

# California

## 3 Tier Drug List

The 3 Tier Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at [www.healthnet.com](http://www.healthnet.com). Refer to Evidence of Coverage or Certificate of Insurance for specific cost share information.

### California Large Group members

Go to

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

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

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

### *Hours of Operation*

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



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# Welcome to Health Net

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

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

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

## What is the Drug List?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<i>Tier</i>	<i>Description</i>
1	Drugs in this Tier include most generic drugs and low-cost preferred brand name
2	Drugs in this Tier includes nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Drugs in this Tier include nonpreferred brand name drugs or drugs that are recommended by the 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 drugs that are biologics, drugs that the FDA 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	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 unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.
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**Are there any limits on my drug coverage?**

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age is not within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> <li>• The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or</li> <li>• Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy.</li> </ul> If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	These drugs require prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.

SF	Split Fill	Split-fill means the drug is eligible for our split-fill program. The program provides certain high-cost drugs with an initial 14-day supply at no charge to the member. If the member tolerates the drug and requests a refill, the applicable copay will be applied.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
PV	Preventive Drug	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

### **How often does the Drug List change?**

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

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

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

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

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

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

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

If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

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

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

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

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

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

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

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

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

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. Coverage is subject to limitations and restrictions. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor. Male condoms can be provided by your pharmacy and billed through the pharmacy Claims system with a zero copay.

### **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.

### **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* or *Certificate of Insurance* for coverage information and exceptions.



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

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

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

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

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

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

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 [Find forms and brochures](#) 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.

## *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.

**Cost sharing:** includes applicable copayments, coinsurances, or deductibles.

**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.

**Split-Fill:** For certain high-cost chemotherapy drugs, displayed as “SF”, provides the first fill of the drug at no copayment or coinsurance for up to a 14-day supply. Refills will be at the applicable copayment or coinsurance.

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

**Step-therapy exception** is defined as a decision based on medical necessity to override a generally applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

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

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
(Dextroamphetamine Sulfate) PROCENTRA soln	3	
(Dextroamphetamine Sulfate) ZENZEDI tabs 5 MG, 10 MG	1	
ADDERALL TABS ( <i>amphetamine-dextroamphetamine</i> )	7	
ADDERALL XR CP24 ( <i>amphetamine-dextroamphetamine</i> )	7	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine tabs</i>	1	
<i>amphetamine-dextroamphetamine cp24</i>	1	QL(2 ea daily; 90 Day(s) limit)
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	
<i>methamphetamine hcl</i>	3	PA
VYVANSE CAPS	2	QL(1 ea daily)
VYVANSE CHEW	2	Limited to 1 per day; QL(1 ea daily)
<b>Analeptics</b>		
<i>caffeine citrate soln or</i>	1	
<b>Anorexiant Non-Amphetamine</b>		

Drug Name	Drug Tier	Requirements/Limits
ADIPEX-P CAPS ( <i>phentermine hcl</i> )	7	Check plan documents for coverage; PA
LOMAIRA TABS	3	Check plan documents for coverage; PA
<i>phentermine hcl caps</i>	3	Check plan documents for coverage; PA
QSYMIA	3	Check plan documents for coverage; QL(1 ea daily); PA
<b>Anti-Obesity Agents</b>		
CONTRAVE	3	Check plan documents for coverage; PA
<i>orlistat</i>	3	Check plan documents for coverage; PA
XENICAL ( <i>orlistat</i> )	7	Check plan documents for coverage; PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
INTUNIV ( <i>guanfacine hcl (adhd)</i> )	7	QL(1 ea daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG ( <i>atomoxetine hcl</i> )	7	QL(2 ea daily)
STRATTERA 60 MG, 80 MG, 100 MG ( <i>atomoxetine hcl</i> )	7	QL(1 ea daily)
<b>Stimulants - Misc.</b>		
APTENSIO XR CP24 ( <i>methylphenidate hcl</i> )	7	QL(1 ea daily)
<i>armodafinil</i>	1	ST; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONCERTA TBCR 18 MG, 27 MG, 36 MG ( <i>methylphenidate hcl</i> )	7	QL(1 ea daily)	<i>methylphenidate hcl soln 5 mg/5ml</i>	1	
CONCERTA TBCR 54 MG ( <i>methylphenidate hcl</i> )	7	QL(2 ea daily)	<i>methylphenidate hcl tabs 5 mg, 10 mg</i>	1	
DAYTRANA PTCH ( <i>methylphenidate</i> )	7		<i>methylphenidate hcl cp24 60 mg</i>	3	QL(1 ea daily; 90 ea per fill retail)
<i>dexmethylphenidate hcl tabs</i>	1	QL(2 ea daily)	<i>methylphenidate hcl tb24 54 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)
FOCALIN TABS ( <i>dexmethylphenidate hcl</i> )	7	QL(2 ea daily)	<i>modafinil</i>	3	QL(1 ea daily); ST
FOCALIN XR CP24 ( <i>dexmethylphenidate hcl</i> )	7	QL(1 ea daily)	NUVIGIL ( <i>armodafinil</i> )	7	ST; PA
METHYLIN SOLN ( <i>methylphenidate hcl</i> )	7		PROVIGIL ( <i>modafinil</i> )	7	QL(1 ea daily); ST
<i>methylphenidate ptch</i>	3		QUILLICHEW ER CHER	3	PA
<i>methylphenidate hcl tbc 18 mg, 27 mg, 36 mg</i>	1	QL(1 ea daily)	QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	3		RELEXXII TBCR 72 MG	3	QL(1 ea daily)
<i>methylphenidate hcl tbc 20 mg</i>	1	QL(1 ea daily; 90 Day(s) limit)	RITALIN TABS 5 MG, 10 MG ( <i>methylphenidate hcl</i> )	7	
<i>methylphenidate hcl chew</i>	3		RITALIN TABS 20 MG ( <i>methylphenidate hcl</i> )	7	QL(3 ea daily)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily; 90 Day(s) limit)	RITALIN LA CP24 ( <i>methylphenidate hcl</i> )	7	
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily; 90 Day(s) limit)	<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<i>methylphenidate hcl tbc 54 mg</i>	1	QL(2 ea daily)	Aminoglycosides		
<i>methylphenidate hcl soln 10 mg/5ml</i>	3		ARIKAYCE	3	PA
<i>methylphenidate hcl cpcr</i>	1	QL(1 ea daily)	BETHKIS NEBU ( <i>tobramycin</i> )	7	PA
<i>methylphenidate hcl tbc 10 mg</i>	1	QL(1 ea daily; 90 ea per fill retail)	HUMATIN	2	
<i>methylphenidate hcl cp24</i>	1	QL(1 ea daily)	KITABIS PAK NEBU ( <i>tobramycin</i> )	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>methylphenidate hcl tabs 20 mg</i>	1	QL(3 ea daily)	<i>neomycin sulfate tabs</i>	1	
			<i>paromomycin sulfate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOBI NEBU ( <i>tobramycin</i> )	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	Anti-TNF-alpha - Monoclonal Antibodies		
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	AMJEVITA SOAJ	4	Check plan documents for coverage; PA
<i>tobramycin nebu</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	AMJEVITA SOSY 20 MG/0.4ML	4	Check plan documents for coverage; PA
<i>tobramycin nebu</i>	3	PA	HUMIRA PSKT	4	Check plan documents for coverage; PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; PA
Antirheumatic - Enzyme Inhibitors			HUMIRA PEN PNKT	4	Check plan documents for coverage; PA
RINVOQ 15 MG	3	PA	HUMIRA PEN PNKT 80 MG/0.8ML	4	Check plan documents for coverage; PA
RINVOQ 30 MG, 45 MG	3	PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	Check plan documents for coverage; PA
XELJANZ TABS 10 MG	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; PA
XELJANZ TABS 5 MG	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); LA; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; PA
XELJANZ SOLN	3	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; PA
XELJANZ XR TB24 11 MG	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; PA	Gold Compounds		
XELJANZ XR TB24 22 MG	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	RIDAURA	2	
			Interleukin-6 Receptor Inhibitors		
			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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); LA; PA	FELDENE CAPS 10 MG ( <i>piroxicam</i> )	7	
			FELDENE CAPS 20 MG ( <i>piroxicam</i> )	7	QL(1 ea daily)
			<i>fenoprofen calcium tabs</i>	1	
			<i>flurbiprofen tabs</i>	1	
			<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			INDOCIN SUPP	3	
(Diclofenac Potassium) CATAFLAM, LOFENA tabs 50 MG	3		INDOCIN SUSP	2	
(Ibuprofen) IBU tabs 400 MG, 600 MG, 800 MG	1		<i>indomethacin cpcr</i>	1	
(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)	<i>indomethacin caps 25 mg, 50 mg</i>	1	
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)	<i>ketoprofen cp24</i>	3	
ANAPROX DS TABS ( <i>naproxen sodium</i> )	7		<i>ketoprofen caps 50 mg</i>	1	
ARTHROTEC 50 TBEC ( <i>diclofenac w/ misoprostol</i> )	7		<i>ketorolac tromethamine tabs</i>	1	QL(20 ea per fill retail; 20 ea per 30 days retail)
ARTHROTEC 75 TBEC ( <i>diclofenac w/ misoprostol</i> )	7		LODINE TABS ( <i>etodolac</i> )	7	
CELEBREX ( <i>celecoxib</i> )	7	QL(2 ea daily); AL(At least 60 yrs old); PA	<i>meclofenamate sodium caps</i>	1	
<i>celecoxib</i>	1	QL(2 ea daily); AL(At least 60 yrs old); PA	<i>mefenamic acid caps</i>	3	
DAYPRO ( <i>oxaprozin</i> )	7		<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily)
<i>diclofenac potassium tabs 50 mg</i>	3		<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily)
<i>diclofenac sodium tb24</i>	3		MOBIC TABS 7.5 MG ( <i>meloxicam</i> )	7	QL(2 ea daily)
<i>diclofenac sodium tbec</i>	1		MOBIC TABS 15 MG ( <i>meloxicam</i> )	7	QL(1 ea daily)
<i>diclofenac w/ misoprostol tbec</i>	3		<i>nabumetone 500 mg</i>	1	QL(4 ea daily)
<i>etodolac caps</i>	1		<i>nabumetone 750 mg</i>	1	QL(3 ea daily)
<i>etodolac tabs</i>	1		NALFON TABS ( <i>fenoprofen calcium</i> )	7	
<i>etodolac tb24</i>	1	QL(2 ea daily)	NAPROSYN SUSP ( <i>naproxen</i> )	7	
			NAPROSYN TABS 500 MG ( <i>naproxen</i> )	7	
			<i>naproxen susp</i>	1	
			<i>naproxen tabs</i>	1	
			<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin</i>	1	
<i>piroxicam caps 10 mg</i>	1	
<i>piroxicam caps 20 mg</i>	1	QL(1 ea daily)
<i>sulindac tabs 150 mg</i>	1	QL(2 ea daily)
<i>sulindac tabs 200 mg</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TBPK	3	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
OTEZLA TABS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
Pyrimidine Synthesis Inhibitors		
ARAVA 20 MG ( <i>leflunomide</i> )	7	QL(1 ea daily)
ARAVA 10 MG ( <i>leflunomide</i> )	7	QL(2 ea daily)
<i>leflunomide 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide 20 mg</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ENBREL SOLN	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ENBREL MINI SOCT	4	PA; ST; See plan documents for;specific Coverage; PA
ENBREL SURECLICK SOAJ	4	PA; ST; See plan documents for;specific Coverage; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP tabs 50 MG-300 MG	3	
(Butalbital-Acetaminophen) TENCON tabs 50 MG-325 MG	3	
(Butalbital-Acetaminophen-Caffeine) BAC tabs 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL caps 40 MG-50 MG-325 MG	1	
<i>butalbital-acetaminophen tabs 50 mg-300 mg, 50 mg-325 mg</i>	3	
<i>butalbital-acetaminophen caps 50 mg-300 mg</i>	3	
<i>butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg</i>	1		(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, 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 ASPIRIN, SB ASPIRIN ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN tbec 81 MG	5	Grand Fathered Plans at Tier 2; PV
<i>butalbital-aspirin-caffeine caps</i>	1				
ESGIC TABS ( <i>butalbital-acetaminophen-caffeine</i> )	7				
FIORICET CAPS ( <i>butalbital-acetaminophen-caffeine</i> )	7				
Salicylates					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN chew	5	Grand Fathered Plans at Tier 2; PV	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL conc	1	
			ACTIQ LPOP 1600 MCG ( <i>fentanyl citrate</i> )	7	ST; QL(4 ea daily); PA
			ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG ( <i>fentanyl citrate</i> )	7	ST; PA
			<i>codeine sulfate tabs</i>	1	
			DILAUDID TABS ( <i>hydromorphone hcl</i> )	7	
			DILAUDID LIQD ( <i>hydromorphone hcl</i> )	7	
			DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR ( <i>fentanyl</i> )	7	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>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 citrate lpop 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg</i>	1	ST; PA
			<i>fentanyl citrate lpop 1600 mcg</i>	1	ST; QL(4 ea daily); PA
<i>aspirin tbec 81 mg</i>	5	Grand Fathered Plans at Tier 2; PV	<i>hydrocodone bitartrate cp12</i>	3	PA
<i>aspirin chew</i>	5	Grand Fathered Plans at Tier 2; PV	<i>hydrocodone bitartrate t24a</i>	3	PA
<i>diflunisal tabs</i>	3		<i>hydromorphone hcl tb24 8 mg, 12 mg, 16 mg</i>	1	QL(4 ea daily)
<i>salsalate</i>	1		<i>hydromorphone hcl liqd</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>hydromorphone hcl tabs</i>	1	
Opioid Agonists			<i>hydromorphone hcl tb24 32 mg</i>	1	QL(2 ea daily)
			HYSINGLA ER T24A	3	PA
			<i>levorphanol tartrate tabs</i>	3	ST; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl soln or 50 mg/5ml</i>	1		ROXICODONE TABS 5 MG, 15 MG ( <i>oxycodone hcl</i> )	7	
<i>methadone hcl conc</i>	1		<i>tramadol hcl tb24</i>	3	
<i>methadone hcl tbso</i>	1		<i>tramadol hcl tb24 100 mg</i>	3	QL(3 ea daily)
<i>methadone hcl tabs</i>	1	QL(12 ea daily)	<i>tramadol hcl tb24 200 mg</i>	3	QL(1 ea daily)
METHADOSE TBSO ( <i>methadone hcl</i> )	2		<i>tramadol hcl tabs 100 mg</i>	1	
METHADOSE CONC ( <i>methadone hcl</i> )	7		<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
METHADOSE SUGAR-FREE CONC ( <i>methadone hcl</i> )	7		ULTRAM TABS ( <i>tramadol hcl</i> )	7	QL(8 ea daily)
<i>morphine sulfate tbcr</i>	1	QL(3 ea daily)	Opioid Combinations		
<i>morphine sulfate soln or 10 mg/0.5ml, 10 mg/5ml, 20 mg/5ml, 20 mg/ml, 100 mg/5ml</i>	1		(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	3	
<i>morphine sulfate tabs</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET tabs 325 MG-7.5 MG	3	QL(4 ea daily)
<i>morphine sulfate supp</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET tabs 325 MG-2.5 MG	3	
<i>morphine sulfate beads</i>	1	QL(1 ea daily)	(Oxycodone W/ Acetaminophen) ENDOCET tabs 325 MG-5 MG	1	QL(6 ea daily)
MS CONTIN TBCR ( <i>morphine sulfate</i> )	7	QL(3 ea daily)	(Oxycodone W/ Acetaminophen) ENDOCET tabs 325 MG-10 MG	1	QL(4 ea daily)
NUCYNTA TABS	2	QL(6 ea daily)	<i>acetaminophen w/ codeine soln</i>	1	
NUCYNTA ER TB12	2	QL(2 ea daily)	<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg</i>	1	
OXAYDO TABS 5 MG	2		<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	1		<i>butalbital-aspirin-caffeine w/cod</i>	3	
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4 ea daily)			
<i>oxycodone hcl soln</i>	1				
<i>oxycodone hcl caps</i>	1				
<i>oxycodone hcl conc 100 mg/5ml</i>	1				
<i>oxymorphone hcl tabs 5 mg</i>	3				
<i>oxymorphone hcl tabs 10 mg</i>	3	QL(8 ea daily)			
<i>oxymorphone hcl tb12</i>	1	QL(2 ea daily)			
ROXICODONE TABS 30 MG ( <i>oxycodone hcl</i> )	7	QL(4 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> )	7		<i>buprenorphine hcl subl 2 mg</i>	1	QL(3 ea daily)
<i>hydrocodone-acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	QL(240 ea per fill retail)	<i>buprenorphine hcl subl 8 mg</i>	1	QL(4 ea daily)
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1	QL(3 ea daily)
<i>hydrocodone-ibuprofen 5 mg-200 mg</i>	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)
<i>hydrocodone-ibuprofen 7.5 mg-200 mg</i>	1		<i>butorphanol tartrate na 10 mg/ml</i>	3	Limit 7.5mls per month; QL(0.25 ml daily)
LORTAB ELIX	3		BUTRANS PTWK ( <i>buprenorphine</i> )	7	QL(4 ea per 28 days retail)
<i>oxycodone w/ acetaminophen tabs 325 mg-7.5 mg</i>	3	QL(4 ea daily)	<i>pentazocine w/ naloxone hcl</i>	3	
<i>oxycodone w/ acetaminophen tabs 325 mg-10 mg</i>	1	QL(4 ea daily)	SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	7	QL(2 ea daily)
<i>oxycodone w/ acetaminophen tabs 325 mg-5 mg</i>	1	QL(6 ea daily)	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)
PERCOCET TABS 325 MG-5 MG ( <i>oxycodone w/ acetaminophen</i> )	7	QL(6 ea daily)	<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> )	7	QL(4 ea daily)	Anabolic Steroids		
PERCOCET TABS 325 MG-2.5 MG ( <i>oxycodone w/ acetaminophen</i> )	7		<i>oxandrolone 10 mg</i>	1	QL(2 ea daily)
<i>tramadol-acetaminophen</i>	3	QL(8 ea daily)	<i>oxandrolone 2.5 mg</i>	1	
ULTRACET ( <i>tramadol-acetaminophen</i> )	7	QL(8 ea daily)	Androgens		
Opioid Partial Agonists			(Testosterone Cypionate) DEPO-TESTOSTERONE soln im	1	QL(10 ml per fill retail)
<i>buprenorphine ptwk</i>	3	QL(4 ea per 28 days retail)	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)

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL PUMP GEL TD 1.62 % ( <i>testosterone</i> )	7	Limited to 300 gms per month; QL(10 gm daily)
<i>danazol caps</i>	1	
METHITEST TABS	3	
<i>testosterone gel td 1.62 %, 20.25 mg/1.25gm, 40.5 mg/2.5gm</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone cypionate soln im</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate soln im</i>	1	
<b>ANORECTAL AND RELATED PRODUCTS -</b>		
<b>Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	3	ST; PA
CORTENEMA ( <i>hydrocortisone (intrarectal)</i> )	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
UCERIS ( <i>budesonide (intrarectal)</i> )	7	ST; PA
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC ex 2.5 %	1	
ANUSOL-HC EX ( <i>hydrocortisone (rectal)</i> )	7	
<i>hydrocortisone (rectal) ex 2.5 %</i>	1	
Vasodilating Agents		

