACOMIT PACK 250 MG	17	DIFFERIN GEL 0.1 % (adapalene) 60	
DESOWEN CREA (desonide)	66	DIACOMIT PACK 500 MG	17	DIFFERIN GEL 0.3 % (adapalene) 60	
desoximetasone CREA	66	DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	17	DIFFERIN LOTN	60
desoximetasone GEL	66	DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	17	DIFICID TABS	82
desoximetasone LIQD	66	diazepam (anticonvulsant) GEL ...	17	diflorasone diacetate CREA	66
desoximetasone OINT 0.05 %	66	diazepam CONC	13	diflorasone diacetate OINT	66
desoximetasone OINT 0.25 %	66	diazepam SOLN OR 5 MG/5ML ...	13	DIFLUCAN SUSR (fluconazole) ...	26
DESOXYN (methamphetamine hcl) . 1		diazepam TABS 10 MG	13	DIFLUCAN TABS (fluconazole) ...	26

diflunisal TABS	8	(valsartan-hydrochlorothiazide)	30	doxazosin mesylate	30
difluprednate	101	DIOVAN TABS 160 MG (valsartan)		doxepin hcl CAPS	22
digoxin SOLN OR 0.05 MG/ML	48	29		doxepin hcl CONC	22
digoxin TABS 0.0625 MG, 0.125 MG,		DIOVAN TABS 40 MG, 80 MG, 320		doxercalciferol CAPS	72
0.25 MG, 62.5 MCG, 125 MCG, 250		MG (valsartan)	29	doxycycline (monohydrate) CAPS	
MCG	48	DIPENTUM	75	150 MG	115
dihydroergotamine mesylate SOLN IJ		diphenoxylate w/ atropine LIQD ...	25	doxycycline (monohydrate) CAPS 50	
1 MG/ML	90	diphenoxylate w/ atropine TABS ..	25	MG, 75 MG, 100 MG	115
dihydroergotamine mesylate SOLN		DIPROLENE OINT (betamethasone		doxycycline (monohydrate) SUSR	
NA 4 MG/ML	90	dipropionate augmented)	66	115	
DILANTIN (phenytoin sodium		dipyridamole	78	doxycycline (monohydrate) TABS	
extended)	20	disopyramide phosphate CAPS ...	13	100 MG	115
DILANTIN 30 MG	20	disulfiram	105	doxycycline (monohydrate) TABS	
DILANTIN INFATABS CHEW		DITROPAN XL TB24 5 MG, 10 MG		150 MG	115
(phenytoin)	20	(oxybutynin chloride)	119	doxycycline (monohydrate) TABS 50	
DILANTIN-125 SUSP (phenytoin) .	20	DIURIL SUSP	70	MG, 75 MG	115
DILAUDID LIQD (hydromorphone		divalproex sodium CSDR	20	doxycycline (rosacea)	68
hcl)	8	divalproex sodium TB24	20	doxycycline hyclate CAPS	115
DILAUDID TABS (hydromorphone		divalproex sodium TBEC	20	doxycycline hyclate TABS 100 MG	
hcl)	8	DIVIGEL GEL (estradiol)	73	115	
diltiazem hcl coated beads CP24 ..	48	dofetilide	13	doxycycline hyclate TABS 20 MG, 75	
diltiazem hcl CP12	48	DOJOLVI	99	MG, 150 MG	115
diltiazem hcl CP24	48	donepezil hydrochloride TABS ...	105	doxylamine-pyridoxine TBEC	26
diltiazem hcl extended release beads		donepezil hydrochloride TBDP ...	105	DRISDOL CAPS (ergocalciferol) .	120
.....	48	DORAL (quazepam)	79	dronabinol CAPS 10 MG	26
diltiazem hcl TABS	48	dorzolamide hcl	103	dronabinol CAPS 2.5 MG	26
diltiazem hcl TB24	48	DORZOLAMIDE HCL	103	dronabinol CAPS 5 MG	26
dimethyl fumarate CDPK	106	DORZOLAMIDE HCL/TIMOLOL		DROPLET INSULIN SYRINGE U-	
dimethyl fumarate CPDR	106	MALEATE	99	100/0.3ML/31G X 15/64"	86
DIOVAN HCT 12.5 MG-160 MG, 12.5		dorzolamide hcl-timolol maleate ..	99	DROPLET INSULIN SYRINGE U-	
MG-320 MG, 12.5 MG-80 MG, 25		DOVATO	44	100/1ML/31G X 15/64"	86
MG-320 MG (valsartan-		DOVONEX CREA (calcipotriene) ..	63	DROPLET INSULIN SYRINGE/U-	
hydrochlorothiazide)	30			100/0.3ML/31G X 15/64"	86
DIOVAN HCT 25 MG-160 MG				DROPLET INSULIN SYRINGE/U-	

100/0.5ML/31G X 15/64"	86	DUPIXENT SOPN 300 MG/2ML ...	67	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	86
DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	86	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	67	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	86
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	86	DUREX EXTRA SENSITIVE THIN DEVI	82	econazole nitrate CREA	62
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	86	DUREZOL (difluprednate)	101	ECOZA FOAM	62
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	86	dutasteride	76	ED BRON GP LIQD	58
drosiprenone-ethinyl estradiol	54	dutasteride-tamsulosin hcl	76	EDARBI 40 MG	29
drosiprenone-ethinyl estradiol- levomefolate calcium	54	DYMISTA SUSP (azelastine hcl- fluticasone propionate)	98	EDARBI 80 MG	29
DROXIA CAPS	78	DYRENIUM CAPS (triamterene) ..	70	EDARBYCLOR	31
droxidopa	120	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	82	EDECIN (ethacrynic acid)	70
DRYSOL SOLN	68	EASIVENT MISC	88	EDURANT	44
DUAVEE	73	EASIVENT/MASK-LARGE MISC ..	88	efavirenz CAPS	44
DUET DHA 400 MISC	96	EASIVENT/MASK-MEDIUM MISC	88	efavirenz TABS	44
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT- 12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG- 2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	96	EASIVENT/MASK-SMALL MISC ..	88	efavirenz-emtricitabine-tenofovir disoproxil fumarate	44
DUETACT (pioglitazone hcl- glimepiride)	22	EASY FLOW BLACK/BLACK DEVI	88	efavirenz-emtricitabine-tenofovir disoproxil fumarate	44
DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	81	EASY FLOW BLACK/ORANGE DEVI	88	EFFER-K	92
DULCOLAX SUPP (bisacodyl)	81	EASY FLOW BLACK/RED DEVI ..	88	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	22
DULCOLAX TBEC (bisacodyl)	82	EASY FLOW BLACK/WHITE DEVI 88	88	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	22
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	22	EASY FLOW BLACK/YELLOW DEVI	88	EFFIENT (prasugrel hcl)	78
DUOPA SUSP	41	EASY FLOW WHITE/BLUE DEVI ..	88	EFUDEX CREA (fluorouracil (topical))	63
		EASY FLOW WHITE/GREEN DEVI 88	88	EGRIFTA 2 MG	71
		EASY FLOW WHITE/PINK DEVI ..	88	EGRIFTA SV	71
		EASY FLOW WHITE/WHITE DEVI 88	88	ELESTRIN GEL	73
		EASY FLOW WHITE/YELLOW DEVI 88	88	eletriptan hydrobromide	90
				ELIDEL (pimecrolimus)	67
				ELIGARD SC	36

ELIQUIS STARTER PACK TBPK . 16	ENBREL SOLR 6	MG/0.15ML 120
ELIQUIS TABS 16	ENBREL SOSY 25 MG/0.5ML 6	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML 120
ELLA 55	ENBREL SOSY 50 MG/ML 6	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML 120
ELMIRON CAPS 76	ENBREL SURECLICK SOAJ 6	EPIVIR HBV TABS (lamivudine (hbv)) 46
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 77	ENCARE SUPP 100 MG 119	EPIVIR SOLN (lamivudine) 44
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT 77	ENDOMETRIN INST 120	EPIVIR TABS (lamivudine) 44
EMCYT 36	enoxaparin sodium SOLN IJ 300 MG/3ML 16	eplerenone 32
EMEND CAPS 80 MG (aprepitant) 26	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 16	EPZICOM (abacavir sulfate- lamivudine) 44
EMEND SUSR 26	enoxaparin sodium SOSY 30 MG/0.3ML 16	EQ SPACE CHAMBER ANTI- STATIC DEVI 89
EMEND TRIPACK CAPS (aprepitant) 26	enoxaparin sodium SOSY 40 MG/0.4ML 16	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI 89
EMFLAZA SUSP 56	enoxaparin sodium SOSY 60 MG/0.6ML 16	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ... 89
EMFLAZA TABS (deflazacort) 56	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 16	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI 89
EMGALITY SOAJ 90	entacapone 41	EQUETRO 42
EMGALITY SOSY 120 MG/ML 90	entecavir TABS 46	ergocalciferol CAPS 120
EMSAM 21	ENTEREG (alvimopan) 75	ergoloid mesylates TABS 107
emtricitabine CAPS 44	ENTRESTO 49	ERGOMAR SUBL 90
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG 44	EPCLUSA PACK 46	ergotamine w/ caffeine TABS 90
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG 44	EPCLUSA TABS 100 MG-400 MG 46	ERIVEDGE 35
EMTRIVA CAPS (emtricitabine) ... 44	EPCLUSA TABS 50 MG-200 MG . 46	ERLEADA 240 MG 36
EMTRIVA SOLN 44	EPIDIOLEX 17	ERLEADA 60 MG 36
enalapril maleate & hydrochlorothiazide 31	EPIDUO FORTE GEL (adapalene- benzoyl peroxide) 60	erlotinib hcl 35
enalapril maleate TABS 29	EPIDUO GEL (adapalene-benzoyl peroxide) 60	ERTACZO 62
ENBRACE HR 96	EPIFOAM FOAM 66	ERYGEL GEL (erythromycin (acne aid)) 60
ENBREL MINI SOCT 6	epinastine hcl (ophth) 103	ERYPED 200 SUSR (erythromycin
ENBREL SOLN 6	epinephrine (anaphylaxis) SOAJ 0.15	

ethylsuccinate)82	estradiol valerate73	EXELDERM SOLN62
ERYPED 400 SUSR (erythromycin ethylsuccinate)82	ESTRING RING119	EXELON (rivastigmine)105
erythromycin (acne aid) GEL60	ESTROGEL GEL74	exemestane36
erythromycin (acne aid) SOLN60	ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe)54	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...31
erythromycin (ophth)100	eszopiclone79	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)31
ERYTHROMYCIN100	ethacrynic acid70	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)31
erythromycin base CPEP82	ethambutol hcl TABS34	EXODERM62
erythromycin base TABS82	ethosuximide CAPS20	EXTINA FOAM (ketoconazole (topical))62
erythromycin base TBEC82	ethosuximide SOLN20	ezetimibe28
erythromycin ethylsuccinate SUSR 82	ethynodiol diacet & eth estrad54	EZETIMIBE/ATORVASTATIN27
ESBRIET CAPS (pirfenidone)115	etodolac CAPS5	ezetimibe-simvastatin27
ESBRIET TABS (pirfenidone)115	etodolac TABS5	FABHALTA78
escitalopram oxalate SOLN21	etodolac TB245	FABIOR FOAM60
escitalopram oxalate TABS 10 MG, 20 MG21	etonogestrel-ethinyl estradiol55	famciclovir46
escitalopram oxalate TABS 5 MG .21	etoposide CAPS40	famotidine SUSR117
ESGIC TABS (butalbital-acetaminophen-caffeine)7	etravirine44	famotidine TABS 40 MG117
estazolam79	EUCRISA68	FANTASY LUBRICATED MISC ...82
ESTRACE CREA (estradiol vaginal) .119	EULEXIN36	FANTASY LUBRICATED/SPERMICIDE MISC 82
ESTRACE TABS (estradiol)73	EVAMIST SOLN74	FARESTON (toremifene citrate) ..36
estradiol & norethindrone acetate TABS73	everolimus (immunosuppressant) .93	FARXIGA24
estradiol GEL73	everolimus TABS37	FARYDAK38
estradiol PTTW73	everolimus TBSO38	FASENRA PEN SOAJ13
estradiol PTWK74	EVISTA (raloxifene hcl)71	FC2 FEMALE CONDOM82
estradiol TABS74	EVOCLIN FOAM (clindamycin phosphate (topical))60	febuxostat 40 MG77
estradiol vaginal CREA119	EVOTAZ44	febuxostat 80 MG77
estradiol vaginal TABS119	EVOXAC (cevimeline hcl)94	
	EVRYSDI99	
	EXELDERM CREA (sulconazole nitrate)62	

FEIBA	77	FENSOLVI SC	71	FIRVANQ SOLR OR (vancomycin hcl)	32
felbamate SUSP	19	fentanyl citrate LPOP 1600 MCG ...	8	FLAGYL CAPS (metronidazole) ...	32
felbamate TABS	19	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8	FLAREX	101
FELBATOL SUSP (felbamate)	20	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8	flavoxate hcl	119
FELBATOL TABS (felbamate)	20	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	flecainide acetate	13
FELDENE CAPS 10 MG (piroxicam) .	5	FERRIPROX SOLN	25	FLEXICHAMBER DEVI	89
FELDENE CAPS 20 MG (piroxicam) .	5	FERRIPROX TABS 500 MG (deferiprone)	25	FLOMAX (tamsulosin hcl)	76
felodipine 10 MG	48	fesoterodine fumarate	119	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	99
felodipine 2.5 MG, 5 MG	48	FETZIMA CP24 20 MG	22	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ...	99
FEMARA (letrozole)	36	FETZIMA CP24 40 MG, 80 MG, 120 MG	22	FLORIVA	91
FEMCAP DEVI	83	FETZIMA TITRATION PACK C4PK 22		FLORIVA	95
FEMHRT (norethindrone acetate-ethinyl estradiol)	73	FIBRICOR (fenofibric acid)	28	FLORIVA PLUS SOLN	95
FEMRING	119	FIBRYGA	77	fluconazole SUSR	26
fenofibrate CAPS	28	FINACEA FOAM	68	fluconazole TABS	26
fenofibrate micronized 130 MG, 200 MG	28	FINACEA GEL (azelaic acid)	68	flucytosine	26
fenofibrate micronized 30 MG, 90 MG	28	finasteride	76	fludrocortisone acetate TABS	56
fenofibrate micronized 43 MG, 67 MG, 134 MG	28	fingolimod hcl	106	FLUMIST QUADRIVALENT	119
fenofibrate TABS 145 MG, 160 MG 28		FIORICET CAPS (butalbital-acetaminophen-caffeine)	7	fluocinolone acetonide (otic)	104
fenofibrate TABS 48 MG	28	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) .	10	fluocinolone acetonide CREA	66
fenofibrate TABS 54 MG	28	FIRAZYR SOSY (icatibant acetate)	78	fluocinolone acetonide OIL	66
FENOFIBRATE TABS	28	FIRDAPSE	33	fluocinolone acetonide OINT	66
fenopropfen calcium CAPS 200 MG .	5			fluocinolone acetonide SOLN	66
FENOPROFEN CALCIUM CAPS 200 MG	5			fluocinonide CREA	66
fenopropfen calcium CAPS 400 MG .	5			fluocinonide emulsified base	66
fenopropfen calcium TABS	5			fluocinonide GEL	66
				fluocinonide OINT	66
				fluocinonide SOLN	66

fluorometholone (ophth) SUSP ...101	99	FOLIVANE-OB	96
fluorouracil (topical) CREA 5 % ...63		fondaparinux sodium 10 MG/0.8ML	16
fluorouracil (topical) SOLN	66	fondaparinux sodium 2.5 MG/0.5ML,	16
fluoxetine hcl (pmdd) TABS	107	7.5 MG/0.6ML	16
fluoxetine hcl CAPS 10 MG, 20 MG		fondaparinux sodium 5 MG/0.4ML .16	
21		FORFIVO XL TB24 (bupropion hcl)	20
fluoxetine hcl CAPS 40 MG	21	formoterol fumarate NEBU	15
fluoxetine hcl CPDR	21	FORTESTA GEL TD (testosterone)	11
fluoxetine hcl SOLN	21	FOSAMAX TABS 70 MG	
fluoxetine hcl TABS 10 MG	21	(alendronate sodium)	71
fluoxetine hcl TABS 20 MG	21	fosamprenavir calcium TABS	44
fluoxetine hcl TABS 60 MG	21	fosfomycin tromethamine	33
FLUOXETINE HYDROCHLORIDE		fosinopril sodium &	
TABS (fluoxetine hcl)	21	hydrochlorothiazide	31
fluphenazine hcl CONC	43	fosinopril sodium	29
fluphenazine hcl ELIX	43	FOSRENOL CHEW 1000 MG	
fluphenazine hcl TABS	43	(lanthanum carbonate)	75
flurandrenolide CREA	66	FOSRENOL CHEW 500 MG	
flurandrenolide LOTN	66	(lanthanum carbonate)	75
flurazepam hcl 15 MG	79	FOSRENOL CHEW 750 MG	
flurazepam hcl 30 MG	79	(lanthanum carbonate)	75
flurbiprofen sodium	103	FOSRENOL PACK	75
flurbiprofen TABS	5	FRAGMIN SOLN 95000 UNIT/3.8ML	16
flutamide	36	FRAGMIN SOSY 10000 UNIT/ML .16	
fluticasone furoate-vilanterol	15	FRAGMIN SOSY 12500 UNIT/0.5ML,	16
fluticasone propionate (inhalation)		15000 UNIT/0.6ML	16
AEPB 100 MCG/ACT	14	FRAGMIN SOSY 18000 UNT/0.72ML	
fluticasone propionate (inhalation)		16
AEPB 250 MCG/ACT	14	FRAGMIN SOSY 2500 UNIT/0.2ML,	16
fluticasone propionate (inhalation)		5000 UNIT/0.2ML	16
AEPB 50 MCG/ACT	14		
fluticasone propionate (nasal) SUSP .	79		

FRAGMIN SOSY 7500 UNIT/0.3ML 16	GABITRIL (tiagabine hcl) 20	glatiramer acetate SOSY 40 MG/ML . 106
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP69	GALAFOLD72	GLENMAX PEB LIQD 58
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT84	galantamine hydrobromide CP24 105	GLEOSTINE 10 MG, 40 MG, 100 MG34
FREESTYLE LITE TEST STRIPS STRP69	galantamine hydrobromide SOLN 105	glimepiride24
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT84	galantamine hydrobromide TABS 105	glipizide TABS 24
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP69	GALZIN92	glipizide TB2424
FREESTYLE TEST STRIPS STRP 69	gatifloxacin (ophth)100	glipizide-metformin hcl 22
FROVA (frovatriptan succinate) ...90	GATTEX76	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...86
frovatriptan succinate 90	gefitinib 35	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...86
furosemide SOLN OR 10 MG/ML ..70	GELFILM OP102	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"86
furosemide SOLN OR 40 MG/5ML 70	gemfibrozil TABS 28	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR 23
furosemide TABS 70	GENERESS FE (norethindrone & ethinyl estradiol-fe)54	GLUCOTROL XL TB24 (glipizide) .24
FUZEON SOLR44	gentamicin sulfate (ophth) SOLN .101	glyburide micronized 1.5 MG, 3 MG, 6 MG 24
FYCOMPA SUSP16	gentamicin sulfate (topical) CREA .61	glyburide TABS 24
FYCOMPA TABS 2 MG16	gentamicin sulfate (topical) OINT ..61	glyburide-metformin22
FYCOMPA TABS 4 MG16	GENVOYA44	GLYCATE TABS117
FYCOMPA TABS 6 MG16	GEODON 20 MG, 40 MG (ziprasidone hcl) 42	glycopyrrolate SOLN OR 1 MG/5ML . 117
FYCOMPA TABS 8 MG, 10 MG, 12 MG 16	GEODON 60 MG, 80 MG (ziprasidone hcl) 42	glycopyrrolate TABS 1 MG, 2 MG 117
gabapentin CAPS17	GILENYA (fingolimod hcl)106	GLYCOPYRROLATE TABS117
gabapentin SOLN17	GILENYA 0.5 MG106	GLYNASE (glyburide micronized) 24
gabapentin TABS 600 MG, 800 MG 17	GILOTRIF 35	GLYXAMBI22
	GILPHEX TR TABS 10 MG-388 MG . 58	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 80
	GILTUSS COUGH & COLD TABS 58	granisetron hcl TABS 25
	GILTUSS SINUS & CONGESTION TABS58	
	glatiramer acetate SOSY 20 MG/ML . 106	

griseofulvin microsize SUSP26	HUMALOG MIX 50/50 KWIKPEN SUPN23	HUMULIN R SOLN IJ24
griseofulvin microsize TABS26	HUMALOG MIX 50/50 SUSP23	HUMULIN R U-500 (CONCENTRATED) SOLN SC24
griseofulvin ultramicrosize26	HUMALOG MIX 75/25 KWIKPEN SUPN23	HUMULIN R U-500 KWIKPEN SOPN SC24
guaifenesin TABS 400 MG58	HUMALOG MIX 75/25 SUSP23	HYCANTIN CAPS41
guaifenesin-codeine SOLN58	HUMALOG SOCT23	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)57
guanfacine hcl (adhd)1	HUMALOG SOLN IJ23	hydralazine hcl TABS32
guanfacine hcl30	HUMATE-P SOLR77	HYDREA (hydroxyurea)40
GUM BASE GELATIN104	HUMATIN3	hydrochlorothiazide CAPS70
GYNAZOLE-1119	HUMATROPE CART IJ71	hydrochlorothiazide TABS70
HADLIMA PUSHTOUCH SOAJ3	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML3	hydrocodone bitartrate CP128
HADLIMA SOSY3	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT .3	hydrocodone bitartrate T24A8
HAEGARDA SOLR SC78	HUMIRA PEN PNKT 40 MG/0.4ML .4	hydrocodone bitartrate-homatropine methylbromide SOLN57
HALCION 0.25 MG (triazolam)79	HUMIRA PEN PNKT 40 MG/0.8ML .4	hydrocodone polistirex-chlorpheniramine polistirex SUER .58
halobetasol propionate CREA66	HUMIRA PEN PNKT 80 MG/0.8ML .4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML10
halobetasol propionate OINT66	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG10
haloperidol lactate CONC42	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG10
haloperidol TABS42	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG10
HELIDAC THERAPY118	HUMIRA PEN-PS/UV STARTER PNKT4	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG10
HEMANGEOL SOLN OR47	HUMIRA PSKT 40 MG/0.8ML4	hydrocodone-ibuprofen 10 MG-200 MG10
HEMOFIL M SOLR 1501 -2000 UNIT, 1700 UNIT77	HUMIRA PSKT4	hydrocortisone (intrarectal)11
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT77	HUMULIN 70/30 KWIKPEN SUPN 24	
HEPSERA (adefovir dipivoxil)46	HUMULIN 70/30 SUSP24	
HIPREX (methenamine hippurate) 33	HUMULIN N KWIKPEN SUPN24	
HUMALOG JUNIOR KWIKPEN SOPN23	HUMULIN N SUSP24	
HUMALOG KWIKPEN SOPN 100 UNIT/ML23		
HUMALOG KWIKPEN SOPN 200 UNIT/ML23		

hydrocortisone (rectal) EX 2.5 % .. 12	117	imipramine hcl TABS 50 MG	22
hydrocortisone (topical) CREA 2.5 % 66	hyoscyamine sulfate TB12 0.375 MG 117	imipramine pamoate	22
hydrocortisone (topical) LOTN 2.5 % . 66	hyoscyamine sulfate TBDP 0.125 MG117	imiquimod 5 %	67
hydrocortisone (topical) OINT 2.5 % . 66	HYPERSAL NEBU (sodium chloride (inhalant))	IMITREX 20 MG/ACT (sumatriptan) 90	90
hydrocortisone butyrate CREA 66	HYPERSAL NEBU	IMITREX 5 MG/ACT (sumatriptan)	90
hydrocortisone butyrate hydrophilic lipo base	HYPODERMIC NEEDLE 30GX1/2" . 86	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) .	90
hydrocortisone butyrate LOTN 66	HYSINGLA ER T24A	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) .	90
hydrocortisone butyrate OINT 66	HYZAAR (losartan potassium & hydrochlorothiazide)	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	90
hydrocortisone butyrate SOLN 66	ibandronate sodium TABS	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	90
hydrocortisone TABS	IBRANCE CAPS	IMITREX TABS (sumatriptan succinate)	90
hydrocortisone valerate CREA 66	IBRANCE TABS	IMODIUM A-D CAPS (loperamide hcl)	25
hydrocortisone valerate OINT 66	ibuprofen TABS 400 MG, 600 MG, 800 MG	IMPAVIDO	32
hydrocortisone w/acetic acid104	800 MG	IMURAN TABS (azathioprine)	93
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid)104	icatibant acetate SOLN	INBRIJA CAPS	41
hydromorphone hcl LIQD	8	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	89
hydromorphone hcl TABS	8	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	89
hydromorphone hcl TB24 32 MG ... 8	8	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	89
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8	INCRELEX	71
hydroxychloroquine sulfate 200 MG 33	icosapent ethyl	INCRUSE ELLIPTA	14
hydroxyurea	40		
hydroxyzine hcl SYRP	12		
hydroxyzine hcl TABS	12		
hydroxyzine pamoate CAPS	12		
hyoscyamine sulfate SUBL 0.125 MG117	117		
hyoscyamine sulfate TABS 0.125 MG			