Drug Name	Drug Tier	Requirements/Limits
RECTIV	3	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
<i>albendazole</i>	3	
ALBENZA ( <i>albendazole</i> )	7	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE ( <i>praziquantel</i> )	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
STROMECTOL ( <i>ivermectin</i> )	7	QL(5 ea per fill retail); PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
RANEXA TB12 1000 MG ( <i>ranolazine</i> )	7	
RANEXA TB12 500 MG ( <i>ranolazine</i> )	7	QL(4 ea daily)
<i>ranolazine tb12 1000 mg</i>	3	
<i>ranolazine tb12 500 mg</i>	3	QL(4 ea daily)
Nitrates		
(Nitroglycerin) MINITRAN pt24	1	QL(1 ea daily)
DILATRATE SR CPR	3	
ISORDIL TITRADOSE TABS ( <i>isosorbide dinitrate</i> )	7	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	2	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 ( <i>nitroglycerin</i> )	7	QL(1 ea daily)
NITRO-DUR PT24	2	QL(1 ea daily)
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	
<i>nitroglycerin subl</i>	1	
<i>nitroglycerin pt24</i>	1	QL(1 ea daily)
NITROLINGUAL PUMPSPRAY SOLN TL ( <i>nitroglycerin</i> )	7	
NITROSTAT SUBL ( <i>nitroglycerin</i> )	7	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
VISTARIL CAPS ( <i>hydroxyzine pamoate</i> )	7	
Benzodiazepines		
(Diazepam) DIAZEPAM INTENSOL conc	1	
(Lorazepam) LORAZEPAM INTENSOL conc	1	
<i>alprazolam tbdp</i>	3	
<i>alprazolam tabs</i>	1	
ALPRAZOLAM INTENSOL CONC	3	
ATIVAN TABS ( <i>lorazepam</i> )	7	
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam soln or 5 mg/5ml</i>	1	
<i>diazepam tabs 2 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam conc</i>	1	
<i>diazepam tabs 10 mg</i>	1	QL(4 ea daily)
<i>lorazepam tabs</i>	1	
<i>lorazepam conc</i>	1	
<i>oxazepam caps 30 mg</i>	1	QL(2 ea daily)
<i>oxazepam caps 10 mg, 15 mg</i>	1	
TRANXENE T TABS 7.5 MG ( <i>clorazepate dipotassium</i> )	7	
VALIUM TABS 2 MG, 5 MG ( <i>diazepam</i> )	7	
VALIUM TABS 10 MG ( <i>diazepam</i> )	7	QL(4 ea daily)
XANAX TABS ( <i>alprazolam</i> )	7	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS ( <i>disopyramide phosphate</i> )	7	
NORPACE CR CP12	2	
<i>quinidine gluconate tbc</i>	1	
<i>quinidine sulfate tabs 200 mg</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
RHYTHMOL SR CP12 ( <i>propafenone hcl</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antiarrhythmics Type III</b>		
(Amiodarone Hcl) PACERONE tabs	1	
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	
TIKOSYN ( <i>dofetilide</i> )	7	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide soln 0.02 %</i>	1	
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 Inhaler per month; QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<b>Leukotriene Modulators</b>		
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
SINGULAIR CHEW ( <i>montelukast sodium</i> )	7	QL(1 ea daily)
SINGULAIR TABS ( <i>montelukast sodium</i> )	7	QL(1 ea daily)
SINGULAIR PACK ( <i>montelukast sodium</i> )	7	QL(1 ea daily)
<i>zileuton tb12</i>	3	ST

Drug Name	Drug Tier	Requirements/Limits
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP ( <i>roflumilast</i> )	7	QL(1 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)
<b>Steroid Inhalants</b>		
ARNUIITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	1	QL(4 ml daily)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	1	QL(8 ml daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)
FLOVENT HFA 44 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month; QL(0.8 gm daily)
PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )	7	QL(2 ml daily)
PULMICORT SUSP 0.25 MG/2ML ( <i>budesonide (inhalation)</i> )	7	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )	7	QL(4 ml daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)
QVAR REDIHALER 80 MCG/ACT	2	QL(0.72 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Sympathomimetics</b>		
(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)
ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	7	QL(2 ea daily)
ADVAIR HFA AERO	2	Limit 1 inhaler per month; QL(0.4 gm daily)
<i>albuterol sulfate aers</i>	1	QL(0.47 gm daily)
<i>albuterol sulfate aers</i>	1	QL(1.2 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	
<i>albuterol sulfate tabs</i>	1	
<i>albuterol sulfate syrup</i>	1	
ALBUTEROL SULFATE NEBU	2	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1	QL(4 ml daily)
BREO ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
BROVANA ( <i>arformoterol tartrate</i> )	7	QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	Limit 1 inhaler per month; QL(0.34 gm daily)
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)
<i>fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 250 mcg/act-50 mcg/act, 500 mcg/act-50 mcg/act</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>formoterol fumarate nebu</i>	1	QL(4 ml daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
PERFOROMIST NEBU ( <i>formoterol fumarate</i> )	7	QL(4 ml daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
XOPENEX ( <i>levalbuterol hcl</i> )	7	
XOPENEX CONCENTRATE ( <i>levalbuterol hcl</i> )	7	
<b>Xanthines</b>		
(Theophylline) ELIXOPHYLLIN elix	3	
THEO-24 CP24	2	
<i>theophylline elix</i>	3	
<i>theophylline soln</i>	3	
<i>theophylline tb24</i>	1	QL(1 ea daily)
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
(Warfarin Sodium) JANTOVEN tabs	1	
<i>warfarin sodium tabs</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS TABS	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK TBPk	2	QL(74 ea per 30 days retail)	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE kit	1	ST
XARELTO TABS	2	QL(1 ea daily)	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE kit	1	ST
XARELTO SUSR	2	QL(900 ml per 30 days retail)	(Levetiracetam) ROWEEPRA tabs 500 MG	1	QL(6 ea daily)
XARELTO STARTER PACK TBPk	2	QL(51 ea per 30 days retail)	APTIOM	3	QL(1 ea daily); PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			BANZEL TABS 200 MG ( <i>rufinamide</i> )	7	
<b>AMPA Glutamate Receptor Antagonists</b>			BANZEL TABS 400 MG ( <i>rufinamide</i> )	7	QL(8 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily)	BANZEL SUSP ( <i>rufinamide</i> )	7	
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)	BRIVIACT TABS 10 MG	3	ST; PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily)	BRIVIACT TABS 100 MG	3	ST; QL(2 ea daily); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily)	BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
FYCOMPA SUSP	3	QL(24 ml daily)	BRIVIACT SOLN OR 10 MG/ML	3	ST; PA
<b>Anticonvulsants - Benzodiazepines</b>			<i>carbamazepine tb12 100 mg</i>	1	
<i>clobazam tabs 20 mg</i>	3	QL(2 ea daily)	<i>carbamazepine tabs</i>	1	
<i>clobazam tabs 10 mg</i>	3	QL(1 ea daily)	<i>carbamazepine chew</i>	1	
<i>clobazam susp</i>	3		<i>carbamazepine susp</i>	1	
<i>clonazepam tbdp</i>	1		<i>carbamazepine tb12 200 mg</i>	1	QL(8 ea daily)
<i>clonazepam tabs</i>	1		<i>carbamazepine tb12 400 mg</i>	1	QL(4 ea daily)
DIASTAT ACUDIAL GEL 20 MG ( <i>diazepam (anticonvulsant)</i> )	3	QL(4 ea per fill retail; 4 ea per 30 days retail)	<i>carbamazepine cp12</i>	1	
<i>diazepam (anticonvulsant) gel 20 mg</i>	3	QL(4 ea per fill retail; 4 ea per 30 days retail)	CARBATROL CP12 ( <i>carbamazepine</i> )	7	
KLONOPIN TABS ( <i>clonazepam</i> )	7		DIACOMIT PACK 250 MG	3	QL(12 ea daily); PA
ONFI TABS 10 MG ( <i>clobazam</i> )	7	QL(1 ea daily)			
ONFI TABS 20 MG ( <i>clobazam</i> )	7	QL(2 ea daily)			
ONFI SUSP ( <i>clobazam</i> )	7				
<b>Anticonvulsants - Misc.</b>					
(Carbamazepine) EPITOL tabs	1				
(Lamotrigine) SUBVENITE tabs	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500 MG	3	QL(6 ea daily); PA	LAMICTAL STARTER/TAKING VALPROATE KIT ( <i>lamotrigine</i> )	7	ST
DIACOMIT PACK 500 MG	3	QL(6 ea daily); PA	LAMICTAL XR TB24 250 MG ( <i>lamotrigine</i> )	7	PA
DIACOMIT CAPS 250 MG	3	QL(12 ea daily); PA	LAMICTAL XR TB24 300 MG ( <i>lamotrigine</i> )	7	QL(2 ea daily); PA
EPIDIOLEX	3	ST; PA	LAMICTAL XR KIT	3	ST; PA
<i>gabapentin soln</i>	1		LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG ( <i>lamotrigine</i> )	7	QL(1 ea daily); PA
<i>gabapentin tabs 600 mg, 800 mg</i>	1		<i>lamotrigine chew</i>	1	
<i>gabapentin caps</i>	1		<i>lamotrigine kit 25 mg</i>	1	ST
KEPPRA SOLN OR 100 MG/ML ( <i>levetiracetam</i> )	7		<i>lamotrigine kit</i>	3	ST; PA
KEPPRA TABS 1000 MG ( <i>levetiracetam</i> )	7	QL(3 ea daily)	<i>lamotrigine tb24 300 mg</i>	3	QL(2 ea daily); PA
KEPPRA TABS 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	7	QL(6 ea daily)	<i>lamotrigine tabs</i>	1	
KEPPRA XR TB24 ( <i>levetiracetam</i> )	7	QL(4 ea daily)	<i>lamotrigine tb24 250 mg</i>	3	PA
<i>lacosamide tabs</i>	1	QL(1 ea daily)	<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg</i>	3	QL(1 ea daily); PA
<i>lacosamide soln or 10 mg/ml</i>	1	QL(40 ml daily)	<i>lamotrigine tbdp</i>	3	PA
LAMICTAL TABS ( <i>lamotrigine</i> )	7		<i>levetiracetam tabs 1000 mg</i>	1	QL(3 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>lamotrigine</i> )	7		<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	
LAMICTAL ODT KIT	3	ST; PA	<i>levetiracetam tabs 250 mg, 500 mg, 750 mg</i>	1	QL(6 ea daily)
LAMICTAL ODT KIT ( <i>lamotrigine</i> )	7	ST; PA	<i>levetiracetam tb24</i>	1	QL(4 ea daily)
LAMICTAL ODT TBDP ( <i>lamotrigine</i> )	7	PA	LYRICA CAPS 225 MG, 300 MG ( <i>pregabalin</i> )	7	ST; QL(2 ea daily); PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT ( <i>lamotrigine</i> )	7	ST	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ( <i>pregabalin</i> )	7	ST; QL(3 ea daily); PA
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT ( <i>lamotrigine</i> )	7	ST	LYRICA SOLN ( <i>pregabalin</i> )	7	QL(30 ml daily); PA
			MYSOLINE ( <i>primidone</i> )	7	
			NEURONTIN TABS ( <i>gabapentin</i> )	7	
			NEURONTIN SOLN ( <i>gabapentin</i> )	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN CAPS (gabapentin)	7		TOPAMAX TABS 25 MG (topiramate)	7	
oxcarbazepine tabs 150 mg	1		TOPAMAX TABS 100 MG (topiramate)	7	QL(4 ea daily)
oxcarbazepine tabs 600 mg	1	QL(4 ea daily)	TOPAMAX TABS 200 MG (topiramate)	7	QL(2 ea daily)
oxcarbazepine susp	1	QL(40 ml daily)	TOPAMAX SPRINKLE CPSP (topiramate)	7	
oxcarbazepine tabs 300 mg	1	QL(8 ea daily)	topiramate cpsp	1	
OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); PA	topiramate cs24 100 mg, 150 mg, 200 mg	3	QL(1 ea daily); PA
OXTELLAR XR TB24 150 MG, 300 MG	3	PA	topiramate tabs 50 mg	1	QL(8 ea daily)
pregabalin soln	3	QL(30 ml daily); PA	topiramate tabs 100 mg	1	QL(4 ea daily)
pregabalin caps 225 mg, 300 mg	3	ST; QL(2 ea daily); PA	topiramate tabs 200 mg	1	QL(2 ea daily)
pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	3	ST; QL(3 ea daily); PA	topiramate cp24 25 mg	3	ST; PA
primidone 50 mg, 250 mg	1		topiramate cs24 25 mg, 50 mg	3	QL(2 ea daily); PA
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate)	7	QL(1 ea daily); PA	topiramate tabs 25 mg	1	
QUDEXY XR CS24 25 MG, 50 MG (topiramate)	7	QL(2 ea daily); PA	topiramate cp24 50 mg, 100 mg	3	PA
rufinamide tabs 200 mg	1		topiramate cp24 200 mg	3	QL(2 ea daily); PA
rufinamide tabs 400 mg	1	QL(8 ea daily)	TRILEPTAL TABS 150 MG (oxcarbazepine)	7	
rufinamide susp	1		TRILEPTAL TABS 300 MG (oxcarbazepine)	7	QL(8 ea daily)
SPRITAM TB3D	3	PA	TRILEPTAL SUSP (oxcarbazepine)	7	QL(40 ml daily)
TEGRETOL SUSP (carbamazepine)	7		TRILEPTAL TABS 600 MG (oxcarbazepine)	7	QL(4 ea daily)
TEGRETOL TABS (carbamazepine)	7		TROKENDI XR CP24 200 MG (topiramate)	7	QL(2 ea daily); PA
TEGRETOL-XR TB12 100 MG (carbamazepine)	7		TROKENDI XR CP24 25 MG (topiramate)	7	ST; PA
TEGRETOL-XR TB12 400 MG (carbamazepine)	7	QL(4 ea daily)	TROKENDI XR CP24 50 MG, 100 MG (topiramate)	7	PA
TEGRETOL-XR TB12 200 MG (carbamazepine)	7	QL(8 ea daily)	VIMPAT SOLN OR 10 MG/ML (lacosamide)	7	QL(40 ml daily)
TOPAMAX TABS 50 MG (topiramate)	7	QL(8 ea daily)	VIMPAT TABS (lacosamide)	7	QL(1 ea daily)
			ZONEGRAN CAPS 25 MG (zonisamide)	7	

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Drug Name	Drug Tier	Requirements/Limits
ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )	7	QL(6 ea daily)
<i>zonisamide caps 25 mg, 50 mg</i>	1	
<i>zonisamide caps 100 mg</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL TABS ( <i>felbamate</i> )	7	
FELBATOL SUSP ( <i>felbamate</i> )	7	
GABA Modulators		
(Vigabatrin) VIGADRONE tabs	1	
(Vigabatrin) VIGADRONE pack	1	QL(6 ea daily)
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 tabs</i>	1	
<i>vigabatrin pack</i>	1	QL(6 ea daily)
Hydantoins		
(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	
PHENYTEK ( <i>phenytoin sodium extended</i> )	7	
<i>phenytoin chew</i>	1	
<i>phenytoin susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended 100 mg, 200 mg, 300 mg</i>	1	
Succinimides		
CELONTIN ( <i>methsuximide</i> )	7	
<i>ethosuximide soln</i>	1	
<i>ethosuximide caps</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS ( <i>ethosuximide</i> )	7	
ZARONTIN SOLN ( <i>ethosuximide</i> )	7	
Valproic Acid		
DEPAKOTE TBEC ( <i>divalproex sodium</i> )	7	
DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	7	
DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	7	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>divalproex sodium csdr</i>	1	
<i>valproate sodium soln or 250 mg/5ml</i>	1	
<i>valproic acid caps</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tbdp</i>	1	
<i>mirtazapine tabs</i>	1	
REMERON TABS 15 MG, 30 MG ( <i>mirtazapine</i> )	7	
REMERON SOLTAB TBDP ( <i>mirtazapine</i> )	7	
Antidepressants - Misc.		
<i>bupropion hcl tabs</i>	1	
<i>bupropion hcl tb12</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb24 450 mg</i>	3	QL(1 ea daily); ST	<i>fluoxetine hcl tabs 60 mg</i>	3	QL(1 ea daily); ST
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)	<i>fluoxetine hcl cpdr</i>	3	
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	3	QL(1 ea daily); ST	<i>fluoxetine hcl caps 10 mg, 20 mg</i>	1	
WELLBUTRIN SR TB12 ( <i>bupropion hcl</i> )	7		FLUOXETINE HYDROCHLORIDE TABS ( <i>fluoxetine hcl</i> )	3	QL(1 ea daily); ST
WELLBUTRIN XL TB24 ( <i>bupropion hcl</i> )	7	QL(1 ea daily)	<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluvoxamine maleate cp24 100 mg</i>	1	QL(3 ea daily)
EMSAM	3	QL(1 ea daily)	<i>fluvoxamine maleate cp24 150 mg</i>	1	
MARPLAN	3		<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	
NARDIL ( <i>phenelzine sulfate</i> )	7		LEXAPRO TABS 5 MG ( <i>escitalopram oxalate</i> )	7	QL(2 ea daily)
PARNATE ( <i>tranylcypromine sulfate</i> )	7		LEXAPRO TABS 10 MG, 20 MG ( <i>escitalopram oxalate</i> )	7	QL(1 ea daily)
<i>phenelzine sulfate</i>	1		<i>paroxetine hcl tabs</i>	1	
<i>tranylcypromine sulfate</i>	1		<i>paroxetine hcl susp</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>paroxetine hcl tb24</i>	1	
SPRAVATO 56MG DOSE	3	PA	PAXIL SUSP ( <i>paroxetine hcl</i> )	7	
SPRAVATO 84MG DOSE	3	PA	PAXIL TABS ( <i>paroxetine hcl</i> )	7	
Selective Serotonin Reuptake Inhibitors (SSRIs)			PAXIL CR TB24 ( <i>paroxetine hcl</i> )	7	
CELEXA TABS ( <i>citalopram hydrobromide</i> )	7	QL(1 ea daily)	PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )	7	QL(1 ea daily)
<i>citalopram hydrobromide tabs</i>	1	QL(1 ea daily)	PROZAC CAPS 10 MG, 20 MG ( <i>fluoxetine hcl</i> )	7	
<i>citalopram hydrobromide soln</i>	3	QL(20 ml daily)	<i>sertraline hcl tabs</i>	1	QL(2 ea daily)
<i>escitalopram oxalate tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)	<i>sertraline hcl conc</i>	1	
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(2 ea daily)	ZOLOFT CONC ( <i>sertraline hcl</i> )	7	
<i>escitalopram oxalate soln</i>	1		ZOLOFT TABS ( <i>sertraline hcl</i> )	7	QL(2 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(1 ea daily)	Serotonin Modulators		
<i>fluoxetine hcl soln</i>	1	QL(15 ml daily)			
<i>fluoxetine hcl tabs 10 mg</i>	1				
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(1 ea daily)			

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<i>nefazodone hcl</i>	3		Tricyclic Agents		
<i>trazodone hcl tabs</i>	1		<i>amitriptyline hcl tabs</i>	1	
TRINTELLIX	3	ST	<i>amoxapine</i>	1	
VIIBRYD TABS 20 MG ( <i>vilazodone hcl</i> )	7	QL(2 ea daily)	ANAFRANIL ( <i>clomipramine hcl</i> )	7	
VIIBRYD TABS 10 MG, 40 MG ( <i>vilazodone hcl</i> )	7		<i>clomipramine hcl</i>	1	
VIIBRYD STARTER PACK KIT	3	PA	<i>desipramine hcl tabs</i>	1	
<i>vilazodone hcl tabs 20 mg</i>	1	QL(2 ea daily)	<i>doxepin hcl caps</i>	1	
<i>vilazodone hcl tabs 10 mg, 40 mg</i>	1		<i>doxepin hcl conc</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>imipramine hcl tabs 50 mg</i>	1	QL(4 ea daily)
CYMBALTA CPEP ( <i>duloxetine hcl</i> )	7	QL(2 ea daily)	<i>imipramine hcl tabs 10 mg, 25 mg</i>	1	
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	<i>imipramine pamoate</i>	3	
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 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 soln</i>	2	
EFFEXOR XR CP24 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )	7	QL(1 ea daily)	<i>nortriptyline hcl caps</i>	1	
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	
FETZIMA TITRATION PACK C4PK	3	ST	<i>trimipramine maleate caps</i>	3	
PRISTIQ ( <i>desvenlafaxine succinate</i> )	7	QL(1 ea daily)	<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<i>venlafaxine hcl cp24 37.5 mg, 75 mg</i>	1	QL(1 ea daily)	Alpha-Glucosidase Inhibitors		
<i>venlafaxine hcl tb24 225 mg</i>	1		<i>acarbose</i>	1	
<i>venlafaxine hcl tabs</i>	1		<i>miglitol</i>	3	
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)	PRECOSE ( <i>acarbose</i> )	7	
<i>venlafaxine hcl tb24 37.5 mg, 75 mg, 150 mg</i>	1	QL(1 ea daily)	Antidiabetic Combinations		
			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 TABS	2	QL(2 ea daily)