indapamide TABS 1.25 MG, 2.5 MG . 70	vehicle62	itraconazole SOLN26
INDERAL LA CP24 (propranolol hcl) . 47	IOPIDINE100	ivermectin (pediculicide) 69
INDERAL XL 47	ipratropium bromide (nasal)98	ivermectin (rosacea) 68
INDOCIN SUSP (indomethacin) 5	ipratropium bromide SOLN 0.02 % 14	ivermectin12
indomethacin CAPS 25 MG, 50 MG 5	ipratropium-albuterol SOLN15	IXINITY SOLR 77
indomethacin CPCR5	irbesartan29	JADENU SPRINKLE PACK (deferiasirox) 25
indomethacin SUPP5	irbesartan-hydrochlorothiazide31	JADENU TABS (deferiasirox) 25
indomethacin SUSP5	IRESSA (gefitinib) 35	JAKAFI 38
INGREZZA CAPS 40 MG 106	ISENTRESS CHEW 44	JALYN (dutasteride-tamsulosin hcl) . 76
INGREZZA CAPS 60 MG 106	ISENTRESS HD TABS 44	JANUMET TABS23
INGREZZA CAPS 80 MG 106	ISENTRESS TABS 44	JANUMET XR TB24 1000 MG-100 MG 23
INGREZZA CPPK 106	isoniazid SYRP34	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG 22
INLYTA34	isoniazid TABS34	JANUVIA 23
INNOPRAN XL47	ISOPTO ATROPINE SOLN 100	JARDIANCE24
INQOVI36	ISOPTO CARPINE SOLN 1 %, 2 % (pilocarpine hcl)100	JIVI 77
INREBIC38	ISORDIL TITRADOSE TABS (isosorbide dinitrate) 12	JULUCA 44
INSPIREASE DRUG DELIVERYSYSTEM MISC 89	isosorbide dinitrate TABS12	JUXTAPID 10 MG, 20 MG, 30 MG 29
INSPRA (eplerenone)32	isosorbide dinitrate-hydralazine hcl 49	JUXTAPID 5 MG29
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN24	isosorbide mononitrate TABS12	JYNARQUE TBPK73
INTELENCE (etravirine) 44	isosorbide mononitrate TB24 12	KALETRA SOLN (lopinavir-ritonavir) . 44
INTELENCE 25 MG 44	isotretinoin 10 MG, 25 MG61	KALETRA TABS (lopinavir-ritonavir) . 44
INTRAROSA119	isotretinoin 20 MG60	KALYDECO PACK 115
INTRON A SOLR 40	isotretinoin 30 MG60	KALYDECO TABS115
INTUNIV (guanfacine hcl (adhd)) ...1	isotretinoin 35 MG, 40 MG60	KAMELEON LUBRICATED MISC .83
INVEGA (paliperidone)42	isradipine CAPS48	KARBINAL ER SUER27
iodine strong (lugol's)91	ISTALOL SOLN (timolol maleate (ophth))99	KCENTRA77
iodoquinol-hydrocortisone in aloe	itraconazole CAPS26	

KENALOG AERS (triamcinolone acetoneide (topical))66	SPERMICIDE/LUBRICATED MISC 83	K-PHOS TABS (potassium phosphate monobasic)92
KEPPRA SOLN OR 100 MG/ML (levetiracetam)18	KIMONO PS LUBRICATED MISC .83	KRINTAFEL33
KEPPRA TABS 1000 MG (levetiracetam)18	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 83	K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)92
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)18	KIMONO SENSATION LUBRICATED MISC83	K-TAB TBCR 8 MEQ (potassium chloride)92
KEPPRA XR TB24 (levetiracetam) 18	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 83	KUVAN PACK (sapropterin dihydrochloride)72
KESIMPTA106	KIMONO SPECIAL DEVI83	KUVAN TABS (sapropterin dihydrochloride)72
ketoconazole (topical) CREA62	KISQALI38	K-Y ME & YOU EXTRA LUBRICATED DEVI83
ketoconazole (topical) FOAM62	KISQALI FEMARA 200 DOSE ...36	K-Y ME & YOU INTENSE DEVI ...83
ketoconazole (topical) SHAM 2 % .62	KISQALI FEMARA 400 DOSE ...37	KYNMOBI FILM41
ketoconazole26	KISQALI FEMARA 600 DOSE ...37	KYNMOBI TITRATION KIT KIT ...41
KETONE STRP69	KITABIS PAK NEBU (tobramycin) ..3	labetalol hcl TABS47
ketoprofen CAPS 75 MG5	KLARITY-A101	lacosamide SOLN OR 10 MG/ML .18
ketoprofen CP245	KLARON (sulfacetamide sodium (acne))61	lacosamide TABS18
ketorolac tromethamine (ophth) .103	KLEAR GUMMY BASE104	lactulose (encephalopathy)75
ketorolac tromethamine TABS5	KLONOPIN TABS (clonazepam) ..17	lactulose SOLN80
KETOSTIX STRP69	KLOXXADO LIQD25	LAGEVRIO46
KEVZARA SOAJ4	KOATE SOLR77	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 18
KEVZARA SOSY4	KOATE-DVI SOLR 500 UNIT, 1000 UNIT77	LAMICTAL ODT KIT (lamotrigine) .18
KIMONO COLORS DEVI83	KOGENATE FS KIT77	LAMICTAL ODT KIT18
KIMONO LUBRICATED MISC83	KOSELUGO38	LAMICTAL ODT TBDP (lamotrigine) . 18
KIMONO MAXX/LARGE FLARE MISC83	KOVALTRY77	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) . 18
KIMONO MICRO THIN MISC83	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)92	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 83	K-PHOS NO 276	
KIMONO PLUS SPERMICIDE LUBRICATED MISC83		
KIMONO PLUS		

VALPROATE KIT (lamotrigine) 18	lanthanum carbonate CHEW 750 MG75	LEVBID TB12 (hyoscyamine sulfate) 117
LAMICTAL STARTER/TAKING		
VALPROATE KIT (lamotrigine) 18	LANTUS SOLN 24	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML 18
LAMICTAL TABS (lamotrigine) 18	LANTUS SOLOSTAR SOPN 24	levetiracetam TABS 1000 MG 18
LAMICTAL XR KIT 18	lapatinib ditosylate38	levetiracetam TABS 250 MG, 500 MG, 750 MG 18
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) 18	LASIX TABS (furosemide) 70	levetiracetam TB24 18
LAMICTAL XR TB24 250 MG (lamotrigine) 18	LASTACFT 103	levobunolol hcl 0.5 % 99
LAMICTAL XR TB24 300 MG (lamotrigine) 18	latanoprost SOLN103	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML72
LAMICTAL XR TB24 300 MG (lamotrigine) 18	LATANOPROST SOLN103	levocarnitine (metabolic modifiers) TABS72
lamivudine (hbv) TABS 46	LATUDA (lurasidone hcl)42	levofloxacin (ophth) 1.5 %101
lamivudine SOLN 44	leflunomide 10 MG 6	levofloxacin SOLN OR74
lamivudine TABS 44	leflunomide 20 MG 6	levofloxacin TABS74
lamivudine-zidovudine 44	lenalidomide93	levonorgestrel & eth estradiol TABS 54
lamotrigine CHEW 18	LENVIMA 10 MG DAILY DOSE ...34	levonorgestrel (emergency oc) 1.5 MG 55
lamotrigine KIT 25 MG 18	LENVIMA 12MG DAILY DOSE ... 34	levonorgestrel-eth estradiol (triphasic)54
lamotrigine KIT 18	LENVIMA 14 MG DAILY DOSE ...34	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 54
lamotrigine TABS 18	LENVIMA 18 MG DAILY DOSE ...35	levonorgestrel-ethinyl estradiol (continuous) 54
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG 18	LENVIMA 20 MG DAILY DOSE ...35	levonorgestrel-ethinyl estradiol-iron 54
lamotrigine TB24 250 MG18	LENVIMA 24 MG DAILY DOSE ...35	levorphanol tartrate TABS 8
lamotrigine TB24 300 MG18	LENVIMA 4 MG DAILY DOSE ...35	levothyroxine sodium CAPS 125 MCG 116
lamotrigine TBDP 18	LENVIMA 8 MG DAILY DOSE ...35	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)48	LESCOL XL TB24 (fluvastatin sodium)28	
lansoprazole CPDR118	LETAIRIS (ambrisentan) 50	
lansoprazole TBDD 15 MG118	letrozole 36	
lansoprazole TBDD 30 MG118	leucovorin calcium TABS 40	
lanthanum carbonate CHEW 1000 MG 75	LEUKERAN34	
lanthanum carbonate CHEW 500 MG75	leuprolide acetate KIT IJ 1 MG/0.2ML36	
	levalbuterol hcl 15	
	levalbuterol tartrate15	

MCG	116	LIPOFEN CAPS (fenofibrate)	28	lopinavir-ritonavir SOLN	44
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	116	lisdexamfetamine dimesylate CAPS 1		lopinavir-ritonavir TABS	44
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	116	lisdexamfetamine dimesylate CHEW 1		LOPRESSOR TABS (metoprolol tartrate)	47
LEVSIN TABS (hyoscyamine sulfate)	117	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	31	LOPROX CREA (ciclopirox olamine) .	62
LEVSIN/SL SUBL (hyoscyamine sulfate)	117	lisinopril & hydrochlorothiazide 25 MG-20 MG	31	LOPROX SHAMPOO SHAM (ciclopirox)	62
LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	21	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	29	LOPROX SUSP (ciclopirox olamine) .	62
LEXAPRO TABS 5 MG (escitalopram oxalate)	21	lisinopril TABS 40 MG	29	lorazepam CONC	13
LEXIVA SUSP	44	LITHIUM	42	lorazepam TABS	13
LEXIVA TABS (fosamprenavir calcium)	44	lithium carbonate CAPS 150 MG, 600 MG	42	LORBRENA	38
LIALDA TBEC (mesalamine)	75	lithium carbonate CAPS 300 MG ..	42	LORTAB ELIX	10
LIBRAX (chlordiazepoxide hcl-clidinium bromide)	117	lithium carbonate TABS	42	losartan potassium & hydrochlorothiazide	31
lidocaine hcl (mouth-throat) 2 % ..	94	lithium carbonate TBCR	42	losartan potassium	30
lidocaine PTCH 5 %	68	LITHOBID TBCR (lithium carbonate) .	42	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	54
lidocaine-prilocaine CREA	68	LITHOSTAT	76	LOTEMAX GEL (loteprednol etabonate)	101
LIDODERM PTCH (lidocaine)	68	LO LOESTRIN FE TABS	54	LOTEMAX OINT	101
linezolid SUSR	33	LOCOID LIPOCREAM	66	LOTEMAX SUSP (loteprednol etabonate)	101
linezolid TABS	33	LOCOID LOTN (hydrocortisone butyrate)	67	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	29
LINZESS	75	LODINE TABS (etodolac)	5	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 31	
liothyronine sodium TABS 25 MCG, 50 MCG	116	LODOSYN (carbidopa)	41	loteprednol etabonate GEL	101
liothyronine sodium TABS 5 MCG 116		LOHIST-DM SYRP	58	loteprednol etabonate SUSP 0.2 %	102
LIPITOR TABS (atorvastatin calcium)	28	LOKELMA	93	loteprednol etabonate SUSP 0.5 %	101
		LOMOTIL TABS (diphenoxylate w/ atropine)	25		
		LONSURF	37		
		loperamide hcl CAPS	25		
		LOPID TABS (gemfibrozil)	28		

LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	31	LUZU (luliconazole)	62	MAXITROL OINT (neomycin-polymy-dexameth)	102
LOTRONEX (alosetron hcl)	75	LYNPARZA TABS	38	MAXITROL SUSP (neomycin-polymy-dexameth)	102
lovastatin TABS 10 MG, 20 MG	28	LYRICA CAPS 225 MG, 300 MG (pregabalin)	18	MAXI-TUSS PE MAX LIQD	58
lovastatin TABS 40 MG	28	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	18	MAXX LUBRICATED MISC	83
LOVAZA (omega-3-acid ethyl esters)	27	LYRICA SOLN (pregabalin)	18	MAXX PLUS SPERMICIDE LUBRICATED MISC	83
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	16	LYSODREN	36	MAXZIDE TABS (triamterene & hydrochlorothiazide)	70
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	16	LYSTEDA TABS (tranexamic acid)	79	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	70
LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	16	MACROBID (nitrofurantoin monohyd macro)	33	MAYZENT STARTER PACK TBPK 106	106
LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	16	MACRODANTIN (nitrofurantoin macrocrystal)	33	MAYZENT TABS 0.25 MG	106
LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	16	mafenide acetate PACK	64	MAYZENT TABS 1 MG	106
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium)	16	MAGNEBIND 400	91	MAYZENT TABS 2 MG	106
loxapine succinate	42	MALARONE (atovaquone-proguanil hcl)	33	M-CLEAR WC SOLN	58
lubiprostone	74	malathion	69	meclizine hcl TABS 50 MG	25
LUCEMYRA	105	maraviroc TABS	44	meclofenamate sodium CAPS	5
luliconazole	62	MAR-COF BP	58	MEDROL DOSEPAK TBPK (methylprednisolone)	56
LUMIGAN SOLN 0.01 %	103	MAR-COF CG EXPECTORANT LIQD	58	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	56
LUNESTA (eszopiclone)	79	MARINOL CAPS 2.5 MG (dronabinol)	26	MEDROL TABS	56
LUPRON DEPOT (1-MONTH) KIT IM	36	MARPLAN	21	medroxyprogesterone acetate 10 MG	105
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	71	MATULANE	40	medroxyprogesterone acetate 2.5 MG, 5 MG	105
lurasidone hcl	42	MAVYRET TABS	46	mefenamic acid CAPS	5
LUXIQ FOAM (betamethasone valerate)	67	MAXALT TABS 10 MG (rizatriptan benzoate)	91	mefloquine hcl	33
		MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	91	megestrol acetate (appetite)	105
		MAXIDEX SUSP OP	102	megestrol acetate SUSP	36

megestrol acetate TABS	36	mesalamine TBEC 800 MG	75	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	34
MEKINIST TABS	38	MESNEX TABS	40	methotrexate sodium TABS 2.5 MG 34	
MEKTOVI	38	MESTINON SOLN OR (pyridostigmine bromide)	33	methoxsalen rapid	63
meloxicam CAPS 10 MG	5	MESTINON TABS (pyridostigmine bromide)	33	methscopolamine bromide	117
meloxicam CAPS 5 MG	5	MESTINON TIMESPAN TBCR (pyridostigmine bromide)	33	methsuximide	20
meloxicam TABS 15 MG	5	METADATE CD CPCR (methylphenidate hcl)	2	methyl dopa TABS	30
meloxicam TABS 7.5 MG	5	metaxalone 800 MG	97	methylergonovine maleate TABS	104
melphalan	34	metformin hcl SOLN	23	METHYLIN SOLN (methylphenidate hcl)	2
memantine hcl CP24 14 MG, 21 MG, 28 MG	105	metformin hcl TABS 500 MG, 850 MG, 1000 MG	23	methylphenidate hcl CHEW	2
memantine hcl CP24 7 MG	105	metformin hcl TB24 500 MG, 750 MG	23	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2
memantine hcl SOLN	105	methadone hcl CONC	9	methylphenidate hcl CP24 60 MG ..	2
memantine hcl TABS 10 MG	105	methadone hcl SOLN OR	9	methylphenidate hcl CP24	2
memantine hcl TABS 5 MG	105	methadone hcl TABS	9	methylphenidate hcl CPCR	2
memantine hcl TABS	105	methadone hcl TBSO	9	methylphenidate hcl SOLN	2
M-END PE LIQD	58	METHADOSE CONC (methadone hcl)	9	methylphenidate hcl TABS 20 MG ..	2
MENEST	74	METHADOSE SUGAR-FREE CONC (methadone hcl)	9	methylphenidate hcl TABS 5 MG, 10 MG	2
MENOSTAR PTWK	74	methamphetamine hcl	1	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2
meperidine hcl SOLN OR 50 MG/5ML	8	methazolamide TABS	70	methylphenidate hcl TB24 36 MG ..	2
meperidine hcl TABS 50 MG	8	methenamine hippurate	33	methylphenidate hcl TBCR 10 MG ..	2
MEPHYTON TABS (phytonadione) 120		methenamine mandelate 0.5 GM, 1 GM	33	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2
MEPRON (atovaquone)	32	methimazole TABS	116	methylphenidate hcl TBCR 20 MG ..	2
mercaptopurine TABS	34	METHITEST TABS	11	methylphenidate hcl TBCR 54 MG ..	2
mesalamine CP24	75	methocarbamol TABS 500 MG, 750 MG	97	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	2
mesalamine CPCR	75				
mesalamine CPDR	75				
mesalamine ENEM	75				
mesalamine SUPP	75				
mesalamine TBEC 1.2 GM	75				

methylphenidate PTCH	2	MIACALCIN IJ (calcitonin (salmon)) 71	(pramipexole dihydrochloride)	41
methylprednisolone TABS	56	MICARDIS 20 MG, 40 MG (telmisartan)	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	54
methylprednisolone TBPK	56	MICARDIS 80 MG (telmisartan) ...	mirtazapine TABS	20
methyltestosterone CAPS	11	MICARDIS HCT (telmisartan- hydrochlorothiazide)	mirtazapine TBDP	20
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	74	MICROCHAMBER DEVI	MIRVASO (brimonidine tartrate (topical))	68
metoclopramide hcl TABS	74	MICROCHAMBER MISC	misoprostol	118
metoclopramide hcl TBDP	74	MICROSPACER MISC	MITIGARE CAPS (colchicine)	77
metolazone	71	midazolam hcl SYRP	MOBIC TABS 15 MG (meloxicam) .	5
METOPIRONE	69	midodrine hcl	MOBIC TABS 7.5 MG (meloxicam) .	5
metoprolol & hydrochlorothiazide TABS	31	MIFEPREX (mifepristone)	modafinil	2
metoprolol succinate TB24	47	mifepristone	moexipril hcl	29
metoprolol tartrate TABS	47	miglitol	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	45
METROCREAM CREA (metronidazole (topical))	68	miglustat	mometasone furoate (nasal) SUSP 99	
METROGEL GEL 1 % (metronidazole (topical))	68	MIGRANAL SOLN NA (dihydroergotamine mesylate)	mometasone furoate CREA	67
METROLOTION LOTN (metronidazole (topical))	68	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	mometasone furoate OINT	67
metronidazole (topical) CREA	68	MINIPRESS CAPS (prazosin hcl) .	mometasone furoate SOLN	67
metronidazole (topical) GEL 0.75 % 68		MINIVELLE PTTW (estradiol)	montelukast sodium CHEW	14
metronidazole (topical) GEL 1 % ..	68	minocycline hcl CAPS	montelukast sodium PACK	14
metronidazole (topical) LOTN	68	minocycline hcl TABS 50 MG, 100 MG	montelukast sodium TABS	14
metronidazole CAPS	32	minocycline hcl TABS 75 MG	MONUROL (fosfomycin tromethamine)	33
metronidazole TABS	32	minoxidil 2.5 MG, 10 MG	morphine sulfate beads	9
metronidazole vaginal	119	MIRALAX POWD (polyethylene glycol 3350)	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	9
metyrosine	29	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) .	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	9
mexiletine hcl	13	MIRAPEX ER TB24 3 MG	morphine sulfate SUPP	9
MG217 PSORIASIS MULTI- SYM TOM OINT	68			

morphine sulfate TABS	9	MYLERAN TABS	34	MG	5
morphine sulfate TBCR	9	MYSOLINE (primidone)	18	naproxen SUSP	5
MOVANTIK	75	MYTESI	24	naproxen TABS	5
moxifloxacin hcl (ophth) SOLN OP 101		nabumetone 500 MG	5	naratriptan hcl	91
moxifloxacin hcl TABS	74	nabumetone 750 MG	5	NARCAN LIQD (naloxone hcl)	25
MS CONTIN TBCR (morphine sulfate)	9	nadolol TABS 20 MG, 40 MG, 80 MG	47	NARDIL (phenelzine sulfate)	21
MUCINEX D MAXIMUM STRENGTH TB12 (pseudoephedrine-guaifenesin)	58	naftifine hcl CREA	62	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..	99
MUCINEX D TB12 (pseudoephedrine-guaifenesin) ...	58	naftifine hcl GEL 2 %	62	NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal))	99
MUCOTROL WAFR	94	NAFTIN GEL 2 % (naftifine hcl) ...	62	NASONEX 24HR SUSP	99
MULPLETA	79	NALFON TABS (fenoprofen calcium) 5		NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	96
MULTIVITAMIN + FLUORIDE CHEW	95	naloxone hcl LIQD	25	NATACYN	101
MULTIVITAMIN WITH FLUORIDE CHEW	95	naloxone hcl SOSY	25	NATAZIA	55
MULTI-VIT-FLOR CHEW	95	naltrexone hcl	25	nateglinide	24
mupirocin OINT	61	NAMENDA TABS 10 MG (memantine hcl)	105	NATPARA	71
MYALEPT	72	NAMENDA TABS 5 MG (memantine hcl)	105	NATROBA (spinosad)	69
MYAMBUTOL TABS 400 MG (ethambutol hcl)	34	NAMENDA TITRATION PAK TABS (memantine hcl)	105	NAYZILAM	17
MYCOBUTIN (rifabutin)	34	NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl)	105	neбиволol hcl	47
mycophenolate mofetil CAPS	93	NAMENDA XR CP24 7 MG (memantine hcl)	105	NEBULIZER CUP/TUBING DEVI ..	89
mycophenolate mofetil SUSR	93	NAMZARIC C4PK	105	NEBUPENT IN (pentamidine isethionate)	32
mycophenolate mofetil TABS	93	NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	105	NEBUSAL NEBU	59
mycophenolate sodium	93	NAMZARIC CP24 7 MG-10 MG ..	105	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	96
MYDRIACYL SOLN (tropicamide) 100		NAPROSYN SUSP (naproxen)	5	nefazodone hcl	21
MYFORTIC (mycophenolate sodium)	93	NAPROSYN TABS 500 MG (naproxen)	5	neomycin sulfate TABS	3
		naproxen sodium TABS 275 MG, 550			

neomycin-bacitracin zn-polymyxin 101	niacin (antihyperlipidemic) TBCR ..29	nitisinone CAPS72
neomycin-polymy-dexameth OINT 102	NIASPAN TBCR (niacin (antihyperlipidemic)) 29	NITRO-BID OINT 12
neomycin-polymy-dexameth SUSP 102	nicardipine hcl CAPS 48	NITRO-DUR PT24 (nitroglycerin) ..12
neomycin-polymyxin-gramicidin .101	NICODERM CQ PT24 TD (nicotine) . 114	NITRO-DUR PT24 12
neomycin-polymyxin-hc (ophth) .102	NICORETTE GUM (nicotine polacrilex)114	nitrofurantoin 33
neomycin-polymyxin-hc (otic) SOLN . 104	NICORETTE LOZG (nicotine polacrilex)114	nitrofurantoin macrocrystal33
neomycin-polymyxin-hc (otic) SUSP . 104	NICORETTE MINI LOZG (nicotine polacrilex)114	nitrofurantoin monohyd macro 33
NEORAL CAPS (cyclosporine modified (for microemulsion))93	NICORETTE STARTER KIT GUM (nicotine polacrilex)114	nitroglycerin (intra-anal) 12
NEORAL SOLN (cyclosporine modified (for microemulsion))93	nicotine MISC XX114	nitroglycerin PT2412
NERLYNX38	nicotine polacrilex GUM 114	nitroglycerin SOLN TL 0.4 MG/SPRAY 12
NESTABS96	nicotine polacrilex LOZG 114	nitroglycerin SUBL 12
NESTABS DHA96	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR114	NITROLINGUAL SOLN TL (nitroglycerin)12
NESTABS ONE96	NICOTINE TRANSDERMAL SYSTEM KIT 114	NITROSTAT SUBL (nitroglycerin) .12
NEUPRO41	NICOTROL INHALER INHA114	NIVA THYROID TABS116
NEURONTIN CAPS (gabapentin) .18	NICOTROL NS SOLN114	nizatidine CAPS 117
NEURONTIN SOLN (gabapentin) .18	nifedipine CAPS48	nizatidine SOLN 117
NEURONTIN TABS (gabapentin) .18	nifedipine TB24 30 MG, 60 MG ...48	NORDITROPIN FLEXPPO SOPN .71
NEVANAC103	nifedipine TB24 48	norelgestromin-ethinyl estradiol ...55
nevirapine SUSP44	NILANDRON (nilutamide)36	norethin acet & estrad-fe CAPS ... 55
nevirapine TABS44	nilutamide36	norethin acet & estrad-fe CHEW .. 55
nevirapine TB2444	nimodipine CAPS 48	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 55
NEXAVAR (sorafenib tosylate) ...38	NINJACOF-XG LIQD 58	norethindrone & ethinyl estradiol-fe 55
NEXICLON XR TB24 (clonidine hcl) . 30	NINLARO39	norethindrone (contraceptive)56
NEXTSTELLIS 55	nisoldipine48	norethindrone acet & eth estra55
niacin (antihyperlipidemic) TABS ..29	nitazoxanide TABS32	norethindrone acetate TABS 105

norethindrone acetate-ethinyl estradiol-fe	55	NUCALA SOSY 100 MG/ML	13	OCALIVA 10 MG	74
norgestimate-ethinyl estradiol (triphasic)	55	NUEDEXTA	107	OCALIVA 5 MG	74
norgestimate-ethinyl estradiol	55	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	80	octreotide acetate SOLN	73
NORPACE CAPS (disopyramide phosphate)	13	NUPLAZID CAPS	42	OCUFLOX (ofloxacin (ophth)) ...	101
NORPACE CR CP12	13	NUPLAZID TABS 10 MG	42	ODEFSEY	45
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	22	NUVARING (etonogestrel-ethinyl estradiol)	55	ODOMZO	35
NORTHERA (droxidopa)	120	NUVESSA	119	OFEV	115
nortriptyline hcl CAPS	22	NUVIGIL (armodafinil)	2	ofloxacin (ophth)	101
nortriptyline hcl SOLN	22	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	78	ofloxacin (otic)	103
NORVASC TABS 2.5 MG (amlodipine besylate)	48	NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	78	ofloxacin 300 MG	74
NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	48	nystatin (mouth-throat)	94	ofloxacin 400 MG	74
NORVIR PACK	44	nystatin (topical) CREA	62	olanzapine TABS 15 MG, 20 MG ..	43
NORVIR SOLN	44	nystatin (topical) OINT	62	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	43
NORVIR TABS (ritonavir)	45	nystatin (topical) POWD EX	62	olanzapine TBDP	43
NOVOEIGHT	77	nystatin TABS	26	olanzapine-fluoxetine hcl	106
NOVOSEVEN RT	77	nystatin-triamcinolone CREA	62	olmesartan medoxomil 40 MG	30
NOXAFIL SUSP (posaconazole) ..	26	nystatin-triamcinolone OINT	62	olmesartan medoxomil 5 MG, 20 MG 30	
NOXAFIL TBEC (posaconazole) ..	26	OB COMPLETE ONE	96	olmesartan medoxomil-amlodipine-hydrochlorothiazide	31
NP THYROID 120 TABS	116	OB COMPLETE PETITE	96	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG .	31
NP THYROID 15 TABS	116	OB COMPLETE PREMIER	96	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	31
NP THYROID 30 TABS	116	OB COMPLETE/DHA	96	olopatadine hcl (nasal)	98
NP THYROID 60 TABS	116	OBIZUR	78	olopatadine hcl 0.1 %	103
NP THYROID 90 TABS	116	OBSTETRIX DHA MISC	96	olopatadine hcl 0.2 %	103
NUBEQA	36	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	96	OLUX FOAM (clobetasol propionate)	67
NUCALA SOAJ	13			OLUX-E (clobetasol propionate	
NUCALA SOLR	13				