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JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	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 tabs</i>	1	
<i>metformin hcl soln</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	
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)
Incretin Mimetic Agents		
OZEMPIC SOPN	4	PA
OZEMPIC SOPN	4	Check plan documents for coverage; PA
RYBELSUS TABS	2	Available through Mail Order; PA
TRULICITY	4	See plan documents for specific Coverage; Not available thru Mail; PA
VICTOZA	4	PA
Insulin		
HUMALOG SOLN IJ	2	QL(1.5 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
HUMALOG MIX 50/50 SUSP	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 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMALOG MIX 75/25 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)

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HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA SOLN	2	QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	<b>Insulin Sensitizing Agents</b>		
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	ACTOS 15 MG ( <i>pioglitazone hcl</i> )	7	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)	ACTOS 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	7	QL(1 ea daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(40 ml per fill retail; 40 ml per 30 days retail)	<i>pioglitazone hcl 30 mg, 45 mg</i>	1	QL(1 ea daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>pioglitazone hcl 15 mg</i>	1	
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)	<b>Meglitinide Analogues</b>		
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>nateglinide</i>	1	
LEVEMIR SOLN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail)	<i>repaglinide</i>	1	
LEVEMIR FLEXPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail)	<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail)	FARXIGA	2	QL(1 ea daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)	JARDIANCE	2	QL(1 ea daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)	<b>Sulfonylureas</b>		
			(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 tabs</i>	1	
			<i>glyburide micronized 1.5 mg, 3 mg, 6 mg</i>	1	
			GLYNASE ( <i>glyburide micronized</i> )	7	
			<i>tolbutamide</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>					
<b>Antidiarrheal - Chloride Channel Antagonists</b>					

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Drug Name	Drug Tier	Requirements/Limits
MYTESI	3	QL(2 ea daily); PA
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine tabs</i>	1	
<i>diphenoxylate w/ atropine liqd</i>	1	
LOMOTIL TABS ( <i>diphenoxylate w/ atropine</i> )	7	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET	3	
<i>deferasirox tabs</i>	1	PA
<i>deferasirox pack</i>	3	LA; PA
<i>deferiprone tabs 500 mg</i>	3	LA
FERRIPROX TABS 500 MG ( <i>deferiprone</i> )	7	LA
FERRIPROX SOLN	3	Not available through mail order
JADENU TABS ( <i>deferasirox</i> )	7	PA
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	7	LA; PA
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD	3	
<b>Opioid Antagonists</b>		
KLOXXADO LIQD	2	
<i>naloxone hcl liqd</i>	3	QL(4 ea per 30 days retail)
<i>naltrexone hcl</i>	1	
NARCAN LIQD ( <i>naloxone hcl</i> )	7	QL(4 ea per 30 days retail)
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
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 tbdp</i>	1	QL(20 ea per fill retail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	QL(20 ea per fill retail)
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	Limit 50mls per prescription; QL(1.67 ml daily; 50 ml per fill retail)
ZOFRAN TABS 4 MG ( <i>ondansetron hcl</i> )	7	QL(20 ea per fill retail)
<b>Antiemetics - Anticholinergic</b>		
<i>scopolamine</i>	3	
TRANSDERM SCOP ( <i>scopolamine</i> )	7	
TRANSDERM-SCOP ( <i>scopolamine</i> )	7	
<i>trimethobenzamide hcl caps</i>	1	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO	3	QL(2 ea per 28 days retail)
DICLEGIS TBEC ( <i>doxylamine-pyridoxine</i> )	7	QL(4 ea daily)
<i>doxylamine-pyridoxine tbec</i>	3	QL(4 ea daily)
<i>dronabinol caps 5 mg</i>	3	PA
<i>dronabinol caps 10 mg</i>	3	PA
<i>dronabinol caps 2.5 mg</i>	3	ST; PA
MARINOL CAPS 2.5 MG ( <i>dronabinol</i> )	7	ST; PA
MARINOL CAPS 10 MG ( <i>dronabinol</i> )	7	PA
MARINOL CAPS 5 MG ( <i>dronabinol</i> )	7	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Antagonists</b>		
<i>aprepitant caps 80 mg, 125 mg</i>	3	QL(1 ea per fill retail; 1 ea per 30 days retail)
<i>aprepitant caps 40 mg</i>	3	QL(2 ea per 30 days retail)
<i>aprepitant misc</i>	3	QL(3 ea per fill retail; 3 ea per 30 days retail)
<i>aprepitant caps</i>	3	QL(3 ea per fill retail; 3 ea per 30 days retail)
EMEND SUSR	3	QL(1 ea per 30 days retail)
EMEND CAPS 80 MG ( <i>aprepitant</i> )	7	QL(1 ea per fill retail; 1 ea per 30 days retail)
EMEND TRIPACK CAPS ( <i>aprepitant</i> )	7	QL(3 ea per fill retail; 3 ea per 30 days retail)
VARUBI TBPK	3	QL(4 ea per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
ANCOBON ( <i>flucytosine</i> )	7	
<i>flucytosine</i>	3	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily; 90 ea per 365 days retail)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS	3	Not available through mail order
DIFLUCAN SUSR ( <i>fluconazole</i> )	7	
DIFLUCAN TABS ( <i>fluconazole</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
<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 tbec</i>	3	
<i>posaconazole susp</i>	3	
SPORANOX CAPS ( <i>itraconazole</i> )	7	ST; PA
SPORANOX SOLN ( <i>itraconazole</i> )	7	PA
SPORANOX PULSEPAK CAPS ( <i>itraconazole</i> )	7	ST; PA
TOLSURA CAPS	3	PA
VFEND SUSR ( <i>voriconazole</i> )	7	
VFEND TABS ( <i>voriconazole</i> )	7	QL(2 ea daily)
<i>voriconazole tabs</i>	1	QL(2 ea daily)
<i>voriconazole susr</i>	1	
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate soln</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	3	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate syrup</i>	1	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
CLEMASTINE FUMARATE SYRP	2	
RYVENT TABS	3	
<b>Antihistamines - Phenothiazines</b>		

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(Promethazine Hcl) PROMETHEGAN supp 50 MG	1	QL(3 ea daily)	<i>cholestyramine light powd</i>	1	
(Promethazine Hcl) PROMETHEGAN supp 12.5 MG, 25 MG	1		<i>colesevelam hcl tabs</i>	1	QL(7 ea daily)
<i>promethazine hcl soln 6.25 mg/5ml</i>	1		<i>colesevelam hcl pack</i>	1	QL(1 ea daily)
<i>promethazine hcl tabs 12.5 mg</i>	1		COLESTID GRAN ( <i>colestipol hcl</i> )	7	
<i>promethazine hcl syrup</i>	1		COLESTID TABS ( <i>colestipol hcl</i> )	7	
<i>promethazine hcl tabs 50 mg</i>	1	QL(3 ea daily)	COLESTID FLAVORED GRAN ( <i>colestipol hcl</i> )	7	
<i>promethazine hcl tabs 25 mg</i>	1	QL(6 ea daily)	<i>colestipol hcl tabs</i>	1	
<i>promethazine hcl supp 12.5 mg, 25 mg</i>	1		<i>colestipol hcl gran</i>	1	
Antihistamines - Piperidines			QUESTRAN POWD ( <i>cholestyramine</i> )	7	
<i>cyproheptadine hcl syrup</i>	1		QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> )	7	
<i>cyproheptadine hcl tabs</i>	1		WELCHOL PACK ( <i>colesevelam hcl</i> )	7	QL(1 ea daily)
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>			WELCHOL TABS ( <i>colesevelam hcl</i> )	7	QL(7 ea daily)
Antihyperlipidemics - Combinations			Fibric Acid Derivatives		
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)	ANTARA 30 MG	3	
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	ANTARA 90 MG ( <i>fenofibrate micronized</i> )	7	
VYTORIN ( <i>ezetimibe-simvastatin</i> )	7	QL(1 ea daily)	<i>choline fenofibrate 135 mg</i>	1	QL(1 ea daily)
Antihyperlipidemics - Misc.			<i>choline fenofibrate 45 mg</i>	1	
<i>icosapent ethyl</i>	2	PA	<i>fenofibrate tabs 145 mg, 160 mg</i>	1	QL(1 ea daily)
LOVAZA ( <i>omega-3-acid ethyl esters</i> )	7	QL(4 ea daily)	<i>fenofibrate tabs 48 mg</i>	1	
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	<i>fenofibrate caps</i>	3	
VASCEPA ( <i>icosapent ethyl</i> )	2	PA	<i>fenofibrate tabs 54 mg</i>	1	QL(2 ea daily)
Bile Acid Sequestrants			FENOFIBRATE TABS	2	QL(1 ea daily)
(Cholestyramine Light) PREVALITE powd	1		<i>fenofibrate micronized 43 mg, 67 mg, 134 mg</i>	1	
<i>cholestyramine powd</i>	1		<i>fenofibrate micronized 130 mg, 200 mg</i>	1	QL(1 ea daily)
			<i>fenofibrate micronized 30 mg, 90 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
FIBRICOR ( <i>fenofibric acid</i> )	3	
<i>gemfibrozil tabs</i>	1	
LIPOFEN CAPS ( <i>fenofibrate</i> )	3	
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 135 MG ( <i>choline fenofibrate</i> )	7	QL(1 ea daily)
TRILIPIX 45 MG ( <i>choline fenofibrate</i> )	7	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS ( <i>rosuvastatin calcium</i> )	7	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	1	QL(1 ea daily)
<i>fluvastatin sodium tb24</i>	1	QL(1 ea daily)
LESCOL XL TB24 ( <i>fluvastatin sodium</i> )	7	QL(1 ea daily)
LIPITOR TABS ( <i>atorvastatin calcium</i> )	7	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 10 mg, 20 mg</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>pravastatin sodium 40 mg</i>	1	QL(2 ea daily)
<i>pravastatin sodium 10 mg, 20 mg, 80 mg</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG ( <i>simvastatin</i> )	7	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA ( <i>ezetimibe</i> )	7	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 10 MG, 20 MG	3	LA; PA
JUXTAPID 5 MG	3	ST; LA; PA
JUXTAPID 30 MG	3	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR tabs	3	
<i>niacin (antihyperlipidemic) tbc</i>	1	
<i>niacin (antihyperlipidemic) tabs</i>	3	
NIASPAN TBCR ( <i>niacin (antihyperlipidemic)</i> )	7	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL ( <i>quinapril hcl</i> )	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG ( <i>ramipril</i> )	7	QL(2 ea daily)
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate tabs</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs 40 mg</i>	1	QL(2 ea daily)
<i>lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg</i>	1	
LOTENSIN 10 MG, 20 MG, 40 MG ( <i>benazepril hcl</i> )	7	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL TABS 20 MG ( <i>lisinopril</i> )	7	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl</i>	1	
<i>ramipril caps</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
VASOTEC TABS ( <i>enalapril maleate</i> )	7	QL(2 ea daily)
ZESTRIL TABS 40 MG ( <i>lisinopril</i> )	7	QL(2 ea daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG ( <i>lisinopril</i> )	7	
<b>Agents for Pheochromocytoma</b>		
DEMSER ( <i>metyrosine</i> )	7	
DIBENZYLIN ( <i>phenoxybenzamine hcl</i> )	7	Not available through mail
<i>metyrosine</i>	3	
<i>phenoxybenzamine hcl</i>	1	Not available through mail

Drug Name	Drug Tier	Requirements/Limits
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND 32 MG ( <i>candesartan cilexetil</i> )	7	QL(1 ea daily)
ATACAND 4 MG, 8 MG, 16 MG ( <i>candesartan cilexetil</i> )	7	
AVAPRO ( <i>irbesartan</i> )	7	
BENICAR 5 MG, 20 MG ( <i>olmesartan medoxomil</i> )	7	
BENICAR 40 MG ( <i>olmesartan medoxomil</i> )	7	QL(1 ea daily)
<i>candesartan cilexetil 32 mg</i>	1	QL(1 ea daily)
<i>candesartan cilexetil 4 mg, 8 mg, 16 mg</i>	1	
COZAAR ( <i>losartan potassium</i> )	7	
DIOVAN TABS 40 MG, 80 MG, 320 MG ( <i>valsartan</i> )	7	
DIOVAN TABS 160 MG ( <i>valsartan</i> )	7	QL(2 ea daily)
EDARBI 80 MG	3	QL(1 ea daily)
EDARBI 40 MG	3	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS 80 MG ( <i>telmisartan</i> )	7	QL(1 ea daily)
MICARDIS 20 MG, 40 MG ( <i>telmisartan</i> )	7	
<i>olmesartan medoxomil 5 mg, 20 mg</i>	1	
<i>olmesartan medoxomil 40 mg</i>	1	QL(1 ea daily)
<i>telmisartan 20 mg, 40 mg</i>	1	
<i>telmisartan 80 mg</i>	1	QL(1 ea daily)
<i>valsartan tabs 40 mg, 80 mg, 320 mg</i>	1	
<i>valsartan tabs 160 mg</i>	1	QL(2 ea daily)
<b>Antiadrenergic Antihypertensives</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARDURA ( <i>doxazosin mesylate</i> )	7		BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	7	QL(1 ea daily)
<i>clonidine hcl tb24</i>	3	ST	BENICAR HCT 12.5 MG-20 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	7	
<i>clonidine hcl tabs</i>	1		<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>doxazosin mesylate</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<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		DIOVAN HCT 25 MG-160 MG ( <i>valsartan-hydrochlorothiazide</i> )	7	QL(1 ea daily)
MINIPRESS CAPS ( <i>prazosin hcl</i> )	7		EDARBYCLOR	3	QL(1 ea daily)
NEXICLON XR TB24 ( <i>clonidine hcl</i> )	7	ST	<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>prazosin hcl caps</i>	1		EXFORGE 10 MG-160 MG ( <i>amlodipine besylate-valsartan</i> )	7	QL(1 ea daily)
<i>terazosin hcl 10 mg</i>	1	QL(2 ea daily)	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG ( <i>amlodipine besylate-valsartan</i> )	7	
<i>terazosin hcl 1 mg, 2 mg, 5 mg</i>	1		EXFORGE HCT ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	7	
Antihypertensive Combinations			<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	7		HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	7	
ACCURETIC 25 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	7	QL(1 ea daily)	<i>irbesartan-hydrochlorothiazide</i>	1	
ACCURETIC	2		<i>lisinopril &amp; hydrochlorothiazide 25 mg-20 mg</i>	1	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl 10 mg-5 mg, 20 mg-10 mg, 20 mg-5 mg, 40 mg-10 mg, 40 mg-5 mg</i>	1	QL(1 ea daily)			
<i>amlodipine besylate-valsartan 10 mg-160 mg</i>	1	QL(1 ea daily)			
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1				
ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> )	7				
<i>atenolol &amp; chlorthalidone</i>	1				
AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )	7				
<i>benazepril &amp; hydrochlorothiazide</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	7	
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>metoprolol &amp; hydrochlorothiazide tabs</i>	1	
MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> )	7	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 mg-40 mg, 25 mg-40 mg</i>	1	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 25 mg-20 mg</i>	1	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 mg-10 mg, 12.5 mg-20 mg</i>	1	
TARKA 180 MG-2 MG, 240 MG-2 MG, 240 MG-4 MG ( <i>trandolapril-verapamil hcl</i> )	7	
TEKTURNA HCT	3	ST
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TENORETIC 100 ( <i>atenolol &amp; chlorthalidone</i> )	7	
TENORETIC 50 ( <i>atenolol &amp; chlorthalidone</i> )	7	
<i>trandolapril-verapamil hcl</i>	3	

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	7	ST
TWYNSTA ( <i>telmisartan-amlodipine</i> )	7	
<i>valsartan-hydrochlorothiazide 25 mg-160 mg</i>	1	QL(1 ea daily)
VASERETIC 25 MG-10 MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	7	
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	7	
ZESTORETIC 25 MG-20 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	7	QL(2 ea daily)
ZIAC ( <i>bisoprolol &amp; hydrochlorothiazide</i> )	7	
Antihypertensives - Misc.		
VECAMYL	3	
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	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
FLAGYL CAPS ( <i>metronidazole</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
NEBUPENT IN ( <i>pentamidine isethionate</i> )	7	
<i>pentamidine isethionate in</i>	1	
PRIMSOL	3	
<i>tinidazole</i>	3	ST; PA
<i>trimethoprim tabs</i>	1	
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
XIFAXAN 550 MG	3	QL(2 ea daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC susp	1	
BACTRIM TABS ( <i>sulfamethoxazole-trimethoprim</i> )	7	
BACTRIM DS TABS ( <i>sulfamethoxazole-trimethoprim</i> )	7	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA TABS ( <i>nitazoxanide</i> )	7	
ALINIA SUSR	3	
<i>atovaquone</i>	1	
LAMPIT	3	AC; PA
MEPRON ( <i>atovaquone</i> )	7	
<i>nitazoxanide tabs</i>	3	
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML ( <i>vancomycin hcl</i> )	7	
VANCOGIN CAPS 125 MG ( <i>vancomycin hcl</i> )	7	PA

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl caps 125 mg</i>	1	PA
<i>vancomycin hcl solr or 25 mg/ml</i>	3	
Leprostatics		
<i>dapsone 25 mg</i>	1	
<i>dapsone 100 mg</i>	1	QL(4 ea daily)
Lincosamides		
CLEOCIN ( <i>clindamycin hcl</i> )	7	
CLEOCIN PEDIATRIC GRANULES ( <i>clindamycin palmitate hydrochloride</i> )	7	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	3	
Oxazolidinones		
<i>linezolid tabs</i>	1	QL(20 ea per 90 days retail)
<i>linezolid susr</i>	1	QL(210 ml 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>fosfomicin 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	

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Drug Name	Drug Tier	Requirements/Limits
MONUROL ( <i>fosfomycin tromethamine</i> )	7	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	2	QL(0.8 ea daily)
MALARONE ( <i>atovaquone-proguanil hcl</i> )	7	
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
<i>hydroxychloroquine sulfate 200 mg</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
PLAQUENIL ( <i>hydroxychloroquine sulfate</i> )	7	
<i>primaquine phosphate tabs</i>	1	
PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> )	7	
QUALAQUIN CAPS ( <i>quinine sulfate</i> )	7	QL(2 ea daily); PA
<i>quinine sulfate caps 324 mg</i>	3	QL(2 ea daily); PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	ST; PA

Drug Name	Drug Tier	Requirements/Limits
MESTINON SOLN OR ( <i>pyridostigmine bromide</i> )	7	PA
MESTINON TABS ( <i>pyridostigmine bromide</i> )	7	
MESTINON TIMESPAN TBCR ( <i>pyridostigmine bromide</i> )	7	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr</i>	1	
<i>pyridostigmine bromide soln or</i>	3	PA
RUZURGI	3	QL(10 ea daily); PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>cycloserine</i>	3	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS 400 MG ( <i>ethambutol hcl</i> )	7	
MYCOBUTIN ( <i>rifabutin</i> )	7	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin caps</i>	1	
TRECATOR	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
ALKERAN ( <i>melphalan</i> )	7	AC
<i>cyclophosphamide caps</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE 10 MG, 40 MG, 100 MG	2	New commercial members to be referred to AcariaHealth; LA; AC	LENVIMA 10 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LEUKERAN	2	AC	LENVIMA 12MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>melphalan</i>	1	AC	LENVIMA 14 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
MYLERAN TABS	2	AC	LENVIMA 18 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG ( <i>temozolomide</i> )	7	AC	LENVIMA 20 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>temozolomide caps</i>	1	AC	LENVIMA 24 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Antimetabolites			LENVIMA 4 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>capecitabine 150 mg</i>	1	AC			
<i>capecitabine 500 mg</i>	1	AC			
<i>mercaptopurine tabs</i>	1	AC			
<i>methotrexate sodium tabs 2.5 mg</i>	1	AC			
ONUREG TABS	3	AC; PA			
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC			
TABLOID	2	AC			
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC			
XATMEP SOLN	2	AC; PA			
XELODA 500 MG ( <i>capecitabine</i> )	7	AC			
XELODA 150 MG ( <i>capecitabine</i> )	7	AC			
Antineoplastic - Angiogenesis Inhibitors					
INLYTA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	3	PA; AC; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA TABS 10 MG	2	PA; AC; QL(2 ea daily); AC; PA
VENCLEXTA TABS 50 MG	2	PA; AC; AC; PA
VENCLEXTA TABS 100 MG	2	PA; AC; QL(4 ea daily); AC; PA
VENCLEXTA STARTING PACK TBP	2	PA; AC; AC; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
<i>gefitinib</i>	1	PA; AC; AC
GILOTRIF	2	PA; AC; AC; PA
IRESSA ( <i>gefitinib</i> )	7	PA; AC; AC
TAGRISO	2	PA; AC; AC; PA
TARCEVA ( <i>erlotinib hcl</i> )	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
VIZIMPRO	2	PA; AC ; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	PA