emulsion)67	DIAMOND/LARGEFACE MASK DEVI89	acetonide)104
OMBRA TABLE TOP COMPRESSOR DEVI 89	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC 89	OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML 3
omega-3-acid ethyl esters27	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC 89	OVACE PLUS WASH LIQD (sulfacetamide sodium)64
omeprazole CPDR 20 MG, 40 MG 118	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 119	OVACE WASH LIQD (sulfacetamide sodium)64
omeprazole magnesium CPDR .. 118	ORACEA (doxycycline (rosacea)) 68	OVIDE (malathion)69
OMNIFLEX DIAPHRAGM83	ORACIT 76	oxandrolone 10 MG11
ondansetron hcl SOLN OR 4 MG/5ML25	ORAL CITRATE76	oxandrolone 2.5 MG 11
ondansetron hcl TABS 4 MG, 8 MG 25	ORAPRED ODT TBDP (prednisolone sodium phosphate)56	oxaprozin TABS5
ondansetron TBDP25	ORAVIG94	OXAYDO TABS 5 MG9
ONE FLOW FVC MONITORING SPIROMETER DEVI89	ORENITRAM TBCR 49	oxazepam CAPS 10 MG, 15 MG .. 13
ONETOUCH ULTRA 2 KIT84	ORFADIN CAPS (nitisinone) 72	oxazepam CAPS 30 MG13
ONETOUCH ULTRA STRP69	ORFADIN SUSP72	oxcarbazepine SUSP 18
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT84	ORIAHNN 73	oxcarbazepine TABS 150 MG 18
ONETOUCH VERIO REFLECT KIT 84	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG115	oxcarbazepine TABS 300 MG 18
ONETOUCH VERIO TEST STRIPS STRP69	ORKAMBI PACK 94 MG-75 MG . 115	oxcarbazepine TABS 600 MG 18
ONFI SUSP (clobazam) 17	ORKAMBI TABS115	oxiconazole nitrate CREA62
ONFI TABS 10 MG (clobazam)17	orlistat1	OXISTAT CREA (oxiconazole nitrate)62
ONFI TABS 20 MG (clobazam)17	orphenadrine citrate TB1297	OXISTAT LOTN62
ONUREG TABS34	oseltamivir phosphate CAPS 46	OXTELLAR XR TB24 150 MG, 300 MG 19
OPILL56	oseltamivir phosphate SUSR46	OXTELLAR XR TB24 600 MG18
OPSUMIT50	OSMOPREP81	oxybutynin chloride TABS 5 MG . 119
OPTICHAMBER DIAMOND DEVI .89	OSPHENA71	oxybutynin chloride TB24119
OPTICHAMBER DIAMOND MISC .89	OTEZLA TABS6	OXYCODONE AND ACETAMINOPHEN TABS 10
OPTICHAMBER	OTEZLA TBPK6	oxycodone hcl CAPS9
	OTOVEL (ciprofloxacin-fluocinolone	oxycodone hcl CONC 100 MG/5ML 9

oxycodone hcl SOLN	9	PARI TREK S COMBO PACK DEVI .	2.97 GM-5.86 GM-22.74 GM-236 GM
oxycodone hcl TABS 30 MG	9	8980
oxycodone hcl TABS 5 MG, 10 MG,		paricalcitol CAPS	72
15 MG, 20 MG	9	PARLODEL CAPS (bromocriptine	peg 3350-potassium chloride-sod
oxycodone w/ acetaminophen TABS		mesylate)	80
325 MG-10 MG, 325 MG-7.5 MG ..	10	41	PEGASYS SOLN
oxycodone w/ acetaminophen TABS		PARLODEL TABS (bromocriptine	46
325 MG-2.5 MG	10	mesylate)	80
oxycodone w/ acetaminophen TABS		41	PEG-PREP
325 MG-5 MG	10	PARNATE (tranylcypromine sulfate)	80
		21	penicillamine CAPS
		paroxetine hcl SUSP	92
		21	penicillamine TABS
		paroxetine hcl TABS	92
		21	penicillin v potassium SOLR
		paroxetine hcl TB24	104
		21	penicillin v potassium TABS
		PASER PACK	104
		34	pentamidine isethionate IN
		PATADAY 0.1 % (olopatadine hcl)	32
		103	PENTASA CPCR (mesalamine) ...
		PATADAY 0.2 % (olopatadine hcl)	75
		103	PENTASA CPCR 250 MG
		PATADAY EXTRA STRENGTH .	75
		103	pentazocine w/ naloxone hcl
		PATANASE (olopatadine hcl (nasal))	11
		78
		98	pentoxifylline
		PAXIL CR TB24 (paroxetine hcl) ..	78
		21	PEPCID TABS 40 MG (famotidine)
		PAXIL SUSP (paroxetine hcl)	117
		21	PERCOCET TABS 325 MG-10 MG,
		PAXIL TABS (paroxetine hcl)	325 MG-7.5 MG (oxycodone w/
		21	acetaminophen)
		PAXLOVID 100 MG-150 MG	10
		45	PERCOCET TABS 325 MG-2.5 MG
		pazopanib hcl	(oxycodone w/ acetaminophen) ...
		39	10
		PEDIAPRED SOLN (prednisolone	PERCOCET TABS 325 MG-5 MG
		sodium phosphate)	(oxycodone w/ acetaminophen) ...
		56	10
		pediatric multivitamins w/fl CHEW	PERFOROMIST NEBU (formoterol
		.95	fumarate)
		pediatric vitamins acd w/ fluoride	15
		SOLN	perindopril erbumine
		95	29
		peg 3350-kcl-nacl-na sulfate-na	permethrin CREA
		ascorbate-ascorbic acid	69
		80	perphenazine TABS
		peg 3350-kcl-sod bicarb-sod	43
		chloride-sod sulfate SOLR 6.74 GM-	perphenazine-amitriptyline
			106
			phenelzine sulfate
			21
			phenobarbital ELIX
			79
			phenobarbital TABS
			79

phenoxybenzamine hcl	29	piroxicam CAPS 20 MG	5	POLY-VI-FLOR SUSP	95
phentermine hcl CAPS	1	PLAN B ONE-STEP (levonorgestrel (emergency oc))	55	POLY-VI-FLOR/IRON CHEW	94
phenylephrine hcl (mydriatic) SOLN 10 %	100	PLAQUENIL (hydroxychloroquine sulfate)	33	POLY-VI-FLOR/IRON SUSP	94
phenylephrine hcl (mydriatic) SOLN 2.5 %	100	PLAVIX 75 MG (clopidogrel bisulfate)	78	POMALYST	36
phenytoin CHEW	20	PLEGRIDY SOPN	107	posaconazole SUSP	26
phenytoin sodium extended 100 MG, 200 MG, 300 MG	20	PLEGRIDY SOSY IM	107	posaconazole TBEC	26
phenytoin SUSP	20	PLEGRIDY SOSY SC	107	pot & sod citrates w/citric ac SOLN 76	
PHEXXI	119	PLEGRIDY STARTER PACK SOPN . 107		pot phosphate monobasic w/ sod phosphate dibasic & monobasic	92
PHOSLYRA SOLN	75	PLEGRIDY STARTER PACK SOSY SC	107	POTABA CAPS	120
phytonadione TABS 5 MG	120	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	61	potassium chloride CPCR	92
PIFELTRO	45	PLEXION CREA (sulfacetamide sodium w/ sulfur)	61	potassium chloride microencapsulated crystals er	92
pilocarpine hcl (oral) 5 MG	94	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	61	potassium chloride PACK OR 20 MEQ	92
pilocarpine hcl (oral) 7.5 MG	94	PNV-DHA+DOCUSATE	96	potassium chloride SOLN OR 10 %, 20 %	92
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 100		PNV-OMEGA	96	potassium chloride TBCR 20 MEQ	92
pimecrolimus	67	POCKET CHAMBER DEVI	89	potassium chloride TBCR 8 MEQ, 10 MEQ	92
pimozide	107	POCKET SPACER DEVI	89	potassium citrate (alkalinizer) TBCR . 76	
pindolol TABS	47	PODOCON-25 SOLN	68	potassium citrate-citric acid SOLN	76
pioglitazone hcl 15 MG	24	podofilox GEL	68	POVIDONE IODINE	101
pioglitazone hcl 30 MG, 45 MG	24	podofilox SOLN	68	PRALUENT SOAJ	29
pioglitazone hcl-glimepiride	23	POLY HUB NEEDLE/30G X 1/2"	86	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	41
pioglitazone hcl-metformin hcl TABS . 23		polyethylene glycol 3350 POWD	81	pramipexole dihydrochloride TABS 1 MG	41
PIQRAY 200MG DAILY DOSE	39	polymyxin b-trimethoprim	101	pramipexole dihydrochloride TABS 1.5 MG	41
PIQRAY 250MG DAILY DOSE	39	POLYTRIM (polymyxin b-trimethoprim)	101	pramipexole dihydrochloride TB24	
PIQRAY 300MG DAILY DOSE	39	POLY-VI-FLOR CHEW	95		
pirfenidone CAPS	115				
pirfenidone TABS	115				
piroxicam CAPS 10 MG	5				

0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	41	PREDNISONE INTENSOL CONC	56	PRENATE AM	96
pramipexole dihydrochloride TB24 3 MG	41	prednisone SOLN	56	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	96
PRAMOSONE LOTN	67	prednisone TABS	56	PRENATE ENHANCE	96
PRAMOSONE OINT 1 %-1 %	67	prednisone TBPK	56	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG	96
PRAMOSONE OINT 2.5 %-1 % ...	67	PREFEST	73	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG ..	96
prasugrel hcl	78	pregabalin CAPS 225 MG, 300 MG 19		PRENATE PIXIE	96
pravastatin sodium 10 MG, 20 MG, 80 MG	28	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	19	PRENATE RESTORE	96
pravastatin sodium 40 MG	28	pregabalin SOLN	19	PREPIDIL GEL	104
praziquantel	12	PREMARIN	120	PREVACID 24HR CPDR (lansoprazole)	118
prazosin hcl CAPS	30	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	74	PREVACID CPDR 30 MG (lansoprazole)	118
PRECISION XTRA	69	PREMARIN TABS 0.9 MG	74	PREVACID SOLUTAB TBDD 15 MG (lansoprazole)	118
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	69	PREMESISRX	96	PREVACID SOLUTAB TBDD 30 MG (lansoprazole)	118
PRECOSE (acarbose)	22	PREMIUM CONDOMS LUBRICATED MISC	83	PREVIDENT RINSE SOLN	94
PRED MILD	102	PREMPHASE	73	PREZCOBIX	45
PRED-G S.O.P. OINT	102	PREMPRO 1.5 MG-0.3 MG	73	PREZISTA SUSP	45
PRED-G SUSP	102	PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ...	73	PREZISTA TABS (darunavir)	45
prednicarbate OINT	67	PRENA 1 TRUE	96	PREZISTA TABS 75 MG, 150 MG	45
prednisolone acetate (ophth)	102	PRENA1 PEARL	96	PRIFTIN	34
PREDNISOLONE SODIUM PHOSPHATE	102	PRENAISSANCE	96	PRILOSEC PACK	118
prednisolone sodium phosphate SOLN 25 MG/5ML	56	PRENAISSANCE PLUS CAPS ...	96	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	33
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	56	PRENATAL 19 CHEW	96		
prednisolone sodium phosphate TBDP	56	PRENATAL 19 TABS	96		
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	102	PRENATAL MULTIVITAMIN PLUS DHA MISC	96		
		PRENATAL+DHA MISC	96		
		PRENATAL-U CAPS	96		
		PRENATE	96		