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	2	AC
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; LA; AC; PA
<i>anastrozole</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC
ARIMIDEX ( <i>anastrozole</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC
AROMASIN ( <i>exemestane</i> )	5	Grand Fathered Plans at Tier 2; PV; AC
<i>bicalutamide</i>	1	QL(1 ea daily); AC
CASODEX ( <i>bicalutamide</i> )	7	QL(1 ea daily); AC
EMCYT	2	AC
ERLEADA 60 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	3	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	Grand Fathered Plans at Tier 2; PV; AC

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Drug Name	Drug Tier	Requirements/Limits
FARESTON ( <i>toremifene citrate</i> )	7	AC
FEMARA ( <i>letrozole</i> )	7	AC
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC
LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
<i>megestrol acetate tabs</i>	1	AC
<i>megestrol acetate susp</i>	1	AC
NILANDRON ( <i>nilutamide</i> )	7	AC
<i>nilutamide</i>	1	AC
NUBEQA	3	SP; AC; PA
SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV
<i>tamoxifen citrate tabs</i>	5	Grand Fathered Plans at Tier 2; PV; AC
<i>toremifene citrate</i>	1	AC
XTANDI TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	3	AC; PA
ZYTIGA ( <i>abiraterone acetate</i> )	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; LA; AC; PA
Antineoplastic - Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
POMALYST	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 100 MG, 200 MG, 300 MG	3	PA; AC; QL(1 ea daily); SP; PA
AYVAKIT 25 MG, 50 MG	3	QL(1 ea daily); SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	3	AC; PA
XPOVIO 80 MG TWICE WEEKLY	3	PA; AC; PA
Antineoplastic Combinations		
INQOVI	3	PA; AC; PA
KISQALI FEMARA 200 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; LA; AC; PA
KISQALI FEMARA 400 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; LA; AC; PA
KISQALI FEMARA 600 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; LA; AC; PA
LONSURF	2	PA; AC; AC; PA
Antineoplastic Enzyme Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AFINITOR TABS <i>(everolimus)</i>	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA	CABOMETYX TABS 40 MG	2	PA; AC; QL(2 ea daily); AC; PA
			CABOMETYX TABS 20 MG, 60 MG	2	PA; AC; QL(1 ea daily); AC; PA
			CALQUENCE	3	QL(2 ea daily); AC; PA
AFINITOR DISPERZ TBSO <i>(everolimus)</i>	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA	CALQUENCE	3	QL(2 ea daily); AC; PA
			CAPRELSA	2	PA; AC; AC; PA
			COMETRIQ KIT	3	PA; AC; LA; AC; PA
ALECENSA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	COPIKTRA	3	PA; AC; AC; PA
			COTELLIC	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ALUNBRIG TABS	2	PA; AC; AC; PA	<i>everolimus tabs</i>	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA
ALUNBRIG TBPk	2	PA; AC; AC; PA	<i>everolimus tbso</i>	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA
BALVERSA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	FARYDAK	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
BOSULIF 100 MG, 500 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF 400 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			
BRAFTOVI 75 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			
BRUKINSA	3	PA; AC; AC; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>lapatinib ditosylate</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; LA; AC; PA
ICLUSIG 15 MG, 45 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ICLUSIG 10 MG, 30 MG	3	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	LYNPARZA TABS	2	PA; AC; QL(4 ea daily); AC; PA
IDHIFA	3	PA; AC; LA; AC; PA	MEKINIST TABS	2	PA; AC; LA; AC; PA
<i>imatinib mesylate 100 mg</i>	1	QL(3 ea daily); AC; PA	MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate 400 mg</i>	1	QL(2 ea daily); AC; PA	NERLYNX	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA CAPS 140 MG	2	PA; AC; LA; AC; PA	NEXAVAR ( <i>sorafenib tosylate</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA TABS	2	PA; AC; QL(1 ea daily); AC; PA	NINLARO	2	PA; AC; Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA
IMBRUVICA CAPS 70 MG	2	PA; AC; AC; PA	PIQRAY 200MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
INREBIC	3	PA; AC; AC; PA			
JAKAFI	2	PA; AC; QL(2 ea daily); AC; PA			
KISQALI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			
KOSELUGO	2	PA; AC; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA	<i>sunitinib malate 25 mg</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
PIQRAY 300MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA	SUTENT 25 MG ( <i>sunitinib malate</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
QINLOCK	3	PA; AC Refer to PantheRx; 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); SP; AC; PA
RETEVMO	3	PA; AC; AC; PA	TABRECTA	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
RUBRACA	2	PA; AC; LA; AC; PA	TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TALZENNA 0.25 MG, 1 MG	2	PA; AC; AC; PA
<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SPRYCEL	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TAZVERIK	3	PA
STIVARGA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TIBSOVO	3	PA; AC; PA
<i>sunitinib malate 12.5 mg, 37.5 mg, 50 mg</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TURALIO 200 MG	2	PA; AC; AC; PA
			TYKERB ( <i>lapatinib ditosylate</i> )	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; LA; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO	3	QL(2 ea daily); AC; PA
VITRAKVI SOLN	2	PA; AC; PA
VITRAKVI CAPS	2	PA; AC; PA
VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XALKORI	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
XOSPATA	2	PA; AC; PA
ZEJULA CAPS	2	PA; AC; LA; AC; PA
ZELBORAF	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ZOLINZA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ZYDELIG	2	PA; AC; AC; PA
ZYKADIA TABS	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
<b>Antineoplastics Misc.</b>		
<i>bexarotene</i>	1	AC; AC
HYDREA ( <i>hydroxyurea</i> )	7	AC; AC
<i>hydroxyurea</i>	1	AC; AC
MATULANE	2	AC; AC
TARGRETIN ( <i>bexarotene</i> )	7	AC; AC

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin (chemotherapy)</i>	1	AC; AC
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>leucovorin calcium tabs</i>	1	AC
MESNEX TABS	3	AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC
<b>Mitotic Inhibitors</b>		
<i>etoposide caps</i>	1	AC; AC
<b>Topoisomerase I Inhibitors</b>		
HYCANTIN CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa</i>	3	
LODOSYN ( <i>carbidopa</i> )	7	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN ( <i>entacapone</i> )	7	
<i>entacapone</i>	1	
TASMAR ( <i>tolcapone</i> )	7	
<i>tolcapone</i>	3	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl tabs</i>	3	
<i>amantadine hcl caps</i>	1	
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate caps</i>	1		<i>pramipexole dihydrochloride tb24 3 mg</i>	3	QL(1 ea daily)
<i>carbidopa-levodopa tabs</i>	1		<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3.75 mg, 4.5 mg</i>	3	
<i>carbidopa-levodopa tbc 100 mg-25 mg</i>	1	QL(8 ea daily)	<i>ropinirole hydrochloride tb24 12 mg</i>	1	QL(2 ea daily)
<i>carbidopa-levodopa tbdp</i>	3		<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1		<i>ropinirole hydrochloride tabs</i>	1	
DHIVY TABS	2		RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
DUOPA SUSP	3	PA	RYTARY CPR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA
INBRIJA CAPS	3	PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>carbidopa-levodopa</i> )	7	
KYNMOBI FILM	3	PA	STALEVO 50 ( <i>carbidopa-levodopa-entacapone</i> )	7	
KYNMOBI TITRATION KIT KIT	3	PA	<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
MIRAPEX TABS 0.125 MG, 0.5 MG, 0.75 MG ( <i>pramipexole dihydrochloride</i> )	7		AZILECT ( <i>rasagiline mesylate</i> )	7	
MIRAPEX TABS 1 MG ( <i>pramipexole dihydrochloride</i> )	7	QL(4 ea daily)	<i>rasagiline mesylate</i>	1	
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		<i>selegiline hcl caps</i>	1	QL(2 ea daily)
MIRAPEX ER TB24 3 MG ( <i>pramipexole dihydrochloride</i> )	7	QL(1 ea daily)	ZELAPAR TBDP	3	
NEUPRO	3		<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
PARLODEL TABS ( <i>bromocriptine mesylate</i> )	7		<b>Antimanic Agents</b>		
PARLODEL CAPS ( <i>bromocriptine mesylate</i> )	7		<i>lithium carbonate caps 300 mg</i>	1	QL(6 ea daily)
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg</i>	1		<i>lithium carbonate tabs</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	QL(4 ea daily)	<i>lithium carbonate tbc</i>	1	
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	QL(3 ea daily)	<i>lithium carbonate caps 150 mg, 600 mg</i>	1	
			LITHOBID TBCR ( <i>lithium carbonate</i> )	7	

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Antipsychotics - Misc.			<i>clozapine tbdp 12.5 mg, 25 mg, 100 mg, 150 mg</i>	3	
GEODON 20 MG, 40 MG ( <i>ziprasidone hcl</i> )	7		CLOZARIL TABS ( <i>clozapine</i> )	7	
GEODON 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	7	QL(2 ea daily)	<i>loxapine succinate</i>	1	
LATUDA ( <i>lurasidone hcl</i> )	7		<i>olanzapine tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	1	
<i>lurasidone hcl</i>	1		<i>olanzapine tabs 15 mg, 20 mg</i>	1	QL(1 ea daily)
NUPLAZID TABS 10 MG	3	QL(1 ea daily); PA	<i>olanzapine tbdp</i>	3	
NUPLAZID CAPS	3	QL(1 ea daily); PA	<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily)
VRAYLAR CAPS	3		<i>quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg</i>	3	PA
VRAYLAR CPPK	3		<i>quetiapine fumarate tb24 50 mg</i>	3	ST; PA
<i>ziprasidone hcl 60 mg, 80 mg</i>	1	QL(2 ea daily)	<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 150 mg</i>	1	
<i>ziprasidone hcl 20 mg, 40 mg</i>	1		<i>quetiapine fumarate tabs 200 mg</i>	1	QL(4 ea daily)
Benzisoxazoles			SAPHRIS 5 MG	3	
INVEGA ( <i>paliperidone</i> )	7		SAPHRIS ( <i>asenapine maleate</i> )	7	
<i>paliperidone</i>	3		SEROQUEL TABS 25 MG, 50 MG, 100 MG ( <i>quetiapine fumarate</i> )	7	
RISPERDAL SOLN ( <i>risperidone</i> )	7		SEROQUEL TABS 200 MG ( <i>quetiapine fumarate</i> )	7	QL(4 ea daily)
RISPERDAL TABS 3 MG ( <i>risperidone</i> )	7	QL(2 ea daily)	SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	7	QL(2 ea daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG ( <i>risperidone</i> )	7		SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	7	PA
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1		SEROQUEL XR TB24 50 MG ( <i>quetiapine fumarate</i> )	7	ST; PA
<i>risperidone tabs 3 mg</i>	1	QL(2 ea daily)	VERSACLOZ SUSP	3	QL(18 ml daily)
<i>risperidone tbdp</i>	1		ZYPREXA TABS 15 MG, 20 MG ( <i>olanzapine</i> )	7	QL(1 ea daily)
<i>risperidone soln</i>	1				
Butyrophenones					
<i>haloperidol tabs</i>	1				
<i>haloperidol lactate conc</i>	1				
Dibenzapines					
<i>asenapine maleate</i>	3				
<i>clozapine tabs</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG <i>(olanzapine)</i>	7	
ZYPREXA ZYDIS TBDP <i>(olanzapine)</i>	7	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>chlorpromazine hcl tabs</i>	1	
<i>fluphenazine hcl tabs</i>	1	
<i>fluphenazine hcl elix</i>	1	
<i>fluphenazine hcl conc</i>	3	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>prochlorperazine maleate tabs</i>	1	
<i>thioridazine hcl 10 mg, 25 mg, 100 mg</i>	1	
<i>thioridazine hcl 50 mg</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl tabs</i>	1	
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 tabs 15 mg</i>	1	QL(2 ea daily)
<i>aripiprazole tabs 20 mg</i>	1	QL(1 ea daily)
<i>aripiprazole soln or</i>	1	
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 30 mg</i>	1	
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
Antiretrovirals		

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate caps</i>	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMBIVIR <i>(lamivudine-zidovudine)</i>	7	
COMPLERA	2	
CRIXIVAN 400 MG	2	
<i>darunavir tabs</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV
DOVATO	2	
EDURANT	2	
<i>efavirenz tabs</i>	1	
<i>efavirenz caps</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		LEXIVA SUSP	2	
<i>emtricitabine caps</i>	1		LEXIVA TABS ( <i>fosamprenavir calcium</i> )	7	
<i>emtricitabine-tenofovir disoproxil fumarate 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg</i>	1	QL(1 ea daily)	<i>lopinavir-ritonavir tabs</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	<i>lopinavir-ritonavir soln</i>	1	
EMTRIVA CAPS ( <i>emtricitabine</i> )	7		<i>maraviroc tabs</i>	1	
EMTRIVA SOLN	2		<i>nevirapine tb24</i>	1	
EPIVIR SOLN ( <i>lamivudine</i> )	7		<i>nevirapine tabs</i>	1	
EPIVIR TABS ( <i>lamivudine</i> )	7		<i>nevirapine susp</i>	1	
EPZICOM ( <i>abacavir sulfate-lamivudine</i> )	7		NORVIR PACK	2	
<i>etravirine</i>	1		NORVIR TABS ( <i>ritonavir</i> )	7	
EVOTAZ	2		NORVIR SOLN	2	
<i>fosamprenavir calcium tabs</i>	1		ODEFSEY	2	
GENVOYA	2		PIFELTRO	2	
INTELENCE 25 MG	2		PREZCOBIX	2	
INTELENCE ( <i>etravirine</i> )	7		PREZISTA TABS ( <i>darunavir</i> )	7	
INVIRASE TABS	2		PREZISTA TABS 75 MG, 150 MG	2	
ISENTRESS PACK	2		PREZISTA SUSP	2	
ISENTRESS TABS	2		RETROVIR CAPS ( <i>zidovudine</i> )	7	
ISENTRESS CHEW	2		RETROVIR SYRP ( <i>zidovudine</i> )	7	
ISENTRESS HD TABS	2		REYATAZ CAPS ( <i>atazanavir sulfate</i> )	7	
JULUCA	2		REYATAZ PACK	2	
KALETRA TABS ( <i>lopinavir-ritonavir</i> )	7		<i>ritonavir tabs</i>	1	
KALETRA SOLN ( <i>lopinavir-ritonavir</i> )	7		RUKOBIA	3	
<i>lamivudine soln</i>	1		SELZENTRY TABS 25 MG, 75 MG	2	
<i>lamivudine tabs</i>	1		SELZENTRY SOLN	2	
<i>lamivudine-zidovudine</i>	1		SELZENTRY TABS ( <i>maraviroc</i> )	7	
			<i>stavudine caps</i>	1	
			STRIBILD	2	
			SUSTIVA TABS ( <i>efavirenz</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAPS ( <i>efavirenz</i> )	7	
SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	7	
SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	7	
SYMTUZA	2	
TEMIXYS	2	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS	2	
TRIUMEQ PD TBSO	2	
TRIZIVIR	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)
TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
TYBOST	2	
VIRACEPT TABS	2	
VIRAMUNE SUSP ( <i>nevirapine</i> )	7	
VIRAMUNE XR TB24 400 MG ( <i>nevirapine</i> )	7	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )	7	
ZIAGEN SOLN ( <i>abacavir sulfate</i> )	7	
ZIAGEN TABS ( <i>abacavir sulfate</i> )	7	
<i>zidovudine tabs</i>	1	
<i>zidovudine caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrp</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR 10 X 10MG TAB PAK)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
CMV Agents		
VALCYTE TABS ( <i>valganciclovir hcl</i> )	7	
VALCYTE SOLR ( <i>valganciclovir hcl</i> )	7	QL(21 ml daily)
<i>valganciclovir hcl solr</i>	1	QL(21 ml daily)
<i>valganciclovir hcl tabs</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDGE TABS ( <i>entecavir</i> )	7	
<i>entecavir tabs</i>	1	
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplusa; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA PACK	2	SP; PA
EPIVIR HBV TABS ( <i>lamivudine (hbv)</i> )	7	
HEPSERA ( <i>adefovir dipivoxil</i> )	7	
<i>lamivudine (hbv) tabs</i>	3	
MAVYRET TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA

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Drug Name	Drug Tier	Requirements/Limits
VEMLIDY	3	Must try Viread and Baraclude; LA; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
<b>Herpes Agents</b>		
<i>acyclovir susp</i>	1	
<i>acyclovir tabs or 800 mg</i>	1	QL(5 ea daily)
<i>acyclovir tabs or 400 mg</i>	1	
<i>acyclovir caps</i>	1	
<i>famciclovir</i>	1	
SITAVIG TABS BU	3	PA
<i>valacyclovir hcl 500 mg</i>	1	QL(8 ea daily)
<i>valacyclovir hcl 1 gm, 1000 mg</i>	1	QL(4 ea daily)
VALTREX 1 GM ( <i>valacyclovir hcl</i> )	7	QL(4 ea daily)
VALTREX 500 MG ( <i>valacyclovir hcl</i> )	7	QL(8 ea daily)
ZOVIRAX SUSP ( <i>acyclovir</i> )	7	
<b>Influenza Agents</b>		
<i>oseltamivir phosphate susr</i>	1	QL(75 ml daily; 5 Day(s) limit); AL(At least 1 yrs old)
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate caps 30 mg, 45 mg</i>	1	QL(10 ea per fill retail); AL(At least 1 yrs old)
RELENZA DISKHALER	3	QL(20 ea per fill retail)
<i>rimantadine hydrochloride tabs</i>	3	
TAMIFLU CAPS 30 MG, 45 MG ( <i>oseltamivir phosphate</i> )	7	QL(10 ea per fill retail); AL(At least 1 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU SUSR ( <i>oseltamivir phosphate</i> )	7	QL(75 ml daily; 5 Day(s) limit); AL(At least 1 yrs old)
TAMIFLU CAPS 75 MG ( <i>oseltamivir phosphate</i> )	7	
<b>Misc. Antivirals</b>		
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV
TPOXX SOLN	5	PV
TPOXX CAPS	5	PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol 3.125 mg</i>	1	QL(2 ea daily)
<i>carvedilol 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>carvedilol phosphate</i>	3	
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	
<b>Beta Blockers Cardio-Selective</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tabs</i>	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>nebivolol hcl</i>	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
TENORMIN TABS ( <i>atenolol</i> )	7		(Diltiazem Hcl) DILT-XR cp24	1	
TOPROL XL TB24 ( <i>metoprolol succinate</i> )	7		(Diltiazem Hcl) MATZIM LA tb24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
Beta Blockers Non-Selective			<i>amlodipine besylate tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
(Sotalol Hcl) SORINE tabs	1		<i>amlodipine besylate tabs 2.5 mg</i>	1	QL(2 ea daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )	7		CALAN SR TBCR 180 MG, 240 MG ( <i>verapamil hcl</i> )	7	QL(2 ea daily)
BETAPACE AF ( <i>sotalol hcl (afib/afI)</i> )	7		CALAN SR TBCR 120 MG ( <i>verapamil hcl</i> )	7	
CORGARD TABS 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	7		CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> )	7	
INDERAL LA CP24 ( <i>propranolol hcl</i> )	7		CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )	7	QL(1 ea daily)
<i>nadolol tabs 20 mg, 40 mg, 80 mg</i>	1		CARDIZEM LA TB24 ( <i>diltiazem hcl</i> )	7	
<i>pindolol tabs</i>	1		<i>diltiazem hcl tabs</i>	1	
<i>propranolol hcl cp24</i>	1		<i>diltiazem hcl cp24</i>	1	
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1		<i>diltiazem hcl cp12</i>	1	
<i>propranolol hcl tabs</i>	1		<i>diltiazem hcl tb24</i>	1	
<i>sotalol hcl tabs</i>	1		<i>diltiazem hcl coated beads cp24</i>	1	QL(1 ea daily)
<i>sotalol hcl (afib/afI)</i>	1		<i>diltiazem hcl extended release beads</i>	1	
<i>timolol maleate tabs 5 mg</i>	1	QL(2 ea daily; 60 ea per fill retail)	<i>felodipine 10 mg</i>	1	QL(1 ea daily)
<i>timolol maleate tabs 10 mg</i>	1	QL(6 ea daily)	<i>felodipine 2.5 mg, 5 mg</i>	1	
<i>timolol maleate tabs 20 mg</i>	1	QL(60 ea per fill retail)	<i>isradipine caps</i>	3	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>			<i>nicardipine hcl caps</i>	3	
Calcium Channel Blockers					
(Diltiazem Hcl Coated Beads) CARTIA XT cp24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tb24</i>	1	QL(1 ea daily)
<i>nifedipine tb24 30 mg, 60 mg</i>	1	
<i>nifedipine caps</i>	1	
<i>nimodipine caps</i>	1	
<i>nisoldipine</i>	1	
NORVASC TABS 2.5 MG ( <i>amlodipine besylate</i> )	7	QL(2 ea daily)
NORVASC TABS 5 MG, 10 MG ( <i>amlodipine besylate</i> )	7	QL(1 ea daily)
PROCARDIA XL TB24 ( <i>nifedipine</i> )	7	QL(1 ea daily)
SULAR 8.5 MG, 17 MG, 34 MG ( <i>nisoldipine</i> )	7	
TIAZAC ( <i>diltiazem hcl extended release beads</i> )	7	
<i>verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg</i>	1	
<i>verapamil hcl cp24 180 mg</i>	1	QL(2 ea daily)
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc 120 mg</i>	1	
<i>verapamil hcl tbc 180 mg, 240 mg</i>	1	QL(2 ea daily)
<i>verapamil hcl cp24 360 mg</i>	1	QL(1 ea daily)
VERAPAMIL HYDROCHLORIDE ER CP24 ( <i>verapamil hcl</i> )	7	
VERELAN CP24 180 MG ( <i>verapamil hcl</i> )	7	QL(2 ea daily)
VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	2	QL(1 ea daily)
VERELAN CP24 120 MG, 240 MG ( <i>verapamil hcl</i> )	7	
VERELAN PM CP24 ( <i>verapamil hcl</i> )	7	

**CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm**

Drug Name	Drug Tier	Requirements/Limits
<b>Cardiac Glycosides</b>		
(Digoxin) DIGITEK, DIGOX tabs 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
(Digoxin) DIGITEK, DIGOX tabs 125 MCG, 250 MCG	1	
<i>digoxin soln or 0.05 mg/ml</i>	1	
<i>digoxin tabs 0.0625 mg, 0.125 mg, 0.25 mg, 62.5 mcg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )	7	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	3	PA
BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> )	7	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	7	PA
ENTRESTO	3	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<b>Impotence Agents</b>		
CIALIS 2.5 MG ( <i>tadalafil</i> )	7	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA

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Drug Name	Drug Tier	Requirements/Limits
CIALIS 5 MG, 10 MG, 20 MG ( <i>tadalafil</i> )	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	3	Not available through Mail Order; QL(0.2 ea daily); PA
<i>sildenafil citrate</i>	3	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 mg</i>	3	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
<i>tadalafil 5 mg, 10 mg, 20 mg</i>	3	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
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
Prostaglandin Vasodilators		
ORENITRAM TBCR 5 MG	3	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	LA; PA
TYVASO SOLN IN	3	LA; PA
TYVASO REFILL SOLN IN	3	LA; PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO STARTER SOLN IN	3	LA; PA
VENTAVIS	3	LA; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; PA
<i>bosentan tabs 62.5 mg</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>bosentan tabs 125 mg</i>	1	ST
LETAIRIS ( <i>ambrisentan</i> )	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; PA
OPSUMIT	3	ST; PA
TRACLEER TABS 62.5 MG ( <i>bosentan</i> )	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRACLEER TBSO	2	ST; PA
TRACLEER TABS 125 MG ( <i>bosentan</i> )	7	ST
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ tabs	1	QL(2 ea daily); PA
ADCIRCA TABS ( <i>tadalafil pulmonary hypertension</i> )	7	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

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) susr</i>	3	PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	3	QL(3 ea daily); PA
<i>tadalafil (pulmonary hypertension) tabs</i>	1	QL(2 ea daily); PA
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	3	ST; PA
UPTRAVI TITRATION PACK TBPB	3	ST; PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS	3	SP; PA
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	3	QL(1 ea daily); PA
VYNDAQEL	3	QL(4 ea daily); PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil susr</i>	1	
<i>cefadroxil caps</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin susr</i>	1	
<i>cephalexin caps 750 mg</i>	3	
KEFLEX CAPS 750 MG ( <i>cephalexin</i> )	7	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor susr 125 mg/5ml, 375 mg/5ml</i>	1	
<i>cefaclor caps</i>	1	
CEFACLOR ER TB12	3	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefixime caps</i>	1	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
SUPRAX CAPS ( <i>cefixime</i> )	7	
SUPRAX SUSR 500 MG/5ML	3	
SUPRAX SUSR ( <i>cefixime</i> )	7	
SUPRAX CHEW	3	
<b>CHEMICALS</b>		
<b>Bulk Chemicals - C's</b>		
CALCITRIOL	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA tabs 20 MCG-0.1 MG	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA tabs 20 MCG-0.1 MG	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA tabs 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA tabs 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA tabs 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	Grand Fathered Plans at Tier 2; PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV			
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/50 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; QL(365 ea per fill retail; 365 per fill mail); PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, JAIMIESS, LOJAIMIESS, SIMPESSSE	5	Grand Fathered Plans at Tier 2; QL(1 ea daily; 91 Day(s) limit); PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY caps	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) FAYOSIM, ICLEVIA, INTROVALE, JOLESSA, RIVELSA, SETLAKIN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; QL(1 ea daily); PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, BLISOVI 24 FE, HAILEY 24 FE, JUNEL FE 24, LARIN 24 FE, MICROGESTIN 24 FE, TARINA 24 FE tabs 1 MG-20 MCG-75 MG	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); 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	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA FE 1/20, TARINA FE 1/20 EQ tabs 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE chew	5	Grand Fathered Plans at Tier 2; QL(365 ea per fill retail); PV	(Norethindrone & Ethinyl Estradiol-Fe) WYMZYA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; 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	Grand Fathered Plans at Tier 2; PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	Grand Fathered Plans at Tier 2; PV	BALCOLTRA	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	BEYAZ ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, CYCLAFEM 7/7/7, DASETTA 7/7/7, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	<i>desogestrel &amp; ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
			ESTROSTEP FE ( <i>norethindrone acetate-ethinyl estradiol-fe</i> )	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
			<i>ethynodiol diacet &amp; eth estrad 50 mcg-1 mg</i>	5	Grand Fathered Plans at Tier 2; QL(365 ea per fill retail; 365 per fill mail); PV
			GENERESS FE ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
			<i>levonorgestrel &amp; eth estradiol tabs</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV

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<i>levonorgestrel-ethinyl estradiol (91-day)</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily; 91 Day(s) limit); PV	<i>norethin acet &amp; estrad-fe caps</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	<i>norethindrone &amp; ethinyl estradiol-fe 25 mcg-0.8 mg-75 mg</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; QL(1 ea daily); PV	<i>norethindrone acet &amp; eth estra</i>	5	Grand Fathered Plans at Tier 2; PV
LOSEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily; 91 Day(s) limit); PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )	5	Grand Fathered Plans at Tier 2; QL(365 ea per fill retail); PV	<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
MIRCETTE ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
NATAZIA	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	QUARTETTE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; QL(1 ea daily); PV
NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV	SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
<i>norethin acet &amp; estrad-fe chew</i>	5	Grand Fathered Plans at Tier 2; QL(365 ea per fill retail); PV	SEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily; 91 Day(s) limit); PV
<i>norethin acet &amp; estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg</i>	5	Grand Fathered Plans at Tier 2; PV	TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
			TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits
YASMIN 28 ( <i>drospirenone-ethinyl estradiol</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
YAZ ( <i>drospirenone-ethinyl estradiol</i> )	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
<b>Combination Contraceptives - Transdermal</b>		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
TWIRLA	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
<b>Combination Contraceptives - Vaginal</b>		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, HALOETTE	5	Grand Fathered Plans at Tier 2; PV
ANNOVERA	5	Grand Fathered Plans at Tier 2; PV
<i>etonogestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
NUVARING ( <i>etonogestrel-ethinyl estradiol</i> )	5	Grand Fathered Plans at Tier 2; PV
<b>Emergency Contraceptives</b>		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/Limits
ELLA	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
<i>levonorgestrel (emergency oc) 1.5 mg</i>	5	Grand Fathered Plans at Tier 2; PV
PLAN B ONE-STEP ( <i>levonorgestrel (emergency oc)</i> )	5	Grand Fathered Plans at Tier 2; PV
<b>Progestin Contraceptives - Injectable</b>		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
<b>Progestin Contraceptives - Oral</b>		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
SLYND	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
(Dexamethasone) DECADRON tabs 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	
<i>budesonide cpep</i>	1	QL(3 ea daily)
<i>budesonide tb24</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CORTEF TABS (hydrocortisone)	7	
<i>dexamethasone soln</i>	1	
<i>dexamethasone elix</i>	1	
<i>dexamethasone tabs</i>	1	
DEXAMETHASONE INTENSOL CONC	2	
EMFLAZA SUSP	3	LA; PA
EMFLAZA TABS	3	LA; PA
ENTOCORT EC CPEP (budesonide)	7	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1	
MEDROL TABS	2	
MEDROL TABS (methylprednisolone)	7	
MEDROL DOSEPAK TBPk (methylprednisolone)	7	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
ORAPRED ODT TBDP (prednisolone sodium phosphate)	7	
PEDIAPRED SOLN (prednisolone sodium phosphate)	7	
<i>prednisolone sodium phosphate soln 5 mg/5ml, 6.7 mg/5ml, 15 mg/5ml, 20 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp</i>	3	
<i>prednisone soln</i>	1	
<i>prednisone tbpk 5 mg</i>	3	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk 10 mg</i>	1	
<i>prednisone tabs</i>	1	
PREDNISON INTENSOL CONC	2	
UCERIS TB24 (budesonide)	7	PA

Drug Name	Drug Tier	Requirements/Limits
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
(Hydrocodone Bitartrate- Homatropine Methylbromide) HYDROMET soln	1	
<i>benzonatate 100 mg, 200 mg</i>	1	
<i>benzonatate 150 mg</i>	3	
HYCODAN SOLN (hydrocodone bitartrate- homatropine methylbromide)	7	
<i>hydrocodone bitartrate- homatropine methylbromide soln</i>	1	
TESSALON PERLES (benzonatate)	7	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C soln 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC syrp	1	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC liqd 10 MG/5ML-100 MG/5ML	1	
(Phenylephrine- Brompheniramine-DM) PRESGEN B, TUSSI- PRES B liqd 10 MG/5ML- 20 MG/5ML-4 MG/5ML	3	
BIO-DTUSS DMX LIQD	3	
CAPCOF SYRP	3	
CODITUSSIN AC LIQD	3	

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<i>guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	Limit 10mls per day; QL(10 ml daily); AL(At least 6 yrs old)
MAR-COF CG EXPECTORANT LIQD	3	
M-CLEAR WC SOLN	3	
NINJACOF-XG LIQD	3	
<i>promethazine &amp; phenylephrine syrp</i>	1	QL(30 ml daily)
<i>promethazine w/codeine syrp</i>	1	QL(30 ml daily)
<i>promethazine w/codeine soln</i>	1	QL(30 ml daily)
<i>promethazine-dm syrp</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine</i>	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
VIRTUSSIN DAC SOLN	2	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL nebu 7 %	3	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL nebu 3 %	1	
HYPERSAL NEBU	3	
HYPERSAL NEBU ( <i>sodium chloride (inhalant)</i> )	7	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) nebu 7 %</i>	3	
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE gel 0.1 %	1	QL(45 gm per fill retail); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN foam	3	
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P swab	3	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY pads	3	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH emul 10 %-1 %	3	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH emul 10 %-10 %-4 %	1	
(Tretinoin) AVITA crea 0.025 %	1	

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(Tretinoin) AVITA gel 0.025 %	1		BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )	7	QL(2 gm daily)
ABSORICA 10 MG, 25 MG ( <i>isotretinoin</i> )	7	QL(4 ea daily; 150 Day(s) limit)	<i>benzoyl peroxide-erythromycin gel</i>	1	QL(2 gm daily)
ABSORICA 30 MG ( <i>isotretinoin</i> )	7	QL(3 ea daily; 150 Day(s) limit)	CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )	7	
ABSORICA 20 MG ( <i>isotretinoin</i> )	7	QL(5 ea daily; 150 Day(s) limit)	CLINDAGEL GEL ( <i>clindamycin phosphate (topical)</i> )	7	
ABSORICA 35 MG, 40 MG ( <i>isotretinoin</i> )	7	QL(2 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) gel</i>	1	
ACZONE 5 % ( <i>dapsone (topical)</i> )	7	ST; PA	<i>clindamycin phosphate (topical) soln</i>	1	
ACZONE 7.5 % ( <i>dapsone (topical)</i> )	7	ST; QL(2 gm daily); PA	<i>clindamycin phosphate (topical) lotn</i>	1	
<i>adapalene gel 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC	<i>clindamycin phosphate (topical) foam</i>	3	
<i>adapalene crea</i>	1	QL(45 gm per fill retail)	<i>clindamycin phosphate (topical) swab</i>	3	
<i>adapalene gel 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	<i>clindamycin phosphate-benzoyl peroxide gel 5 %-1 %</i>	3	
<i>adapalene-benzoyl peroxide gel 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>adapalene-benzoyl peroxide gel 2.5 %-0.3 %</i>	3	ST; Limit 45gms per month; QL(1.5 gm daily); PA	<i>clindamycin phosphate-tretinoin</i>	3	QL(1 gm daily)
ATRALIN GEL ( <i>tretinoin</i> )	7	Limit 45gms per month; QL(1.5 gm daily)	<i>dapsone (topical) 5 %</i>	3	ST; PA
AZELEX	3		<i>dapsone (topical) 7.5 %</i>	3	ST; QL(2 gm daily); PA
BENZACLIN GEL ( <i>clindamycin phosphate-benzoyl peroxide</i> )	7		DIFFERIN CREA ( <i>adapalene</i> )	7	QL(45 gm per fill retail)
BENZACLIN WITH PUMP GEL ( <i>clindamycin phosphate-benzoyl peroxide</i> )	7		DIFFERIN GEL 0.3 % ( <i>adapalene</i> )	7	QL(45 gm per fill retail; 135 per fill mail)
			DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ml daily)
			DIFFERIN GEL 0.1 % ( <i>adapalene</i> )	7	QL(45 gm per fill retail); RX/OTC

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EPIDUO GEL ( <i>adapalene-benzoyl peroxide</i> )	7	Limit 45gms per month; QL(1.5 gm daily)	RETIN-A MICRO ( <i>tretinoin microsphere</i> )	7	Limit 50gms per month; QL(1.7 gm daily)
EPIDUO FORTE GEL ( <i>adapalene-benzoyl peroxide</i> )	7	ST; Limit 45gms per month; QL(1.5 gm daily); PA	RETIN-A MICRO PUMP ( <i>tretinoin microsphere</i> )	7	Limit 50gms per month; QL(1.7 gm daily)
ERYGEL GEL ( <i>erythromycin (acne aid)</i> )	7		RETIN-A MICRO PUMP 0.08 %	3	ST; Limit 50gms per month; QL(1.7 gm daily); PA
<i>erythromycin (acne aid) soln</i>	1		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
<i>erythromycin (acne aid) gel</i>	1		<i>sulfacetamide sodium (acne)</i>	1	
EVOCLIN FOAM ( <i>clindamycin phosphate (topical)</i> )	7		<i>sulfacetamide sodium w/ sulfur crea 9.8 %-4.8 %</i>	3	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>sulfacetamide sodium w/ sulfur lotn 10 %-5 %</i>	1	QL(30 gm per fill retail)
<i>isotretinoin 30 mg</i>	1	QL(3 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur liqd 9.8 %-4.8 %</i>	3	
<i>isotretinoin 20 mg</i>	1	QL(5 ea daily; 150 Day(s) limit)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>isotretinoin 10 mg, 25 mg</i>	1	QL(4 ea daily; 150 Day(s) limit)	<i>tretinoin gel 0.01 %, 0.025 %</i>	1	
<i>isotretinoin 35 mg, 40 mg</i>	1	QL(2 ea daily; 150 Day(s) limit)	<i>tretinoin gel 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily)
KLARON ( <i>sulfacetamide sodium (acne)</i> )	7		<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	
PLEXION CREA ( <i>sulfacetamide sodium w/ sulfur</i> )	7		<i>tretinoin microsphere</i>	1	Limit 50gms per month; QL(1.7 gm daily)
PLEXION LOTN ( <i>sulfacetamide sodium w/ sulfur</i> )	7		VELTIN ( <i>clindamycin phosphate-tretinoin</i> )	7	QL(1 gm daily)
PLEXION CLEANSER LIQD ( <i>sulfacetamide sodium w/ sulfur</i> )	7		ZIANA ( <i>clindamycin phosphate-tretinoin</i> )	7	QL(1 gm daily)
RETIN-A GEL ( <i>tretinoin</i> )	7				
RETIN-A CREA ( <i>tretinoin</i> )	7				

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Drug Name	Drug Tier	Requirements/Limits
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 gm per fill retail)
Antibiotics - Topical		
ALTABAX	3	
CENTANY OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1	
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN soln	3	
(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH, FUNGICURE INTENSIVE WITHNAILGUARD soln	1	RX/OTC
(Ketoconazole (Topical)) KETODAN foam	3	
(Nystatin (Topical)) NYAMYC, NYSTOP powd ex	1	
<i>ciclopirox sham</i>	3	
<i>ciclopirox gel</i>	1	
<i>ciclopirox soln</i>	3	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	QL(45 gm per fill retail; 45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(60 ml per fill retail; 60 ml per 30 days retail)
<i>econazole nitrate crea</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ECOZA FOAM	3	Limit 70gms per month; QL(2.5 gm daily)
ERTACZO	3	PA
EXODERM	3	
EXTINA FOAM ( <i>ketoconazole (topical)</i> )	7	
<i>ketoconazole (topical) foam</i>	3	
<i>ketoconazole (topical) sham 2 %</i>	1	
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)
LOPROX CREA ( <i>ciclopirox olamine</i> )	7	
LOPROX SUSP ( <i>ciclopirox olamine</i> )	7	
LOPROX SHAMPOO SHAM ( <i>ciclopirox</i> )	7	
<i>luliconazole</i>	3	
LUZU ( <i>luliconazole</i> )	3	
<i>naftifine hcl crea</i>	3	
<i>naftifine hcl gel</i>	3	
NAFTIN GEL 1 %	3	
NAFTIN GEL 2 % ( <i>naftifine hcl</i> )	7	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd ex</i>	1	
<i>nystatin-triamcinolone oint</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>nystatin-triamcinolone crea</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>oxiconazole nitrate crea</i>	3	
OXISTAT LOTN	3	
OXISTAT CREA ( <i>oxiconazole nitrate</i> )	7	
Anti-inflammatory Agents - Topical		

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Drug Name	Drug Tier	Requirements/Limits
(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN gel ex	1	RX/OTC
<i>diclofenac sodium (topical) soln ex 1.5 %</i>	1	QL(5 ml daily)
<i>diclofenac sodium (topical) gel ex</i>	1	RX/OTC
<i>diclofenac sodium (topical) soln ex 2 %</i>	3	QL(4 gm daily); PA
PENNSAID SOLN EX 2 % ( <i>diclofenac sodium (topical)</i> )	7	QL(4 gm daily); PA
PENNSAID SOLN EX	3	QL(4 gm daily); PA
VOLTAREN ARTHRITIS PAIN GEL EX ( <i>diclofenac sodium (topical)</i> )	7	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	
CARAC CREA ( <i>fluorouracil (topical)</i> )	2	QL(1 gm daily)
<i>diclofenac sodium (actinic keratosis) ex</i>	3	PA
EFUDEX CREA ( <i>fluorouracil (topical)</i> )	7	
FLUOROPLEX CREA	2	
<i>fluorouracil (topical) soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) crea 5 %</i>	1	
PANRETIN	3	PA
TARGRETIN ( <i>bexarotene (topical)</i> )	7	
VALCHLOR	3	ST; SP; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	3	QL(3 gm daily)
PRUDOXIN ( <i>doxepin hcl (antipruritic)</i> )	3	QL(3 gm daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE oint	1	QL(5 gm daily)
<i>acitretin 25 mg</i>	3	QL(2 ea daily)
<i>acitretin 17.5 mg</i>	3	
<i>acitretin 10 mg</i>	3	QL(1 ea daily)
<i>calcipotriene foam</i>	3	QL(4 gm daily)
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene crea</i>	1	QL(5 gm daily)
<i>calcipotriene soln</i>	1	
COSENTYX SOSY	4	PA
COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; PA
DOVONEX CREA ( <i>calcipotriene</i> )	7	QL(5 gm daily)
<i>methoxsalen rapid</i>	1	
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA

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SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	ZOVIRAX CREA ( <i>acyclovir topical</i> )	7	Limit 5gms per month; QL(0.17 gm daily); PA
SORIATANE 25 MG ( <i>acitretin</i> )	7	QL(2 ea daily)	ZOVIRAX OINT ( <i>acyclovir topical</i> )	7	QL(1 gm daily)
SORIATANE 10 MG ( <i>acitretin</i> )	7	QL(1 ea daily)	<b>Burn Products</b>		
SORILUX FOAM	3	QL(4 gm daily)	(Silver Sulfadiazine) SSD	1	
STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage; LA; PA	SILVADENE ( <i>silver sulfadiazine</i> )	7	
STELARA SOSY	4	See plan documents for specific Coverage; LA; PA	<i>silver sulfadiazine</i>	1	
<i>tazarotene gel</i>	1	QL(1 gm daily)	SULFAMYLON CREA	3	
<i>tazarotene crea</i>	1	QL(1 gm daily)	<b>Corticosteroids - Topical</b>		
TAZORAC CREA ( <i>tazarotene</i> )	7	QL(1 gm daily)	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
TAZORAC GEL ( <i>tazarotene</i> )	7	QL(1 gm daily)	(Clobetasol Propionate Emulsion) TOVET	3	
TAZORAC CREA	2	QL(1 gm daily)	(Clobetasol Propionate) CLODAN sham	1	
TREMFYA SOSY	4	PA; See plan documents for specific Coverage; LA; PA	(Desonide) DESRX gel	3	
TREMFYA SOPN	4	PA; See plan documents for specific Coverage; LA; PA	(Flurandrenolide) NOLIX crea	3	
<b>Antiseborrheic Products</b>			(Flurandrenolide) NOLIX lotn	3	PA
<i>selenium sulfide lotn 2.5 %</i>	1		(Fluticasone Propionate) BESER lotn	3	
<b>Antivirals - Topical</b>			(Triamcinolone Acetonide (Topical)) TRIDERM crea 0.1 %, 0.5 %	1	
<i>acyclovir topical crea</i>	3	Limit 5gms per month; QL(0.17 gm daily); PA	<i>alclometasone dipropionate oint</i>	1	
<i>acyclovir topical oint</i>	1	QL(1 gm daily)	<i>alclometasone dipropionate crea</i>	1	
			<i>amcinonide crea</i>	1	
			<i>amcinonide lotn</i>	3	
			AMCINONIDE OINT	3	
			APEXICON E CREA	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) crea</i>	1		<i>clobetasol propionate oint 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1		<i>clobetasol propionate lotn</i>	3	
<i>betamethasone dipropionate (topical) oint</i>	1		<i>clobetasol propionate soln 0.05 %</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>betamethasone dipropionate augmented gel 0.05 %</i>	1		<i>clobetasol propionate emulsion</i>	3	
<i>betamethasone dipropionate augmented crea</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 valerate crea</i>	1		CLOBEX SHAM ( <i>clobetasol propionate</i> )	7	
<i>betamethasone valerate lotn</i>	1		<i>clocortolone pivalate</i>	3	
<i>betamethasone valerate oint</i>	1		CLODERM ( <i>clocortolone pivalate</i> )	3	
<i>betamethasone valerate foam</i>	3		CORDRAN OINT	3	PA
<i>calcipotriene-betamethasone dipropionate oint</i>	3	QL(2 gm daily); ST	CORDRAN CREA 0.025 %	3	
<i>calcipotriene-betamethasone dipropionate susp</i>	3	QL(2 gm daily); ST	CORDRAN CREA ( <i>flurandrenolide</i> )	7	
CAPEX SHAM	2		CORDRAN LOTN ( <i>flurandrenolide</i> )	7	PA
<i>clobetasol propionate crea 0.05 %</i>	1		CORDRAN TAPE	3	
<i>clobetasol propionate foam</i>	3		CUTIVATE LOTN ( <i>fluticasone propionate</i> )	7	
<i>clobetasol propionate sham</i>	1		DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )	7	
<i>clobetasol propionate liqd</i>	3		DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> )	7	
<i>clobetasol propionate gel 0.05 %</i>	1		<i>desonide lotn</i>	1	
			<i>desonide gel</i>	3	
			<i>desonide crea</i>	1	
			<i>desonide oint</i>	1	
			DESOWEN CREA ( <i>desonide</i> )	7	

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<i>desoximetasone oint 0.05 %</i>	3		<i>halobetasol propionate oint</i>	1	
<i>desoximetasone oint 0.25 %</i>	1		HALOG SOLN	3	
<i>desoximetasone gel</i>	1		<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>desoximetasone crea</i>	1		<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>desoximetasone liqd</i>	3	PA	<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>diflorasone diacetate crea</i>	1		<i>hydrocortisone butyrate lotn</i>	3	PA
<i>diflorasone diacetate oint</i>	1		<i>hydrocortisone butyrate soln</i>	3	
DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> )	7		<i>hydrocortisone butyrate crea</i>	1	
DIPROLENE AF CREA ( <i>betamethasone dipropionate augmented</i> )	7		<i>hydrocortisone butyrate oint</i>	1	
EPIFOAM FOAM	3		<i>hydrocortisone butyrate hydrophilic lipo base</i>	3	
<i>fluocinolone acetonide soln</i>	1		<i>hydrocortisone valerate oint</i>	3	
<i>fluocinolone acetonide crea</i>	1		<i>hydrocortisone valerate crea</i>	3	
<i>fluocinolone acetonide oint</i>	1		KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	7	
<i>fluocinolone acetonide oil</i>	1		LOCOID LOTN ( <i>hydrocortisone butyrate</i> )	7	PA
<i>fluocinonide gel</i>	1		LOCOID LIPOCREAM ( <i>hydrocortisone butyrate hydrophilic lipo base</i> )	7	
<i>fluocinonide soln</i>	1		LUXIQ FOAM ( <i>betamethasone valerate</i> )	7	
<i>fluocinonide crea</i>	1		<i>mometasone furoate crea</i>	1	
<i>fluocinonide oint</i>	1		<i>mometasone furoate oint</i>	1	
<i>fluocinonide crea 0.1 %</i>	3		<i>mometasone furoate soln</i>	1	
<i>fluocinonide emulsified base</i>	1		NUCORT LOTN	3	
<i>flurandrenolide lotn</i>	3	PA	OLUX FOAM ( <i>clobetasol propionate</i> )	7	
<i>flurandrenolide oint</i>	3	PA	OLUX-E ( <i>clobetasol propionate emulsion</i> )	7	
<i>flurandrenolide crea</i>	3		PRAMOSONE OINT	3	
<i>fluticasone propionate oint</i>	1				
<i>fluticasone propionate crea 0.05 %</i>	1				
<i>fluticasone propionate lotn</i>	3				
<i>halobetasol propionate crea</i>	1				

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PRAMOSONE LOTN	3	
<i>prednicarbate oint</i>	3	
SYNALAR SOLN <i>(fluocinolone acetonide)</i>	7	
SYNALAR CREA <i>(fluocinolone acetonide)</i>	7	
SYNALAR OINT <i>(fluocinolone acetonide)</i>	7	
TACLONEX OINT <i>(calcipotriene-betamethasone dipropionate)</i>	7	QL(2 gm daily); ST
TACLONEX SUSP <i>(calcipotriene-betamethasone dipropionate)</i>	3	QL(2 gm daily); ST
TEMOVATE OINT <i>(clobetasol propionate)</i>	7	
TEMOVATE CREA <i>(clobetasol propionate)</i>	7	
TEXACORT SOLN 2.5 %	3	
TOPICORT CREA <i>(desoximetasone)</i>	7	
TOPICORT GEL <i>(desoximetasone)</i>	7	
TOPICORT OINT <i>(desoximetasone)</i>	7	
TOPICORT LIQD <i>(desoximetasone)</i>	7	PA
<i>triamcinolone acetonide (topical) lotn</i>	1	
<i>triamcinolone acetonide (topical) aers</i>	1	
<i>triamcinolone acetonide (topical) crea</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA 0.05 % <i>(desonide)</i>	7	
ULTRAVATE LOTN	3	ST; PA
Immunomodulating Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits
ALDARA <i>(imiquimod)</i>	7	
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL <i>(pimecrolimus)</i>	7	QL(60 gm per fill retail)
<i>pimecrolimus</i>	3	QL(60 gm per fill retail)
PROTOPIC OINT 0.03 % <i>(tacrolimus (topical))</i>	7	QL(2 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % <i>(tacrolimus (topical))</i>	7	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) KERALYT sham 6 %	1	
CONDYLOX GEL	2	
PODOCON-25 SOLN	3	
<i>podofilox soln</i>	1	
SALEX SHAM <i>(salicylic acid)</i>	7	
<i>salicylic acid sham 6 %</i>	1	
Local Anesthetics - Topical		
<i>lidocaine ptch 5 %</i>	1	QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	3	
LIDODERM PTCH <i>(lidocaine)</i>	7	QL(3 ea daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
<b>Rosacea Agents</b>		
(Metronidazole (Topical)) ROSADAN gel 0.75 %	1	QL(45 gm per fill retail)
(Metronidazole (Topical)) ROSADAN crea	1	
<i>azelaic acid gel</i>	1	
<i>brimonidine tartrate (topical)</i>	3	ST; PA
<i>doxycycline (rosacea)</i>	3	ST; QL(1 ea daily); PA
FINACEA FOAM	3	
FINACEA GEL ( <i>azelaic acid</i> )	7	
METROCREAM CREA ( <i>metronidazole (topical)</i> )	7	
METROGEL GEL 1 % ( <i>metronidazole (topical)</i> )	7	
METROLOTION LOTN ( <i>metronidazole (topical)</i> )	7	QL(60 ml per fill retail)
<i>metronidazole (topical) lotn</i>	1	QL(60 ml per fill retail)
<i>metronidazole (topical) gel 1 %</i>	1	
<i>metronidazole (topical) gel 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) crea</i>	1	
MIRVASO ( <i>brimonidine tartrate (topical)</i> )	7	ST; PA
ORACEA ( <i>doxycycline (rosacea)</i> )	3	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
<b>Scabicides &amp; Pediculicides</b>		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	3	RX/OTC
<i>ivermectin (pediculicide)</i>	3	RX/OTC
<i>malathion</i>	3	
NATROBA ( <i>spinosad</i> )	3	AL(At least 4 yrs old)
OVIDE ( <i>malathion</i> )	7	

Drug Name	Drug Tier	Requirements/ Limits
<i>permethrin crea</i>	1	QL(60 gm per fill retail)
<i>spinosad</i>	3	AL(At least 4 yrs old)
<b>Wound Care Products</b>		
REGRANEX	3	QL(15 gm per fill retail)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
METOPIRONE	3	
<b>Diagnostic Tests</b>		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
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 TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
GNP TRUETRACK SMART SYSTEM STRP	3	QL(6.67 ea daily); PA; RX/OTC
KETONE STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
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	
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, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	

### DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

#### Carbonic Anhydrase Inhibitors

<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide cp12</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
<i>methazolamide tabs</i>	1	
Diuretic Combinations		
ALDACTAZIDE ( <i>spironolactone &amp; hydrochlorothiazide</i> )	7	
ALDACTAZIDE	2	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	7	QL(1 ea daily)
MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	7	QL(2 ea daily)
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>triamterene &amp; hydrochlorothiazide caps 25 mg-37.5 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs 25 mg-37.5 mg</i>	1	QL(2 ea daily)
<i>triamterene &amp; hydrochlorothiazide tabs 50 mg-75 mg</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide tabs 0.5 mg, 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS 0.5 MG ( <i>bumetanide</i> )	7	
EDECIN ( <i>ethacrynic acid</i> )	7	ST
<i>ethacrynic acid</i>	3	ST
<i>furosemide soln or 10 mg/ml</i>	1	
<i>furosemide soln or 40 mg/5ml</i>	3	
<i>furosemide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LASIX TABS ( <i>furosemide</i> )	7	
SOAANZ TABS 20 MG ( <i>torsemide</i> )	7	
<i>torsemide tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>torsemide tabs 100 mg</i>	1	QL(2 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS ( <i>spironolactone</i> )	7	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS ( <i>triamterene</i> )	7	
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	3	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	3	
<i>indapamide tabs 1.25 mg, 2.5 mg</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )	7	QL(0.15 ea daily)
ACTONEL TABS 150 MG ( <i>risedronate sodium</i> )	7	QL(0.04 ea daily)
<i>alendronate sodium soln</i>	3	
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
BONIVA TABS ( <i>ibandronate sodium</i> )	7	QL(0.04 ea daily)
<i>calcitonin (salmon) na</i>	1	
FOSAMAX TABS 70 MG ( <i>alendronate sodium</i> )	7	QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	1	QL(0.04 ea daily)
<i>risedronate sodium tabs 35 mg</i>	3	QL(0.15 ea daily)
<i>risedronate sodium tabs 150 mg</i>	3	QL(0.04 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	3	QL(1 ea daily)
Fertility Regulators		
(Clomiphene Citrate) CLOMID tabs	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
<i>clomiphene citrate tabs</i>	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
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
Hormone Receptor Modulators		
EVISTA ( <i>raloxifene hcl</i> )	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OSPHENA	3	QL(1 ea daily)	CYSTADANE ( <i>betaine</i> )	7	
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV	<i>doxercalciferol caps</i>	3	
LHRH/GnRH Agonist Analog Pituitary Suppressants			GALAFOLD	3	QL(0.5 ea daily)
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
SYNAREL	2		KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
Metabolic Modifiers			<i>levocarnitine (metabolic modifiers) tabs</i>	3	
(Sapropterin Dihydrochloride) JAVYGTOR pack	1	Specialty Drug refer to Caremark SP RX	<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	3	
(Sapropterin Dihydrochloride) JAVYGTOR tabs	1	Specialty Drug refer to Caremark SP RX	<i>nitisinone caps</i>	3	PA
<i>betaine</i>	3		ORFADIN CAPS 20 MG	3	PA
BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )	7		ORFADIN CAPS ( <i>nitisinone</i> )	7	PA
BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )	7		ORFADIN SUSP	3	PA
<i>calcitriol caps 0.5 mcg</i>	1	QL(4 ea daily)	<i>paricalcitol caps</i>	1	
<i>calcitriol caps 0.25 mcg</i>	1		RAVICTI	3	LA; PA
<i>calcitriol soln or</i>	1		ROCALTROL CAPS 0.25 MCG ( <i>calcitriol</i> )	7	
CARNITOR TABS ( <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		ROCALTROL CAPS 0.5 MCG ( <i>calcitriol</i> )	7	QL(4 ea daily)
CARNITOR SF SOLN OR ( <i>levocarnitine (metabolic modifiers)</i> )	7		<i>sapropterin dihydrochloride pack</i>	1	Specialty Drug refer to Caremark SP RX
<i>cinacalcet hcl</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA	<i>sapropterin dihydrochloride tabs</i>	1	Specialty Drug refer to Caremark SP RX
			SENSIPAR ( <i>cinacalcet hcl</i> )	7	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
			<i>sodium phenylbutyrate tabs</i>	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate powd</i>	3		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>paricalcitol</i> )	7		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
Posterior Pituitary Hormones			ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	7	
DDAVP TABS 0.2 MG ( <i>desmopressin acetate</i> )	7	QL(6 ea daily)	ANGELIQ	3	
DDAVP TABS 0.1 MG ( <i>desmopressin acetate</i> )	7		CLIMARA PRO	2	Limit 4 patches per month; QL(0.143 ea daily)
<i>desmopressin acetate tabs 0.1 mg</i>	1		COMBIPATCH PTTW	3	
<i>desmopressin acetate tabs 0.2 mg</i>	1	QL(6 ea daily)	DUAVEE	3	
DESMOPRESSIN ACETATE SOLN NA	3		<i>estradiol &amp; norethindrone acetate tabs</i>	1	
<i>desmopressin acetate spray</i>	1		FEMHRT ( <i>norethindrone acetate-ethinyl estradiol</i> )	7	
<i>desmopressin acetate spray refrigerated</i>	1		<i>norethindrone acetate-ethinyl estradiol</i>	1	
STIMATE SOLN NA	3		ORIAHNN	3	PA
Progesterone Receptor Antagonists			PREFEST	3	
MIFEPREX ( <i>mifepristone</i> )	5	Grand Fathered Plans at Tier 2; PV	PREMPHASE	2	
<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV	PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
Prolactin Inhibitors			PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
<i>cabergoline</i>	1		Estrogens		
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>			(Estradiol) DOTTI, LYLLANA pttw	1	QL(0.29 ea daily)
Estrogen Combinations			ALORA PTTW	2	QL(0.29 ea daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY tabs 1 MG-0.5 MG	1		CLIMARA PTWK ( <i>estradiol</i> )	7	QL(4 ea per fill retail; 4 ea per 30 days retail)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY tabs	1		DELESTROGEN ( <i>estradiol valerate</i> )	7	QL(5 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM <i>(estradiol)</i>	7	
ELESTRIN GEL	3	
ESTRACE TABS <i>(estradiol)</i>	7	
<i>estradiol gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 1 mg/gm, 1.25 mg/1.25gm</i>	3	
<i>estradiol ptwk</i>	1	QL(4 ea per fill retail; 4 ea per 30 days retail)
<i>estradiol tabs</i>	1	
<i>estradiol ptw</i>	1	QL(0.29 ea daily)
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	QL(4 ea per 30 days retail)
MINIVELLE PTTW <i>(estradiol)</i>	7	QL(0.29 ea daily)
PREMARIN TABS 0.9 MG	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
VIVELLE-DOT PTTW <i>(estradiol)</i>	7	QL(0.29 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG <i>(ciprofloxacin hcl)</i>	7	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin susr 5 gm/100ml, 500 mg/5ml</i>	1	
<i>ciprofloxacin hcl tabs</i>	1	
<i>levofloxacin soln or</i>	1	
<i>levofloxacin tabs</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin 300 mg</i>	1	
<i>ofloxacin 400 mg</i>	1	QL(28 ea per 90 days retail)
<b>GASTROINTESTINAL AGENTS - MISC. -</b>		
<b>Miscellaneous Gastrointestinal Drugs</b>		
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	3	ST; QL(1 ea daily); PA
Farnesoid X Receptor (FXR) Agonists		
OICALIVA 10 MG	3	QL(1 ea daily); PA
OICALIVA 5 MG	3	ST; QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	3	PA
URSO 250 TABS <i>(ursodiol)</i>	7	
URSO FORTE TABS <i>(ursodiol)</i>	7	
<i>ursodiol tabs</i>	1	
<i>ursodiol caps</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA <i>(lubiprostone)</i>	7	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl tbdp</i>	3	
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	3	
<i>metoclopramide hcl tabs</i>	1	
METOCLOPRAMIDE ODT TBDP	3	