primaquine phosphate TABS 33	PROLIA SOSY 71	PROSCAR (finasteride) 76
primidone 50 MG, 250 MG 19	PROMACTA PACK 12.5 MG 79	PROTONIX PACK (pantoprazole sodium) 118
PRISTIQ (desvenlafaxine succinate) 22	PROMACTA PACK 25 MG 79	PROTONIX TBEC (pantoprazole sodium) 118
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC 89	PROMACTA TABS 79	PROTOPIC OINT 0.03 % (tacrolimus (topical)) 67
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC 89	promethazine & phenylephrine SYRP 58	PROTOPIC OINT 0.1 % (tacrolimus (topical)) 67
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI 89	promethazine hcl SOLN 6.25 MG/5ML 27	protriptyline hcl 22
PROAIR RESPICLICK AEPB 15	promethazine hcl SUPP 12.5 MG, 25 MG 27	PROVERA 10 MG (medroxyprogesterone acetate) .. 105
probenecid 77	promethazine hcl SYRP 27	PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) .. 105
PROCARDIA XL TB24 (nifedipine) 48	promethazine hcl TABS 12.5 MG .. 27	PROVIDA OB 97
PROCARE SPACER CHAMBER W/ADULT MASK DEVI 89	promethazine hcl TABS 25 MG ... 27	PROVIGIL (modafinil) 2
PROCARE SPACER CHAMBER W/CHILD MASK DEVI 89	promethazine hcl TABS 50 MG ... 27	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl) 21
PROCHAMBER VALVED HOLDINGCHAMBER DEVI 89	promethazine w/codeine SOLN ... 58	PROZAC CAPS 40 MG (fluoxetine hcl) 21
prochlorperazine 43	promethazine w/codeine SYRP ... 58	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 58
prochlorperazine maleate TABS ... 43	promethazine-dm SYRP 58	pseudoephedrine-guaifenesin TB12 1200 MG-120 MG 58
PROCTOFOAM HC FOAM EX 11	promethazine-phenylephrine-codeine 58	pseudoephedrine-guaifenesin TB12 600 MG-60 MG 58
PROCYSBI CPDR 76	PROMETRIUM CAPS (progesterone) 105	PULMICORT FLEXHALER AEPB 180 MCG/ACT 14
PROCYSBI PACK 76	propafenone hcl CP12 13	PULMICORT FLEXHALER AEPB 90 MCG/ACT 14
PROFILNINE 78	propafenone hcl TABS 150 MG ... 13	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) 14
progesterone CAPS 105	propafenone hcl TABS 225 MG, 300 MG 13	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) 14
PROGLYCEM (diazoxide) 23	propraparacaine hcl 101	
PROGRAF CAPS (tacrolimus) 93	propranolol hcl CP24 47	
PROGRAF PACK 93	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 47	
PROLATE TABS 10	propranolol hcl TABS 47	
PROLENSA (bromfenac sodium (ophth)) 103	propylthiouracil 116	
	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML 58	

PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	14	43	12
PULMOZYME	115	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	43
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	89	quetiapine fumarate TABS 300 MG, 400 MG	43
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 89		quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG	43
PURIXAN SUSP	34	quetiapine fumarate TB24 50 MG .	43
pyrazinamide	34	QUFLORA FE PEDIATRIC LIQD ..	94
pyridostigmine bromide SOLN OR	33	QUFLORA PEDIATRIC CHEW ...	95
pyridostigmine bromide TABS 60 MG	33	QUFLORA PEDIATRIC SOLN	95
pyridostigmine bromide TBCR	34	QUILLICHEW ER CHER	2
QBRELIS SOLN	29	QUILLIVANT XR SRER	2
QINLOCK	39	quinapril hcl	29
QSYMIA	1	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	31
QUAKE DEVI	89	quinapril-hydrochlorothiazide 25 MG- 20 MG	31
QUALAQUIN CAPS (quinine sulfate) 33		quinidine gluconate TBCR	13
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	55	quinine sulfate CAPS 324 MG	33
quazepam	79	QVAR REDIHALER 80 MCG/ACT .	14
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate)	19	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	118
QUDEXY XR CS24 25 MG, 50 MG (topiramate)	19	rabeprazole sodium TBEC	118
QUESTRAN LIGHT POWD (cholestyramine light)	28	RADICAVA ORS STARTER KIT SUSP	99
QUESTRAN PACK (cholestyramine) 28		RADICAVA ORS SUSP	99
QUESTRAN POWD (cholestyramine)	28	raloxifene hcl	71
quetiapine fumarate TABS 200 MG		ramelteon	80
		ramipril CAPS	29
		RANEXA TB12 1000 MG (ranolazine)	12
		RANEXA TB12 500 MG (ranolazine) .	
		ranolazine TB12 1000 MG	12
		ranolazine TB12 500 MG	12
		RAPAFLO 8 MG (silodosin)	76
		RAPAMUNE SOLN (sirolimus)	93
		RAPAMUNE TABS (sirolimus)	93
		rasagiline mesylate	42
		RASUVO SOAJ 20 MG/0.4ML	3
		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
		RAVICTI	72
		RAZADYNE ER CP24 (galantamine hydrobromide)	105
		REALITY LATEX CONDOMS/LUBRICATED MISC ..	83
		REALITY LATEX/ULTRA TEXTURED DEVI	83
		REALITY LATEX/ULTRA THIN DEVI 83	
		REBIF REBIDOSE SOAJ	107
		REBIF REBIDOSE TITRATIONPACK SOAJ	107
		REBIF SOSY	107
		REBIF TITRATION PACK SOSY .	107
		REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	78
		RECOMBINATE SOLR	78
		RECTIV (nitroglycerin (intra-anal)) 12	
		REGLAN TABS (metoclopramide hcl)	74

REGRANEX	69	RETACRIT	79	risedronate sodium TABS 35 MG ..	71
RELENZA DISKHALER	46	RETACRIT 20000 UNIT/ML	79	risedronate sodium TABS 5 MG, 30	
RELEXXII TBCR 18 MG, 27 MG, 36		RETEVMO	39	MG	71
MG	2	RETIN-A CREA (tretinoin)	61	RISPERDAL SOLN (risperidone) ..	42
RELEXXII TBCR 54 MG	2	RETIN-A GEL (tretinoin)	61	RISPERDAL TABS 0.5 MG, 1 MG, 2	
RELEXXII TBCR 72 MG	2	RETIN-A MICRO (tretinoin		MG, 4 MG (risperidone)	42
RELION INSULIN SYRINGE		microsphere)	61	RISPERDAL TABS 3 MG	
0.5ML/31G X 15/64"	86	RETIN-A MICRO PUMP 0.04 %, 0.1		(risperidone)	42
RELION INSULIN SYRINGE		% (tretinoin microsphere)	61	risperidone SOLN	42
1ML/31GX15/64"	86	RETIN-A MICRO PUMP 0.08 %		risperidone TABS 0.25 MG, 0.5 MG,	
RELION INSULIN SYRINGE/U-		(tretinoin microsphere)	61	1 MG, 2 MG, 4 MG	42
100/0.3ML/31G X 15/64"	86	RETROVIR CAPS (zidovudine) ...	45	risperidone TABS 3 MG	42
RELION INSULIN SYRINGE/U-		RETROVIR SYRP (zidovudine) ...	45	risperidone TBDP 0.25 MG	42
100/1ML/31G X 15/64"	86	REVATIO SUSR (sildenafil citrate		risperidone TBDP 0.5 MG, 1 MG, 2	
RELNATE DHA CAPS	97	(pulmonary hypertension))	50	MG, 3 MG, 4 MG	42
RELPAK (eletriptan hydrobromide)		REVATIO TABS (sildenafil citrate		RITALIN LA CP24 (methylphenidate	
91		(pulmonary hypertension))	50	hcl)	2
RELYVRIO	99	REXULTI	43	RITALIN TABS 20 MG	
REMERON SOLTAB TBDP		REYATAZ CAPS 200 MG, 300 MG		(methylphenidate hcl)	2
(mirtazapine)	20	(atazanavir sulfate)	45	RITALIN TABS 5 MG, 10 MG	
REMERON TABS 15 MG, 30 MG		REYATAZ PACK	45	(methylphenidate hcl)	2
(mirtazapine)	20	RHOFADE	68	RITEFLO DEVI	89
RENAGEL (sevelamer hcl)	75	RIASTAP	78	ritonavir TABS	45
REVELA PACK 0.8 GM (sevelamer		RIDAURA	4	rivastigmine	105
carbonate)	75	rifabutin	34	rivastigmine tartrate CAPS	105
REVELA PACK 2.4 GM (sevelamer		rifampin CAPS	34	RIXUBIS SOLR	78
carbonate)	75	RILUTEK TABS (riluzole)	99	rizatriptan benzoate TABS	91
REVELA TABS (sevelamer		riluzole TABS	99	rizatriptan benzoate TBDP	91
carbonate)	75	rimantadine hydrochloride TABS ..	46	ROBINUL FORTE TABS	
repaglinide	24	RINVOQ	3	(glycopyrrolate)	117
RESTORIL 15 MG (temazepam) ..	79	RIOMET SOLN (metformin hcl) ...	23	ROBINUL TABS (glycopyrrolate) .	117
RESTORIL 22.5 MG, 30 MG		risedronate sodium TABS 150 MG	71	ROCALTROL CAPS 0.25 MCG	
(temazepam)	79			(calcitriol)	72
RESTORIL 7.5 MG (temazepam) .	79				

ROCALTROL CAPS 0.5 MCG (calcitriol)	72	SABRIL PACK (vigabatrin)	20	SAXENDA	1
ROCALTROL SOLN OR (calcitriol) 72		SABRIL TABS (vigabatrin)	20	scopolamine	25
roflumilast	14	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	55	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	55
ropinirole hydrochloride TABS	41	SALAGEN 5 MG (pilocarpine hcl (oral))	94	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	97
ropinirole hydrochloride TB24 12 MG 41		SALAGEN 7.5 MG (pilocarpine hcl (oral))	94	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	97
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	41	SALICYLIC ACID OINT	68	SELECT-OB+DHA MISC	97
rosuvastatin calcium TABS	28	salicylic acid SHAM 6 %	68	selegiline hcl CAPS	42
ROXICODONE TABS 30 MG (oxycodone hcl)	9	salicylic acid SOLN 26 %	68	selegiline hcl TABS	42
ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl)	9	salicylic acid SOLN 28.5 %	68	selenium sulfide LOTN 2.5 %	64
ROZEREM (ramelteon)	80	SALIMEZ CREA	68	SELZENTRY SOLN	45
ROZLYTREK CAPS	39	salsalate	8	SELZENTRY TABS (maraviroc) ...	45
RUBRACA	39	SALYCIM CREA	68	SELZENTRY TABS 25 MG, 75 MG 45	
rufinamide SUSP	19	SANCUSO PTCH	25	SE-NATAL 19 CHEW	97
rufinamide TABS 200 MG	19	SANDIMMUNE CAPS (cyclosporine) 93		SE-NATAL 19 TABS	97
rufinamide TABS 400 MG	19	SANDIMMUNE SOLN OR	93	SENSIPAR (cinacalcet hcl)	72
RUKOBIA	45	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	73	SEREVENT DISKUS	15
RYBELSUS TABS 3 MG	23	SANTYL OINT	67	SEROQUEL TABS 200 MG (quetiapine fumarate)	43
RYBELSUS TABS 7 MG, 14 MG ..	23	SAPHRIS (asenapine maleate) ...	43	SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)	43
RYDAPT	39	SAPHRIS 5 MG	43	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	43
RYDEX	58	sapropterin dihydrochloride PACK	72	SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate)	43
RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	42	sapropterin dihydrochloride TABS	72		
RYTARY CPR 95 MG-23.75 MG	42	SAVELLA TABS	106		
RYTHMOL SR CP12 (propafenone hcl)	13	SAVELLA TITRATION PACK MISC 106			
RYVENT TABS	27	saxagliptin hcl	23		
		saxagliptin-metformin hcl	23		

SEROSTIM SC 4 MG, 5 MG, 6 MG 71	sodium)14	93
sertraline hcl CONC21	sirolimus SOLN 93	SODIUM SULFACETAMIDE WASH LIQD 64
sertraline hcl TABS 21	sirolimus TABS93	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 61
sevelamer carbonate PACK 0.8 GM . 75	SITAVIG TABS BU46	sodium sulfate-potassium sulfate- magnesium sulfate 80
sevelamer carbonate PACK 2.4 GM . 75	SIVEXTRO TABS33	solifenacin succinate TABS 10 MG 119
sevelamer carbonate TABS76	SKELAXIN (metaxalone)97	solifenacin succinate TABS 5 MG 119
sevelamer hcl 400 MG76	SKLICE (ivermectin (pediculicide)) 69	SOLTAMOX SOLN 36
sevelamer hcl 800 MG76	SKYRIZI PEN SOAJ63	SOMA TABS (carisoprodol) 97
SFROWASA ENEM75	SKYRIZI PSKT63	SOMAVERT71
SIGNIFOR73	SKYRIZI SOCT 75	SOOLANTRA (ivermectin (rosacea))68
SIKLOS TABS 100 MG78	SKYRIZI SOSY 63	sorafenib tosylate 39
SIKLOS TABS 1000 MG78	SLYND56	SORILUX FOAM63
sildenafil citrate (pulmonary hypertension) SUSR50	SOAAZ TABS 20 MG (torsemide) 70	sotalol hcl (afib/af) 47
sildenafil citrate (pulmonary hypertension) TABS50	sodium chloride (inhalant) NEBU 0.9 %, 3 %59	sotalol hcl TABS 47
sildenafil citrate49	sodium chloride (inhalant) NEBU 7 %59	SOVUNA 200 MG33
silodosin 4 MG76	sodium fluoride (dental) SOLN 0.2 % 94	spinosad69
silodosin 8 MG76	sodium fluoride CHEW 0.25 MG, 0.5 MG 91	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .14
SILVADENE (silver sulfadiazine) . 64	sodium fluoride CHEW 1 MG, 2.2 MG91	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT 14
silver sulfadiazine 64	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML 91	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT 14
simvastatin TABS28	sodium fluoride TABS 0.5 MG91	SPIRO PD DEVI 89
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)42	sodium fluoride TABS 1 MG91	spironolactone & hydrochlorothiazide70
SINGULAIR CHEW (montelukast sodium)14	SODIUM OXYBATE SOLN105	spironolactone TABS 70
SINGULAIR PACK (montelukast sodium)14	sodium phenylbutyrate POWD72	SPORANOX CAPS (itraconazole) .26
SINGULAIR TABS (montelukast sodium)14	sodium phenylbutyrate TABS72	
	sodium polystyrene sulfonate POWD	