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Drug Name	Drug Tier	Requirements/Limits
REGLAN TABS ( <i>metoclopramide hcl</i> )	7	
Inflammatory Bowel Agents		
APRISO CP24 ( <i>mesalamine</i> )	7	QL(4 ea daily)
ASACOL HD TBEC ( <i>mesalamine</i> )	7	
AZULFIDINE TABS ( <i>sulfasalazine</i> )	7	QL(8 ea daily)
AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )	7	QL(8 ea daily)
<i>balsalazide disodium caps</i>	1	QL(9 ea daily; 280 ea per fill retail)
CANASA SUPP ( <i>mesalamine</i> )	7	QL(1 ea daily)
COLAZAL CAPS ( <i>balsalazide disodium</i> )	7	QL(9 ea daily; 280 ea per fill retail)
DELZICOL CPDR ( <i>mesalamine</i> )	7	QL(6 ea daily)
DIPENTUM	3	
LIALDA TBEC ( <i>mesalamine</i> )	7	QL(4 ea daily)
<i>mesalamine enem</i>	1	QL(60 ml daily)
<i>mesalamine cpdr</i>	1	QL(6 ea daily)
<i>mesalamine cp24</i>	1	QL(4 ea daily)
<i>mesalamine cpcr</i>	3	QL(8 ea daily); PA
<i>mesalamine tbec 800 mg</i>	1	
<i>mesalamine supp</i>	1	QL(1 ea daily)
<i>mesalamine tbec 1.2 gm</i>	1	QL(4 ea daily)
PENTASA CPCR ( <i>mesalamine</i> )	7	QL(8 ea daily); PA
PENTASA CPCR 250 MG	3	PA
SFROWASA ENEM	2	
<i>sulfasalazine tbec</i>	1	QL(8 ea daily)
<i>sulfasalazine tabs</i>	1	QL(8 ea daily)
Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/Limits
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose</i> ( <i>encephalopathy</i> )	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	3	
LINZESS	2	QL(1 ea daily)
LOTRONEX ( <i>alosetron hcl</i> )	7	
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	3	
ENTEREG ( <i>alvimopan</i> )	7	
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON tabs	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate</i> ( <i>phosphate binder</i> ) caps	1	
<i>calcium acetate</i> ( <i>phosphate binder</i> ) tabs	1	RX/OTC
FOSRENOL PACK	3	
FOSRENOL CHEW 1000 MG ( <i>lanthanum carbonate</i> )	7	QL(3 ea daily)
FOSRENOL CHEW 750 MG ( <i>lanthanum carbonate</i> )	7	QL(4 ea daily)
FOSRENOL CHEW 500 MG ( <i>lanthanum carbonate</i> )	7	
<i>lanthanum carbonate</i> <i>chew 500 mg</i>	1	
<i>lanthanum carbonate</i> <i>chew 750 mg</i>	1	QL(4 ea daily)
<i>lanthanum carbonate</i> <i>chew 1000 mg</i>	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PHOSLYRA SOLN	3	
RENAGEL ( <i>sevelamer hcl</i> )	7	ST; QL(16 ea daily); PA
RENVELA PACK 0.8 GM ( <i>sevelamer carbonate</i> )	7	
RENVELA PACK 2.4 GM ( <i>sevelamer carbonate</i> )	7	QL(5 ea daily)
RENVELA TABS ( <i>sevelamer carbonate</i> )	7	
<i>sevelamer carbonate pack 0.8 gm</i>	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	QL(5 ea daily)
<i>sevelamer carbonate tabs</i>	1	
<i>sevelamer hcl 400 mg</i>	3	ST; PA
<i>sevelamer hcl 800 mg</i>	3	ST; QL(16 ea daily); PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	ST; LA; PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS -</b>		
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
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
ORACIT	3	
<i>pot &amp; sod citrates w/citric ac soln</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer) tbc</i>	1	
<i>potassium citrate-citric acid soln</i>	1	RX/OTC
<i>sodium citrate &amp; citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR ( <i>potassium citrate (alkalinizer)</i> )	7	
UROCIT-K 15 TBCR ( <i>potassium citrate (alkalinizer)</i> )	7	
UROCIT-K 5 TBCR ( <i>potassium citrate (alkalinizer)</i> )	7	
Cystinosis Agents		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	LA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG	3	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART ( <i>dutasteride</i> )	7	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX ( <i>tamsulosin hcl</i> )	7	QL(2 ea daily)
JALYN ( <i>dutasteride-tamsulosin hcl</i> )	7	
PROSCAR ( <i>finasteride</i> )	7	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 8 MG ( <i>silodosin</i> )	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
RAPAFLO 4 MG ( <i>silodosin</i> )	3	
<i>silodosin 8 mg</i>	3	QL(1 ea daily)
<i>silodosin 4 mg</i>	3	
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL ( <i>alfuzosin hcl</i> )	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA TABS ( <i>tiopronin</i> )	7	
THIOLA EC TBEC	3	
<i>tiopronin tabs</i>	3	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 mg</i>	1	QL(2 ea daily)
<i>allopurinol 100 mg</i>	1	QL(3 ea daily)
<i>colchicine caps</i>	3	
<i>colchicine tabs</i>	1	
COLCRYS TABS ( <i>colchicine</i> )	7	
<i>febuxostat 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat 80 mg</i>	1	QL(1 ea daily)
MITIGARE CAPS ( <i>colchicine</i> )	3	
ULORIC 80 MG ( <i>febuxostat</i> )	7	QL(1 ea daily)
ULORIC 40 MG ( <i>febuxostat</i> )	7	QL(2 ea daily)
ZYLOPRIM 100 MG ( <i>allopurinol</i> )	7	QL(3 ea daily)
ZYLOPRIM 300 MG ( <i>allopurinol</i> )	7	QL(2 ea daily)
Uricosurics		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Treat Blood Disorders</b>		
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 150 MG	3	PA
TAVALISSE 100 MG	3	ST; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG ( <i>anagrelide hcl</i> )	7	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	3	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	
EFFIENT ( <i>prasugrel hcl</i> )	7	
PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> )	7	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	3	PA
<i>miglustat</i>	3	ST; PA
ZAVESCA ( <i>miglustat</i> )	7	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	3	ST; AC; PA
SIKLOS TABS 1000 MG	3	AC; PA
Folic Acid/Folates		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID tabs 400 MCG	5	Grand Fathered Plans at Tier 2; PV	PROMACTA TABS 12.5 MG, 25 MG	3	New commercial members to be referred to AcariaHealth; QL(1 ea daily); LA; PA
(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, YL FOLIC ACID tabs 800 MCG	5	Grand Fathered Plans at Tier 2; PV	PROMACTA PACK 25 MG	3	QL(1 ea daily); PA
(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, YL FOLIC ACID tabs 400 MCG, 800 MCG	5	Grand Fathered Plans at Tier 2; PV	<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
(Folic Acid) KP FOLIC ACID tabs 1 MG	1	RX/OTC	Hemostatics - Systemic		
<i>folic acid tabs 400 mcg, 800 mcg</i>	5	Grand Fathered Plans at Tier 2; PV	AMICAR TABS 1000 MG ( <i>aminocaproic acid</i> )	7	
<i>folic acid tabs 1 mg</i>	1	RX/OTC	AMICAR SOLN OR ( <i>aminocaproic acid</i> )	7	
Hematopoietic Growth Factors			<i>aminocaproic acid soln or 0.25 gm/ml</i>	3	
MULPLETA	3	PA	<i>aminocaproic acid tabs 1000 mg</i>	3	
PROMACTA PACK 12.5 MG	3	QL(1 ea daily); PA	LYSTEDA TABS ( <i>tranexamic acid</i> )	7	QL(6 ea daily; 5 Day(s) limit)
PROMACTA TABS 50 MG, 75 MG	3	New commercial members to be referred to AcariaHealth; LA; PA	<i>tranexamic acid tabs</i>	1	QL(6 ea daily; 5 Day(s) limit)
			<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
			Barbiturate Hypnotics		
			<i>phenobarbital elix</i>	1	
			<i>phenobarbital tabs</i>	1	
			Non-Barbiturate Hypnotics		
			AMBIEN TABS ( <i>zolpidem tartrate</i> )	7	QL(1 ea daily)
			AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )	7	QL(1 ea daily)
			<i>estazolam</i>	1	
			<i>eszopiclone</i>	3	QL(1 ea daily)
			<i>flurazepam hcl 30 mg</i>	1	QL(1 ea daily)
			<i>flurazepam hcl 15 mg</i>	1	QL(2 ea daily)
			HALCION 0.25 MG ( <i>triazolam</i> )	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
LUNESTA ( <i>eszopiclone</i> )	7	QL(1 ea daily)
RESTORIL 30 MG ( <i>temazepam</i> )	7	QL(1 ea daily)
RESTORIL 15 MG ( <i>temazepam</i> )	7	QL(2 ea daily)
RESTORIL 7.5 MG ( <i>temazepam</i> )	7	
<i>temazepam 7.5 mg</i>	1	
<i>temazepam 15 mg</i>	1	QL(2 ea daily)
<i>temazepam 30 mg</i>	1	QL(1 ea daily)
<i>triazolam 0.125 mg</i>	1	
<i>triazolam 0.25 mg</i>	1	QL(1 ea daily)
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbc</i>	3	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	3	QL(1 ea daily); ST
ROZEREM ( <i>ramelteon</i> )	7	QL(1 ea daily); ST
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	Grand Fathered Plans at Tier 2; PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G soln 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
NULYTELY ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	5	Grand Fathered Plans at Tier 2; PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 6.74 gm-2.97 gm-5.86 gm-22.74 gm-236 gm</i>	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	Grand Fathered Plans at Tier 2; PV
PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	Grand Fathered Plans at Tier F
SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	5	Grand Fathered Plans at Tier F
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE soln 10 GM/15ML	1	
<i>lactulose soln</i>	1	
Saline Laxatives		
OSMOPREP	5	Grand Fathered Plans at Tier 2; PV
Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS BISACODYL, 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, FEENAMINT, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE tbec	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl tbec</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl supp</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX TBEC ( <i>bisacodyl</i> )	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX SUPP ( <i>bisacodyl</i> )	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX PINK LAXATIVE TBEC ( <i>bisacodyl</i> )	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET supp	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV			
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>					
Azithromycin					
			<i>azithromycin susr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs 600 mg</i>	1	QL(10 ea per fill retail)
<i>azithromycin pack</i>	1	
<i>azithromycin tabs 500 mg</i>	1	QL(3 ea daily)
ZITHROMAX TABS 250 MG ( <i>azithromycin</i> )	7	QL(6 ea per fill retail)
ZITHROMAX SUSR ( <i>azithromycin</i> )	7	
ZITHROMAX TABS 500 MG ( <i>azithromycin</i> )	7	QL(3 ea daily)
ZITHROMAX PACK ( <i>azithromycin</i> )	7	
ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )	7	QL(3 ea daily)
ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )	7	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin tabs</i>	1	
<i>clarithromycin tb24</i>	1	QL(14 ea per fill retail)
<i>clarithromycin susr</i>	1	
Erythromycins		
(Erythromycin Base) ERY-TAB tbec	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE tabs 250 MG	1	
E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> )	7	
ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )	7	
ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )	7	
<i>erythromycin base tabs</i>	1	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tbec</i>	1	

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

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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 MICRO THIN 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	2	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
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 PS 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 PLUS SPERMICIDE/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 SENSATION 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 PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	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)
K-Y ME & YOU EXTRA LUBRICATED DEVI	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)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
			TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 80	5	Grand Fathered Plans at Tier 2; 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 85	5	Grand Fathered Plans at Tier 2; 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 90	5	Grand Fathered Plans at Tier 2; 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 95	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	<b>Diabetic Supplies</b>		
TRUSTEX/RIA 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); RX/OTC
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	<b>Parenteral Therapy Supplies</b>		
TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ASSURE ID INSULIN SAFETY SYRINGE/1ML/3 1G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	Grand Fathered Plans at Tier 2; PV	AUTOPEN DEVI	2	Limited to 1 device per year; QL(1 ea per 365 days retail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	Grand Fathered Plans at Tier 2; PV	BD AUTOSHIELD 29G X 3/16"	2	Available through Mail Order
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	Grand Fathered Plans at Tier 2; PV	BD AUTOSHIELD 29G X 5/16"	2	Available through Mail Order
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	Grand Fathered Plans at Tier 2; PV	BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; RX/OTC
			BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC
			BD NEEDLE/30G X 1/2"	2	RX/OTC

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BD PEN MISC	2	Limited to 1 device per year; QL(1 ea per 365 days retail); 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 MINI MISC	2	Limited to 1 device per year; QL(1 ea per 365 days retail); RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	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	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	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	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	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	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	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
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	NOVOPEN ECHO DEVI	2	Limited to 1 device per year; QL(1 ea per 365 days retail); RX/OTC
			POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
			RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	FROVA ( <i>frovatriptan succinate</i> )	7	QL(9 ea per fill retail; 9 ea per 30 days retail; 27 ea per 60 days mail)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	<i>frovatriptan succinate</i>	3	QL(9 ea per fill retail; 9 ea per 30 days retail; 27 ea per 60 days mail)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>			IMITREX TABS ( <i>sumatriptan succinate</i> )	7	QL(2 ea daily)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			IMITREX 5 MG/ACT ( <i>sumatriptan</i> )	7	QL(6 ea per fill retail; 6 ea per 30 days retail)
AIMOVIG	4	PA	IMITREX 20 MG/ACT ( <i>sumatriptan</i> )	7	Limit 6 sprayers per month; QL(2 ea daily)
EMGALITY SOSY 120 MG/ML	4	PA	MAXALT TABS 10 MG ( <i>rizatriptan benzoate</i> )	7	QL(0.6 ea daily)
EMGALITY SOAJ	4	PA	MAXALT-MLT TBDP 10 MG ( <i>rizatriptan benzoate</i> )	7	Limit 12 per month; QL(0.4 ea daily)
UBRELVY	3	QL(10 ea per 30 days retail); ST	<i>naratriptan hcl</i>	1	QL(9 ea per fill retail; 9 ea per 30 days retail)
Migraine Combinations			REL PAX ( <i>eletriptan hydrobromide</i> )	7	QL(0.2 ea daily)
CAFERGOT TABS ( <i>ergotamine w/ caffeine</i> )	7		<i>rizatriptan benzoate tabs</i>	1	QL(0.6 ea daily)
<i>ergotamine w/ caffeine tabs</i>	1		<i>rizatriptan benzoate tbdp</i>	1	Limit 12 per month; QL(0.4 ea daily)
Migraine Products			<i>sumatriptan 20 mg/act</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	3	QL(0.27 ml daily)	<i>sumatriptan 5 mg/act</i>	1	QL(6 ea per fill retail; 6 ea per 30 days retail)
ERGOMAR SUBL	2		<i>sumatriptan succinate tabs</i>	1	QL(2 ea daily)
MIGRANAL SOLN NA ( <i>dihydroergotamine mesylate</i> )	7	QL(0.27 ml daily)	<i>zolmitriptan soln</i>	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
Serotonin Agonists					
<i>almotriptan malate</i>	1	QL(0.2 ea daily)			
AMERGE ( <i>naratriptan hcl</i> )	7	QL(9 ea per fill retail; 9 ea per 30 days retail)			
<i>eletriptan hydrobromide</i>	3	QL(0.2 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan tbdp</i>	3	Limit 6 per month; QL(0.2 ea daily)
<i>zolmitriptan tabs</i>	3	QL(0.2 ea daily)
ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
ZOMIG TABS 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	7	QL(0.2 ea daily)
ZOMIG SOLN ( <i>zolmitriptan</i> )	7	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
ZOMIG ZMT TBDP ( <i>zolmitriptan</i> )	7	Limit 6 per month; QL(0.2 ea daily)
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
CALCIFOL	3	
CALCIUM-FOLIC ACID PLUS D	3	
MAGNEBIND 400	3	
<b>Fluoride</b>		
(Sodium Fluoride) FLUORITAB soln 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE chew 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
FLORIVA	3	
<i>sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride tabs 0.5 mg</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sodium fluoride tabs 1 mg</i>	1	AL(Up to 6 yrs old)
<b>Iodine Products</b>		
<i>iodine strong (lugol's)</i>	3	
<b>Phosphate</b>		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) WES-PHOS 250 NEUTRAL	1	RX/OTC
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 tabs	1	
K-PHOS TABS ( <i>potassium phosphate monobasic</i> )	7	
K-PHOS NEUTRAL ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	7	RX/OTC
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	RX/OTC
<b>Potassium</b>		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF tbeF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	

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Drug Name	Drug Tier	Requirements/Limits
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride) KLOR-CON pack or 20 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 tbc 10 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 tbc 8 MEQ	1	
EFFER-K	3	
K-TAB TBCR 10 MEQ, 20 MEQ ( <i>potassium chloride</i> )	7	
K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	2	
<i>potassium chloride cpcr</i>	1	
<i>potassium chloride tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<b>Zinc</b>		
GALZIN	3	
WILZIN	3	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
(Trientine Hcl) CLOVIQUE	3	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA

Drug Name	Drug Tier	Requirements/Limits
CUPRIMINE CAPS ( <i>penicillamine</i> )	7	PA
DEPEN TITRATABS TABS ( <i>penicillamine</i> )	7	
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	
SYPRINE ( <i>trientine hcl</i> )	7	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
<i>trientine hcl</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
<b>Immunomodulators</b>		
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
THALOMID	3	AC; Must use Exactus Specialty Rx 1-866-458-9246; LA; AC
<b>Immunosuppressive Agents</b>		
(Azathioprine) AZASAN tabs 75 MG, 100 MG	3	
(Cyclosporine Modified (For Microemulsion)) GENGRAF caps 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF soln	1	
ASTAGRAF XL CP24	3	PA
<i>azathioprine tabs 50 mg</i>	1	
<i>azathioprine tabs 75 mg, 100 mg</i>	3	
CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )	7	
CELLCEPT TABS ( <i>mycophenolate mofetil</i> )	7	

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CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )	7	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>everolimus (immunosuppressant) 0.25 mg, 0.5 mg, 0.75 mg</i>	1	
IMURAN TABS ( <i>azathioprine</i> )	7	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	
<i>mycophenolate sodium</i>	3	
MYFORTIC ( <i>mycophenolate sodium</i> )	7	
NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )	7	
NEORAL SOLN ( <i>cyclosporine modified (for microemulsion)</i> )	7	
PROGRAF PACK	3	PA
PROGRAF CAPS ( <i>tacrolimus</i> )	7	
RAPAMUNE TABS ( <i>sirolimus</i> )	7	
RAPAMUNE SOLN ( <i>sirolimus</i> )	7	
SANDIMMUNE CAPS ( <i>cyclosporine</i> )	7	
SANDIMMUNE SOLN OR	2	
<i>sirolimus soln</i>	3	
<i>sirolimus tabs</i>	3	
<i>tacrolimus caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG ( <i>everolimus (immunosuppressant)</i> )	7	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS susp or 15 GM/60ML	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Dental Products		
NAFRINSE DAILY/NEUTRAL SOLR	3	
NAFRINSE WEEKLY SOLR	3	
PREVIDENT RINSE SOLN	3	
<i>sodium fluoride (dental) soln 0.2 %</i>	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	3	QL(3 ea daily)
EVOXAC ( <i>cevimeline hcl</i> )	7	QL(3 ea daily)
<i>pilocarpine hcl (oral) 5 mg</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) 7.5 mg</i>	1	QL(4 ea daily)