SPORANOX PULSEPAK CAPS (itraconazole)	26	sucralfate SUSP	117	sumatriptan 20 MG/ACT	91
SPORANOX SOLN (itraconazole)	26	sucralfate TABS	117	sumatriptan 5 MG/ACT	91
SPRAVATO 56MG DOSE	21	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	48	sumatriptan succinate SOAJ 4 MG/0.5ML	91
SPRAVATO 84MG DOSE	21	sulconazole nitrate CREA	62	sumatriptan succinate SOAJ 6 MG/0.5ML	91
SPRITAM TB3D	19	sulconazole nitrate SOLN	62	sumatriptan succinate SOCT 4 MG/0.5ML	91
SPRYCEL	39	sulfacetamide sodium (acne)	61	sumatriptan succinate SOCT 6 MG/0.5ML	91
STALEVO 50 (carbidopa-levodopa- entacapone)	42	sulfacetamide sodium (ophth) OINT 101		sumatriptan succinate SOLN 6 MG/0.5ML	91
stavudine CAPS	45	sulfacetamide sodium (ophth) SOLN . 101		sumatriptan succinate TABS	91
STELARA SOLN 45 MG/0.5ML ...	64	sulfacetamide sodium LIQD	64	sunitinib malate 12.5 MG, 37.5 MG, 50 MG	39
STELARA SOSY 45 MG/0.5ML ...	64	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	61	sunitinib malate 25 MG	39
STELARA SOSY 90 MG/ML	64	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	61	SUPRAX CAPS (cefixime)	51
STIMATE SOLN NA	73	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	61	SUPRAX SUSR 100 MG/5ML (cefixime)	51
STIOLTO RESPIMAT	15	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	61	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	80
STIVARGA	39	sulfacetamide sod-prednisolone SOLN	102	SUSTIVA CAPS (efavirenz)	45
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	2	sulfadiazine TABS	115	SUSTIVA TABS (efavirenz)	45
STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	2	sulfamethoxazole-trimethoprim SUSP	32	SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	39
STRENSIQ	72	sulfamethoxazole-trimethoprim TABS	32	SUTENT 25 MG (sunitinib malate)	39
STRIBILD	45	SULFAMYLON CREA	64	SYMBICORT (budesonide- formoterol fumarate dihydrate)	15
STRIVERDI RESPIMAT	15	SULFAMYLON PACK 5 % (mafenide acetate)	64	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl) ...	106
STROMECTOL (ivermectin)	12	sulfasalazine TABS	75	SYMDEKO	115
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	11	sulfasalazine TBEC	75	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	45
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	11	sulindac TABS 150 MG	5		
SUBSYS LIQD 1200 MCG, 1600 MCG	9	sulindac TABS 200 MG	5		

SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	45	tadalafil (pulmonary hypertension) TABS	50	fumarate)	107
SYMJEPI SOSY 0.15 MG/0.3ML	120	tadalafil 2.5 MG	49	TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	107
SYMJEPI SOSY 0.3 MG/0.3ML	120	tadalafil 5 MG, 10 MG, 20 MG	49	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	86
SYMTUZA	45	TAFINLAR CAPS	39	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	86
SYNALAR CREA (fluocinolone acetonide)	67	tafluprost	103	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	87
SYNALAR OINT (fluocinolone acetonide)	67	TAGRISSE	35	TEGRETOL SUSP (carbamazepine) .	19
SYNALAR SOLN (fluocinolone acetonide)	67	TALZENNA 0.25 MG, 1 MG	39	TEGRETOL TABS (carbamazepine) .	19
SYNAREL	72	TAMIFLU CAPS (oseltamivir phosphate)	46	TEGRETOL-XR TB12 100 MG (carbamazepine)	19
SYNJARDY TABS	23	TAMIFLU SUSR (oseltamivir phosphate)	46	TEGRETOL-XR TB12 200 MG (carbamazepine)	19
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	23	tamoxifen citrate TABS	36	TEGRETOL-XR TB12 400 MG (carbamazepine)	19
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	23	tamsulosin hcl	76	TEGSEDI	114
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	116	TARCEVA (erlotinib hcl)	35	TEKTRUNA (aliskiren fumarate)	32
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	116	TARGRETIN (bexarotene (topical)) 63		TEKTRUNA HCT	31
SYPRINE (trientine hcl)	92	TARGRETIN (bexarotene)	40	telmisartan 20 MG, 40 MG	30
TABLOID	34	TASIGNA	40	telmisartan 80 MG	30
TABRECTA	39	TASMAR (tolcapone)	41	telmisartan-amlodipine	31
TACLONEX OINT (calcipotriene-betamethasone dipropionate)	67	TAVALISSE 100 MG	78	telmisartan-hydrochlorothiazide	31
TACLONEX SUSP (calcipotriene-betamethasone dipropionate)	67	TAVALISSE 150 MG	78	temazepam 15 MG	80
tacrolimus (topical) OINT 0.03 %	68	TAYTULLA CAPS (norethin acet & estrad-fe)	55	temazepam 22.5 MG	80
tacrolimus (topical) OINT 0.1 %	68	tazarotene CREA	64	temazepam 30 MG	80
tacrolimus CAPS	93	TAZORAC CREA (tazarotene)	64	temazepam 7.5 MG	80
		TAZORAC CREA	64	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide)	34
		TAZORAC GEL (tazarotene)	64	TEMOVATE CREA (clobetasol propionate)	67
		TAZVERIK	40		
		TECFIDERA CPDR (dimethyl			

TEMOVATE OINT (clobetasol propionate)	67	THEO-24 CP24	15	tinidazole 250 MG	32
temozolomide CAPS	34	theophylline ELIX	15	tinidazole 500 MG	32
tenofovir disoproxil fumarate TABS 45		theophylline SOLN	15	tiopronin TABS	76
TENORETIC 100 (atenolol & chlorthalidone)	31	theophylline TB12 300 MG	15	tiopronin TBEC	76
TENORETIC 50 (atenolol & chlorthalidone)	31	theophylline TB12 450 MG	15	tiotropium bromide monohydrate CAPS	14
TENORMIN TABS (atenolol)	47	theophylline TB24	15	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	116
terazosin hcl 1 MG, 2 MG, 5 MG ..	30	THIOLA EC TBEC	76	TIROSINT CAPS 75 MCG	116
terazosin hcl 10 MG	30	THIOLA TABS (tiopronin)	76	TIVICAY TABS	45
terbinafine hcl TABS	26	thioridazine hcl 10 MG, 25 MG, 100 MG	43	tizanidine hcl CAPS	97
terbutaline sulfate TABS	15	thioridazine hcl 50 MG	43	tizanidine hcl TABS 2 MG	97
terconazole vaginal CREA	119	thiothixene	43	tizanidine hcl TABS 4 MG	97
terconazole vaginal SUPP	119	THRESHOLD PEP DEVI	89	TOBI NEBU (tobramycin)	3
teriflunomide	107	THRIVITE RX TABS	97	TOBI PODHALER CAPS	3
TESTIM GEL TD (testosterone) ...	11	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	116	TOBRADEX OINT	102
testosterone cypionate SOLN IM ..	11	tiagabine hcl	20	TOBRADEX ST SUSP	102
testosterone enanthate SOLN IM ..	11	TIAZAC (diltiazem hcl extended release beads)	48	TOBRADEX SUSP (tobramycin-dexamethasone)	102
testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	11	TIBSOVO	40	tobramycin (ophth) SOLN	101
testosterone GEL TD 1 %, 50 MG/5GM	11	TIKOSYN (dofetilide)	13	tobramycin NEBU	3
testosterone GEL TD 10 MG/ACT .	11	timolol maleate (ophth) SOLG	99	tobramycin-dexamethasone SUSP 102	
tetrabenazine	106	timolol maleate (ophth) SOLN	99	TOBREX OINT	101
tetracaine hcl (ophth)	101	timolol maleate TABS 10 MG	47	TODAY SPONGE MISC	119
tetracycline hcl CAPS	115	timolol maleate TABS 5 MG, 20 MG .	47	tolcapone	41
TEXACORT SOLN 2.5 %	67	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	100	TOLSURA CAPS	26
THALITONE	71	TIMOPTIC SOLN (timolol maleate (ophth))	100	tolterodine tartrate CP24	119
THALOMID	93	TIMOPTIC-XE SOLG (timolol maleate (ophth))	100	tolterodine tartrate TABS	119
				TOPAMAX SPRINKLE CPSP (topiramate)	19
				TOPAMAX TABS 100 MG	

(topiramate)	19	TOUJEO SOLOSTAR SOPN	24	TREMFYA SOPN	64
TOPAMAX TABS 200 MG (topiramate)	19	TOVIAZ (fesoterodine fumarate)	119	TREMFYA SOSY	64
TOPAMAX TABS 25 MG (topiramate)	19	TPOXX (TECOVIRIMAT CAP 200 MG)	46	TRESIBA FLEXTOUCH SOPN	24
TOPAMAX TABS 50 MG (topiramate)	19	TPOXX CAPS	46	TRESIBA SOLN	24
TOPICORT CREA (desoximetasone)	67	TPOXX SOLN	46	tretinoin (chemotherapy)	40
TOPICORT GEL (desoximetasone) 67		TRACLEER TABS 125 MG (bosentan)	50	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	61
TOPICORT LIQD (desoximetasone) . 67		TRACLEER TABS 62.5 MG (bosentan)	50	tretinoin GEL 0.01 %, 0.025 %	61
TOPICORT OINT (desoximetasone) . 67		TRACLEER TBSO	50	tretinoin GEL 0.05 %	61
topiramate CP24 200 MG	19	tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	tretinoin microsphere 0.04 %, 0.1 % 61	
topiramate CP24 25 MG	19	tramadol hcl TABS 100 MG	9	tretinoin microsphere 0.08 %	61
topiramate CP24 50 MG, 100 MG .	19	tramadol hcl TABS 50 MG	9	TRETTEN	78
topiramate CPSP	19	tramadol hcl TB24 100 MG	9	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	34
topiramate CS24 100 MG, 150 MG, 200 MG	19	tramadol hcl TB24 200 MG	9	triamcinolone acetonide (mouth) ..	94
topiramate CS24 25 MG, 50 MG ..	19	tramadol hcl TB24	9	triamcinolone acetonide (nasal)	
topiramate TABS 100 MG	19	tramadol-acetaminophen	10	AERO	99
topiramate TABS 200 MG	19	trandolapril	29	triamcinolone acetonide (topical)	
topiramate TABS 25 MG	19	trandolapril-verapamil hcl	31	AERS	67
topiramate TABS 50 MG	19	tranexamic acid TABS	79	triamcinolone acetonide (topical)	
TOPROL XL TB24 (metoprolol succinate)	47	TRANSDERM-SCOP (scopolamine) 25		CREA	67
toremifene citrate	36	TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	13	triamcinolone acetonide (topical)	
toremide TABS 100 MG	70	tranylcypromine sulfate	21	LOTN	67
toremide TABS 5 MG, 10 MG, 20 MG	70	TRAVATAN Z SOLN (travoprost)	103	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	67
TOUJEO MAX SOLOSTAR SOPN 24		travoprost SOLN	103	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	70
		trazodone hcl TABS	21	triamterene & hydrochlorothiazide TABs 25 MG-37.5 MG	70
		TRECTOR	34	triamterene & hydrochlorothiazide TABs 50 MG-75 MG	70
		TRELEGY ELLIPTA	15	triamterene CAPS	70
				triazolam 0.125 MG	80

triazolam 0.25 MG	80	trimipramine maleate CAPS	22	LARGE MISC	84
TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)	31	TRINATAL RX 1 TABS	97	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	84
TRICOR TABS 145 MG (fenofibrate) . 28		TRINTELLIX	21	TRUSTEX LUBRICATED/SPERMICIDE MISC 84	
TRICOR TABS 48 MG (fenofibrate) 28		TRISTART DHA	97	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	84
TRIDESILON CREA 0.05 % (desonide)	67	TRISTART ONE	97	TRUSTEX NON-LUBRICATED MISC	84
trientine hcl 250 MG	92	TRIUMEQ PD TBSO	45	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC	84
trientine hcl 500 MG	92	TRIUMEQ TABS	45	TRUSTEX/RIA LUBRICATED MISC . 84	
trifluoperazine hcl TABS	43	TRI-VI-FLOR	95	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	84
trifluridine	101	TRI-VI-FLORO	95	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 84	
trihexyphenidyl hcl SOLN	41	TRIZIVIR	45	TRUSTEX/RIA NON-LUBRICATED MISC	84
trihexyphenidyl hcl TABS	41	TROKENDI XR CP24 200 MG (topiramate)	19	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	45
TRIJARDY XR	23	TROKENDI XR CP24 25 MG (topiramate)	19	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	45
TRIKAFTA TBPK 100 MG-50 MG 115		TROKENDI XR CP24 50 MG, 100 MG (topiramate)	19	TUKYSA	35
TRIKAFTA TBPK 50 MG-25 MG .	115	tropicamide SOLN	100	TURALIO 200 MG	40
TRILEPTAL SUSP (oxcarbazepine) 19		tropium chloride CP24	119	TUSNEL C SYRP	58
TRILEPTAL TABS 150 MG (oxcarbazepine)	19	trospium chloride TABS	119	TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML ..	58
TRILEPTAL TABS 300 MG (oxcarbazepine)	19	TRULICITY	23	TUSNEL TABS	58
TRILEPTAL TABS 600 MG (oxcarbazepine)	19	TRUSOPT (dorzolamide hcl)	103	TWIRLA	55
TRILIPIX 135 MG (choline fenofibrate)	28	TRUSTEX COLOR CONDOMS + LUBE MISC	83		
TRILIPIX 45 MG (choline fenofibrate)	28	TRUSTEX LUBRICATED EXTRALARGE MISC	83		
trimethobenzamide hcl CAPS	25	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	83		
trimethoprim TABS	32	TRUSTEX LUBRICATED MISC ...	84		
		TRUSTEX LUBRICATED/RIBBED/STUDED MISC	84		
		TRUSTEX LUBRICATED/SPERMICIDE EXTRA			

TYBLUME CHEW	55	citrate (alkalinizer)	76	VALTREX 1 GM (valacyclovir hcl) .	46
TYBOST	45	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	76	VALTREX 500 MG (valacyclovir hcl) .	46
TYKERB (lapatinib ditosylate)	40	UROXATRAL (alfuzosin hcl)	76	VANACOF	58
TYMLOS	71	URSO 250 TABS (ursodiol)	74	VANOCOCIN CAPS 125 MG (vancomycin hcl)	32
TYVASO DPI MAINTENANCE KIT POWD	49	URSO FORTE TABS (ursodiol) ...	74	vancomycin hcl CAPS 125 MG	32
TYVASO DPI TITRATION KIT POWD	49	ursodiol CAPS	74	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	32
TYVASO REFILL SOLN IN	49	ursodiol TABS	74	VANDAZOLE	119
TYVASO SOLN IN	49	VAGIFEM TABS (estradiol vaginal) 120		VANOS CREA (fluocinonide)	67
TYVASO STARTER SOLN IN	49	valacyclovir hcl 1 GM, 1000 MG ...	46	varenicline tartrate TABS	114
UBRELVY	90	valacyclovir hcl 500 MG	46	VARUBI TBPK	26
UCERIS (budesonide (intrarectal)) 11		VALCHLOR	63	VASCEPA (icosapent ethyl)	27
UCERIS TB24 (budesonide)	56	VALCYTE SOLR (valganciclovir hcl) .	45	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...	31
UDENYCA SOSY	79	VALCYTE TABS (valganciclovir hcl) .	46	VASOTEC TABS (enalapril maleate) 29	
ULORIC 40 MG (febuxostat)	77	valganciclovir hcl SOLR	46	VCF VAGINAL CONTRACEPTIVE FILM FILM	119
ULORIC 80 MG (febuxostat)	77	valganciclovir hcl TABS	46	VCF VAGINAL CONTRACEPTIVEGEL GEL	119
ULTRACET (tramadol- acetaminophen)	10	VALIUM TABS 10 MG (diazepam) 13		VECAMYL	32
ULTRAM TABS (tramadol hcl)	9	VALIUM TABS 2 MG, 5 MG (diazepam)	13	VECTICAL (calcitriol (topical))	64
ULTRASAL-ER SOLN (salicylic acid) 68		valproate sodium SOLN OR 250 MG/5ML	20	VELTIN (clindamycin phosphate- tretinoin)	61
ULTRAVATE LOTN	67	valproic acid CAPS	20	VEMLIDY	46
UPTRAVI TABS 200 MCG	50	valsartan TABS 160 MG	30	VENCLEXTA STARTING PACK TBPK	35
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	50	valsartan TABS 40 MG, 80 MG, 320 MG	30	VENCLEXTA TABS 10 MG	35
UPTRAVI TITRATION PACK TBPK 50		valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	31	VENCLEXTA TABS 100 MG	35
UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	76	valsartan-hydrochlorothiazide 25 MG- 160 MG	31	VENCLEXTA TABS 50 MG	35
UROCIT-K 15 TBCR (potassium				venlafaxine hcl CP24 150 MG	22

venlafaxine hcl CP24 37.5 MG, 75 MG	22	VFEND TABS (voriconazole)	26	VIRT-C DHA	97
venlafaxine hcl TABS	22	VIAGRA (sildenafil citrate)	49	VIRT-NATE DHA CAPS	97
venlafaxine hcl TB24 225 MG	22	VIBERZI	75	VIRT-PN DHA	97
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	22	VIBRAMYCIN CAPS (doxycycline hyclate)	115	VISTARIL CAPS (hydroxyzine pamoate)	12
VENTAVIS	49	VIBRAMYCIN SUSR (doxycycline (monohydrate))	115	VISTOGARD	25
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...	48	VICTOZA	23	VITAFOL GUMMIES	97
verapamil hcl CP24 180 MG	48	vigabatrin PACK	20	VITAFOL-NANO	97
verapamil hcl CP24 360 MG	48	vigabatrin TABS	20	VITAFOL-ONE CAPS	97
verapamil hcl TABS	48	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	101	VITAMEDMD ONE RX/QUATREFOLIC	97
verapamil hcl TBCR 120 MG	48	VIIBRYD STARTER PACK KIT ...	22	VITAPEARL	97
verapamil hcl TBCR 180 MG, 240 MG	48	VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	22	VITATRUE	97
VEREGEN	61	VIIBRYD TABS 20 MG (vilazodone hcl)	22	VITRAKVI CAPS	40
VERELAN CP24 120 MG, 240 MG (verapamil hcl)	48	vilazodone hcl TABS 10 MG, 40 MG .	22	VITRAKVI SOLN	40
VERELAN CP24 180 MG (verapamil hcl)	48	vilazodone hcl TABS 20 MG	22	VIVA DHA CAPS	97
VERELAN CP24 360 MG (verapamil hcl)	48	VIMPAT SOLN OR 10 MG/ML (lacosamide)	19	VIVELLE-DOT PTTW (estradiol) ..	74
VERELAN PM CP24 (verapamil hcl) .	48	VIMPAT TABS (lacosamide)	19	VIZIMPRO	35
VERSACLOZ SUSP	43	VINATE DHA RF	97	VOGELXO GEL TD (testosterone)	11
VERSAPAP DEVI	89	VINATE ONE TABS	97	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	63
VERSAPAP/UNIVERSAL TUBING DEVI	89	VIRACEPT TABS	45	VONVENDI	78
VERZENIO	40	VIRAMUNE XR TB24 400 MG (nevirapine)	45	voriconazole SUSR	26
VESICARE TABS 10 MG (solifenacin succinate)	119	VIREAD POWD	45	voriconazole TABS	26
VESICARE TABS 5 MG (solifenacin succinate)	119	VIREAD TABS (tenofovir disoproxil fumarate)	45	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	90
VFEND SUSR (voriconazole)	26	VIREAD TABS 150 MG, 200 MG, 250 MG	45	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	90
				VORTEX VALVED HOLDING CHAMBER DEVI	90
				VOSEVI	46

VOTRIENT (pazopanib hcl)	40	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	84	MG-10 MG	23
VOTRIENT	40	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	84	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	23
VP-PNV-DHA CAPS	97	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	84	XOPENEX (levalbuterol hcl)	15
VRAYLAR CAPS	42	WILATE KIT	78	XOPENEX CONCENTRATE (levalbuterol hcl)	15
VRAYLAR CPPK	42	WILZIN	92	XOSPATA	40
VYNDAMAX	50	XALATAN SOLN (latanoprost) ...	103	XPOVIO	36
VYNDAQEL	50	XALKORI CAPS	40	XPOVIO 80 MG TWICE WEEKLY	
VYTONE 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle)	62	XANAX TABS (alprazolam)	13	XTANDI CAPS	36
VYTORIN (ezetimibe-simvastatin) 27		XANAX XR TB24 (alprazolam)	13	XTANDI TABS	36
VYVANSE CAPS	1	XARELTO STARTER PACK TBPK		XYNTHA	78
warfarin sodium TABS	16	16		XYNTHA SOLOFUSE	78
WELCHOL PACK (colesevelam hcl) .	28	XARELTO SUSR	16	XYREM SOLN	105
WELCHOL TABS (colesevelam hcl) .	28	XARELTO TABS 10 MG	16	YASMIN 28 (drospirenone-ethinyl estradiol)	55
WELLBUTRIN SR TB12 (bupropion hcl)	20	XARELTO TABS 2.5 MG, 15 MG, 20 MG	16	YAZ (drospirenone-ethinyl estradiol)	
WELLBUTRIN XL TB24 (bupropion hcl)	21	XATMEP SOLN	34	55	
WESCAP-C DHA	97	XELJANZ SOLN	3	YONSA	36
WESNATE DHA CAPS	97	XELJANZ TABS	3	zaleplon	80
WESTGEL DHA	97	XELJANZ XR TB24	3	ZANAFLEX CAPS (tizanidine hcl) .97	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	84	XELODA 150 MG (capecitabine) ..	34	ZANAFLEX TABS 4 MG (tizanidine hcl)	97
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	84	XELODA 500 MG (capecitabine) ..	34	ZARONTIN CAPS (ethosuximide) .20	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	84	XENAZINE (tetrabenazine)	106	ZARONTIN SOLN (ethosuximide) .20	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	84	XENICAL (orlistat)	1	ZARXIO	79
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	84	XERAC AC	68	ZATEAN-PN DHA	97
		XERMELO	76	ZATEAN-PN PLUS	97
		XHANCE EXHU	99	ZAVESCA (miglustat)	78
		XIFAXAN 200 MG	32	ZEJULA CAPS	40
		XIFAXAN 550 MG	32	ZEJULA TABS	40
		XIGDUO XR 1000 MG-10 MG, 500			

ZELAPAR TBDP	42	ziprasidone hcl 20 MG, 40 MG	42	zonisamide CAPS 100 MG	19
ZELBORAF	40	ziprasidone hcl 60 MG, 80 MG	42	zonisamide CAPS 25 MG, 50 MG .	19
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	72	ZIRGAN GEL	101	ZORBTIVE SC	71
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	70	ZITHROMAX PACK (azithromycin) 82		ZORTRESS (everolimus (immunosuppressant))	93
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	31	ZITHROMAX SUSR (azithromycin) 82		ZOVIRAX CREA (acyclovir topical) 64	
ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	32	ZITHROMAX TABS 250 MG (azithromycin)	82	ZOVIRAX OINT (acyclovir topical) .	64
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	29	ZITHROMAX TABS 500 MG (azithromycin)	82	ZOVIRAX SUSP (acyclovir)	46
ZESTRIL TABS 40 MG (lisinopril) .	29	ZITHROMAX TRI-PAK TABS (azithromycin)	82	ZYDELIG	40
ZETIA (ezetimibe)	28	ZITHROMAX Z-PAK TABS (azithromycin)	82	ZYFLO TABS	14
ZIAC (bisoprolol & hydrochlorothiazide)	32	ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (simvastatin)	28	ZYKADIA TABS	40
ZIAGEN SOLN (abacavir sulfate) .	45	ZOLINZA	40	ZYLET	102
ZIAGEN TABS (abacavir sulfate) .	45	zolmitriptan SOLN	91	ZYLOPRIM 100 MG (allopurinol) ..	77
ZIANA (clindamycin phosphate- tretinoin)	61	zolmitriptan TABS	91	ZYLOPRIM 300 MG (allopurinol) ..	77
zidovudine CAPS	45	zolmitriptan TBDP	91	ZYMAXID (gatifloxacin (ophth)) ..	101
zidovudine SYRP	45	ZOLOFT CONC (sertraline hcl) ...	21	ZYPREXA TABS 15 MG, 20 MG (olanzapine)	43
zidovudine TABS	45	ZOLOFT TABS (sertraline hcl)	21	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	43
ZIEXTENZO	79	zolpidem tartrate TABS	80	ZYPREXA ZYDIS TBDP (olanzapine)	43
zileuton TB12	14	zolpidem tartrate TBCR	80	ZYTIGA (abiraterone acetate)	36
ZIOPTAN (tafluprost)	103	ZOMIG SOLN (zolmitriptan)	91	ZYVOX SUSR (linezolid)	33
		ZOMIG SOLN 2.5 MG	91	ZYVOX TABS (linezolid)	33
		ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	91		
		ZONEGRAN CAPS 100 MG (zonisamide)	19		
		ZONEGRAN CAPS 25 MG (zonisamide)	19		