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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)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE soln	1	AL(Up to 6 yrs old); RX/OTC
<b>MULTIVITAMINS</b>			(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE soln	1	AL(Up to 6 yrs old); RX/OTC
Ped Multi Vitamins w/FI & FE			(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE soln	1	AL(Up to 6 yrs old); RX/OTC
(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	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE DROPS soln	1	AL(Up to 6 yrs old); RX/OTC
(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	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE soln 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N soln 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE soln	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE chew	1	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
			MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			<i>pediatric vitamins acd w/ fluoride soln</i>	1	AL(Up to 6 yrs old)
			POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLOR SUSP	3	

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QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)	CITRANATAL BLOOM	3	
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL BLOOM DHA	2	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL DHA	2	
TRI-VI-FLOR	3		CITRANATAL ESSENCE	2	
TRI-VI-FLORO	3		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			CITRANATAL MEDLEY	3	
FLORIVA	3		CITRANATAL RX	2	
Prenatal Vitamins			C-NATE DHA CAPS	3	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT tabs	1		COMPLETENATE CHEW	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 chew	1		CONCEPT DHA	2	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	3		CONCEPT OB	2	
(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	CVS WOMENS PRENATAL+DHA MISC	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3		DUET DHA 400 MISC	3	
ATABEX EC TBEC	2		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	
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		ENBRACE HR	3	
CITRANATAL ASSURE	2		FOLIVANE-OB	2	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	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	
			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	
			NESTABS	3	
			NESTABS DHA	2	
			NESTABS ONE	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OB COMPLETE ONE	3		PRENATE DHA 90 MG-26	3	
OB COMPLETE PETITE	3		MG-400 MCG-400 UNIT-25		
OB COMPLETE PREMIER	3		MCG-155 MG-50 MG-300		
OB COMPLETE/DHA	3		MG-40 UNIT-600 MCG-18 MG		
OBSTETRIX DHA MISC	2		PRENATE ELITE 75 MG-21	3	
OBSTETRIX ONE 30 MG-15	3		MG-330 MCG-400 MCG-600		
UNIT-250 UNIT-15 MCG-25			MG-13 MCG-3.5 MG-21		
MG-15 MG-20 MG-18			MG-3 MG-155 MG-25		
MG-38 MG-1 MG-225 MG			MG-15 MG-1.5 MG-2600		
OBTREX DHA MISC 120	2		UNIT-150 MCG-40 UNIT-600		
MG-1 MG-3 MG-20 MG-40			MCG-20 MG		
MG-10 MCG-12 MCG-3.4			PRENATE ENHANCE	3	
MG-8.1 MG-350 MG-30			PRENATE ESSENTIAL 90	3	
MG-25 MG-65 MCG-810			MG-26 MG-280 MCG-400		
MCG-29 MG			MCG-220 UNIT-13 MCG-155		
PNV TABS 29-1 TABS	2	RX/OTC	MG-50 MG-300 MG-150		
PNV-DHA+DOCUSATE	3		MCG-10 UNIT-40 MG-600		
PNV-OMEGA	3		MCG-18 MG		
PREMESISRX	3		PRENATE MINI 60 MG-26	3	
PRENA 1 TRUE	2		MG-280 MCG-400 MCG-1000		
PRENA1 CHEW	3		UNIT-13 MCG-80 MG-25		
PRENA1 PEARL	3		MG-350 MG-18 MG-150		
PRENAISSANCE	3		MCG-10 UNIT-600 MCG-25		
PRENAISSANCE PLUS CAPS	3		PRENATE PIXIE	3	
PRENATAL 19 CHEW	2		PRENATE RESTORE	3	
PRENATAL 19 TABS	3	RX/OTC	PROVIDA OB	2	
PRENATAL MULTIVITAMIN PLUS	3		RELNATE DHA CAPS	3	
DHA MISC			SELECT-OB CHEW 60	3	
PRENATAL PLUS IRON TABS	2	RX/OTC	MG-2.5 MG-1 MG-400		
PRENATAL+DHA MISC	3		UNIT-5 MCG-1.8 MG-15		
PRENATAL-U CAPS	2		MG-1.6 MG-25 MG-15		
PRENATE	3		MG-30 UNIT-29 MG-1700		
PRENATE AM	3		UNIT		
			SELECT-OB CHEW 60	2	
			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		
			SELECT-OB+DHA MISC	3	
			SE-NATAL 19 CHEW	2	
			SE-NATAL 19 TABS	3	RX/OTC
			TARON-PREX	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
VIRT-PN PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAMEDMD REDICHEW RX	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	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
(Carisoprodol) VANADOM tabs 350 MG	1	
(Chlorzoxazone) LORZONE tabs 375 MG, 750 MG	3	
<i>baclofen tabs 10 mg</i>	1	QL(6 ea daily)
<i>baclofen tabs 5 mg</i>	1	
<i>baclofen tabs 20 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol tabs 250 mg</i>	3	Use 350mg or 500mg
<i>carisoprodol tabs 350 mg</i>	1	
<i>chlorzoxazone tabs 375 mg, 500 mg, 750 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</i>	1	
<i>orphenadrine citrate tb12</i>	1	
SKELAXIN ( <i>metaxalone</i> )	7	QL(4 ea daily)
SOMA TABS 250 MG ( <i>carisoprodol</i> )	7	Use 350mg or 500mg
SOMA TABS 350 MG ( <i>carisoprodol</i> )	7	
<i>tizanidine hcl tabs 4 mg</i>	1	QL(9 ea daily)
<i>tizanidine hcl caps</i>	3	
<i>tizanidine hcl tabs 2 mg</i>	1	
ZANAFLEX CAPS ( <i>tizanidine hcl</i> )	7	
ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )	7	QL(9 ea daily)
<b>Direct Muscle Relaxants</b>		
DANTRIUM CAPS 25 MG, 50 MG ( <i>dantrolene sodium</i> )	7	
<i>dantrolene sodium caps</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
<i>azelastine hcl-fluticasone propionate susp</i>	3	Limit 1 bottle per month; QL(0.77 gm daily)
DYMISTA SUSP ( <i>azelastine hcl-fluticasone propionate</i> )	7	Limit 1 bottle per month; QL(0.77 gm daily)
<b>Nasal Antiallergy</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC	(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 aero	1	Limit 1 sprayer per month; QL(1.2 ml daily)
<b>azelastine hcl 0.15 %, 205.5 mcg/spray</b>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC			
<b>azelastine hcl 0.1 %, 137 mcg/spray</b>	1	Limit 1 inhaler per month; QL(1.2 ml daily)			
<b>olopatadine hcl (nasal)</b>	3				
<b>PATANASE (olopatadine hcl (nasal))</b>	7				
Nasal Anticholinergics					
<b>ipratropium bromide (nasal)</b>	1				
Nasal Steroids					
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY susp	1	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC	FLONASE ALLERGY RELIEF SUSP <b>(fluticasone propionate (nasal))</b>	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
			FLONASE ALLERGY RELIEF CHILDRENS SUSP <b>(fluticasone propionate (nasal))</b>	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
			<b>fluticasone propionate (nasal) susp</b>	1	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
			<b>mometasone furoate (nasal) susp</b>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
			NASACORT ALLERGY 24HR AERO <b>(triamcinolone acetonide (nasal))</b>	7	Limit 1 sprayer per month; QL(1.2 ml daily)
			NASACORT ALLERGY 24HR CHILDRENS AERO <b>(triamcinolone acetonide (nasal))</b>	7	Limit 1 sprayer per month; QL(1.2 ml daily)
			NASONEX SUSP <b>(mometasone furoate (nasal))</b>	7	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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		
RILUTEK TABS ( <i>riluzole</i> )	7	
<i>riluzole tabs</i>	3	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	2	PA

### NUTRIENTS

Lipids		
DOJOLVI	3	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	

Drug Name	Drug Tier	Requirements/Limits
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>	3	
<i>timolol maleate (ophth) soln</i>	3	
<i>timolol maleate (ophth) soln</i>	1	
TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	7	
TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> )	7	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	7	
Cycloplegic Mydriatics		
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN soln 2.5 %	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN soln 10 %	3	
ATROPINE SULFATE SOLN 1 % ( <i>atropine sulfate (ophthalmic)</i> )	7	
ATROPINE SULFATE SOLN 1 %	2	
<i>atropine sulfate (ophthalmic) oint</i>	1	
<i>atropine sulfate (ophthalmic) soln</i>	1	
CYCLOGYL ( <i>cyclopentolate hcl</i> )	7	
CYCLOGYL	2	
CYCLOMYDRIL	3	

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<i>cyclopentolate hcl</i>	1		BETADINE OPHTHALMIC PREP	3	
ISOPTO ATROPINE SOLN	2		BLEPH-10 SOLN ( <i>sulfacetamide sodium (ophth)</i> )	7	
MYDRIACYL SOLN ( <i>tropicamide</i> )	7		CILOXAN SOLN ( <i>ciprofloxacin hcl (ophth)</i> )	7	
<i>phenylephrine hcl (mydriatic) soln 10 %</i>	3		CILOXAN OINT	2	
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	1		<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>tropicamide soln</i>	3		<i>erythromycin (ophth)</i>	1	
Miotics			<i>gatifloxacin (ophth)</i>	1	
ISOPTO CARPINE SOLN ( <i>pilocarpine hcl</i> )	7	QL(0.5 ml daily)	<i>gentamicin sulfate (ophth) soln</i>	1	
<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)	KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(6 ml per 30 days retail)
Ophthalmic Adrenergic Agents			<i>levofloxacin (ophth)</i>	3	
ALPHAGAN P 0.1 %	2		MOXEZA SOLN OP ( <i>moxifloxacin hcl (ophth)</i> )	7	
ALPHAGAN P ( <i>brimonidine tartrate</i> )	7		<i>moxifloxacin hcl (ophth) soln op</i>	1	QL(3 ml per fill retail)
<i>apraclonidine hcl</i>	3		NATACYN	2	
<i>brimonidine tartrate</i>	1		<i>neomycin-bacitracin zn-polymyxin</i>	1	
IOPIDINE	3		<i>neomycin-polymyxin-gramicidin</i>	1	
Ophthalmic Anti-infectives			OCUFLOX ( <i>ofloxacin (ophth)</i> )	7	QL(5 ml per fill retail)
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1		<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
(Gentamicin Sulfate (Ophth)) GENTAK oint	1		<i>polymyxin b-trimethoprim</i>	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		POLYTRIM ( <i>polymyxin b-trimethoprim</i> )	7	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(6 ml per 30 days retail)	POVIDONE IODINE	3	
<i>bacitracin (ophthalmic)</i>	1		<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1		<i>sulfacetamide sodium (ophth) oint</i>	1	
BESIVANCE	3		<i>tobramycin (ophth) soln</i>	1	
			TOBEX OINT	2	

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TOBEX SOLN <i>(tobramycin (ophth))</i>	7		FML LIQUIFILM SUSP <i>(fluorometholone (ophth))</i>	7	
<i>trifluridine</i>	1		LOTEMAX OINT	3	
VIGAMOX SOLN OP <i>(moxifloxacin hcl (ophth))</i>	7	QL(3 ml per fill retail)	LOTEMAX SUSP <i>(loteprednol etabonate)</i>	7	Limit 1 bottle per month; QL(0.2 ml daily)
ZIRGAN GEL	3		LOTEMAX GEL <i>(loteprednol etabonate)</i>	7	
ZYMAXID <i>(gatifloxacin (ophth))</i>	7		<i>loteprednol etabonate gel</i>	3	
Ophthalmic Immunomodulators			<i>loteprednol etabonate susp</i>	3	Limit 1 bottle per month; QL(0.2 ml daily)
<i>cyclosporine (ophth) emul</i>	1	QL(2 ea daily)	MAXIDEX SUSP OP	2	
Ophthalmic Local Anesthetics			MAXITROL SUSP <i>(neomycin-polymyx-dexameth)</i>	7	
(Tetracaine Hcl (Ophth)) ALTACAINE	3		MAXITROL OINT <i>(neomycin-polymyx-dexameth)</i>	7	
AKTEN	3		<i>neomycin-polymyx-dexameth susp</i>	1	
ALCAINE <i>(proparacaine hcl)</i>	7		<i>neomycin-polymyx-dexameth oint</i>	1	
<i>proparacaine hcl</i>	3		<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>tetracaine hcl (ophth)</i>	3		PRED MILD	2	
Ophthalmic Steroids			PRED-G SUSP	3	
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)	PRED-G S.O.P. OINT	3	
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		<i>prednisolone acetate (ophth)</i>	1	
ALREX SUSP	3		PREDNISOLONE SODIUM PHOSPHATE	2	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
BLEPHAMIDE SUSP	2		TOBRADEX OINT	3	
BLEPHAMIDE S.O.P. OINT	2		TOBRADEX SUSP <i>(tobramycin-dexamethasone)</i>	7	QL(5 ml per fill retail)
<i>difluprednate</i>	3		TOBRADEX ST SUSP	3	
DUREZOL <i>(difluprednate)</i>	7				
FLAREX	2				
<i>fluorometholone (ophth) susp</i>	1				
FML OINT	2				
FML FORTE SUSP	2				

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<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)	<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
ZYLET	3	QL(5 ml per fill retail)	<i>bromfenac sodium (ophth)</i>	1	
Ophthalmics - Misc.			BROMSITE	3	
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC	<i>cromolyn sodium (ophth)</i>	1	
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC	CYSTARAN	3	Limit 4 bottles per month; QL(2.15 ml daily)
ACULAR ( <i>ketorolac tromethamine (ophth)</i> )	7		<i>diclofenac sodium (ophth)</i>	1	
ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )	7		<i>dorzolamide hcl</i>	1	
ACUVAIL	3		DORZOLAMIDE HCL	2	
ALOCRIAL	3		<i>epinastine hcl (ophth)</i>	1	
ALOMIDE	2		<i>flurbiprofen sodium</i>	1	
<i>azelastine hcl (ophth)</i>	1		ILEVRO	3	
AZOPT ( <i>brinzolamide</i> )	7	Limit 10mls per month; QL(0.4 ml daily)	<i>ketorolac tromethamine (ophth)</i>	1	
<i>bepotastine besilate</i>	3	Limit 10ml per month; QL(0.34 ml daily); ST	LASTACAFT	3	ST; RX/OTC
BEPREVE ( <i>bepotastine besilate</i> )	7	Limit 10ml per month; QL(0.34 ml daily); 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 0.1 % ( <i>olopatadine hcl</i> )	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
			PATADAY 0.2 % ( <i>olopatadine hcl</i> )	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
			PATADAY EXTRA STRENGTH	3	Limit 2.5mls per month; QL(0.084 ml daily); ST
			PROLENSA	3	
			TRUSOPT ( <i>dorzolamide hcl</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost soln</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	3	QL(1 ea daily)
TRAVATAN Z ( <i>travoprost</i> )	7	Limit 2.5mls per month; QL(0.09 ml daily)
<i>travoprost</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
XALATAN SOLN ( <i>latanoprost</i> )	7	QL(0.0949 ml daily)
ZIOPTAN ( <i>tafluprost</i> )	7	QL(1 ea daily)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic)</i>	1	
<b>Otic Anti-infectives</b>		
CETRAXAL ( <i>ciprofloxacin hcl (otic)</i> )	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
<b>Otic Combinations</b>		
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)
CORTISPORIN-TC	3	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<b>Otic Steroids</b>		
(Fluocinolone Acetonide (Otic)) FLAC	3	
DERMOTIC ( <i>fluocinolone acetonide (otic)</i> )	7	
<i>fluocinolone acetonide (otic)</i>	3	
<i>hydrocortisone w/acetic acid</i>	3	QL(10 ml per fill retail; 30 per fill mail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
(Methylergonovine Maleate) METHERGINE tabs	1	
<i>methylergonovine maleate tabs</i>	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin tabs</i>	1	
<i>amoxicillin chew 125 mg, 250 mg</i>	1	
<i>amoxicillin caps</i>	1	
<i>amoxicillin susr</i>	1	
<i>ampicillin caps 500 mg</i>	1	
<b>Natural Penicillins</b>		
<i>penicillin v potassium tabs</i>	1	
<i>penicillin v potassium solr</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate chew</i>	1	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	
<i>amoxicillin &amp; pot clavulanate susr</i>	1	
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	7	
AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
AYGESTIN TABS ( <i>norethindrone acetate</i> )	7	
<i>medroxyprogesterone acetate 10 mg</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate (appetite)</i>	3	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone caps</i>	1	QL(1 ea daily)
PROMETRIUM CAPS ( <i>progesterone</i> )	7	QL(1 ea daily)
PROVERA 2.5 MG, 5 MG ( <i>medroxyprogesterone acetate</i> )	7	
PROVERA 10 MG ( <i>medroxyprogesterone acetate</i> )	7	QL(1 ea daily)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	3	ST; PA
XYREM SOLN	3	ST; PA
Antidementia Agents		
ARICEPT TABS ( <i>donepezil hydrochloride</i> )	7	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
EXELON ( <i>rivastigmine</i> )	7	
<i>galantamine hydrobromide soln</i>	1	
<i>galantamine hydrobromide cp24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(4 ea daily)
<i>memantine hcl tabs</i>	1	
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg</i>	3	PA
<i>memantine hcl cp24 7 mg</i>	3	ST; PA
<i>memantine hcl soln</i>	1	
NAMENDA TABS 5 MG ( <i>memantine hcl</i> )	7	QL(4 ea daily)
NAMENDA TABS 10 MG ( <i>memantine hcl</i> )	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )	7	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG ( <i>memantine hcl</i> )	7	PA
NAMENDA XR CP24 7 MG ( <i>memantine hcl</i> )	7	ST; PA
NAMZARIC C4PK	3	PA
NAMZARIC CP24 7 MG-10 MG	3	ST; PA
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	3	PA
RAZADYNE ER CP24 ( <i>galantamine hydrobromide</i> )	7	QL(1 ea daily)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>olanzapine-fluoxetine hcl</i>	3	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG ( <i>olanzapine-fluoxetine hcl</i> )	7	
Fibromyalgia Agents		
SAVELLA TABS	3	QL(2 ea daily); PA
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS 9 MG	3	QL(2 ea daily); PA
AUSTEDO TABS 12 MG	3	QL(4 ea daily); PA
AUSTEDO TABS 6 MG	3	ST; QL(2 ea daily); PA
INGREZZA CPPK	3	PA
INGREZZA CAPS 40 MG, 80 MG	3	QL(1 ea daily); PA
INGREZZA CAPS 60 MG	3	QL(1 ea daily); PA
<i>tetrabenazine</i>	3	

Drug Name	Drug Tier	Requirements/Limits
XENAZINE ( <i>tetrabenazine</i> )	7	
Multiple Sclerosis Agents		
AMPYRA ( <i>dalfampridine</i> )	7	PA
AUBAGIO ( <i>teriflunomide</i> )	7	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA
<i>dalfampridine</i>	1	PA
<i>dimethyl fumarate misc</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
<i>dimethyl fumarate cpdr</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
<i>fingolimod hcl</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA
GILENYA ( <i>fingolimod hcl</i> )	7	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA
GILENYA 0.5 MG	2	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA
KESIMPTA	3	Check plan documents for coverage; QL(0.0143 ml daily); PA
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 ea daily); PA
MAYZENT TABS 1 MG	3	not available thru mail order; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX lozg 4 MG	5	Grand Fathered Plans at Tier 2; PV
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA			
MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA			
PLEGRIDY SOSY IM	4	PA			
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	7	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA			
TECFIDERA STARTER PACK MISC ( <i>dimethyl fumarate</i> )	7	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA			
<i>teriflunomide</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA			
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	3	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates tabs</i>	3				
Smoking Deterrents					

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL	5	Grand Fathered Plans at Tier 2; PV	SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 7 MG/24HR		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL	5	Grand Fathered Plans at Tier 2; PV	SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 14 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, SM NICOTINE TRANSDERMAL	5	Grand Fathered Plans at Tier 2; PV	SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 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, SM NICOTINE TRANSDERMAL	5	Grand Fathered Plans at Tier 2; PV	SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 14 MG/24HR		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL	5	Grand Fathered Plans at Tier 2; PV	SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 21 MG/24HR		
			APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	Grand Fathered Plans at Tier 2; PV
			CHANTIX TABS ( <i>varenicline tartrate</i> )	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
			CHANTIX CONTINUING MONTHPAK TABS ( <i>varenicline tartrate</i> )	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
			NICODERM CQ PT24 ( <i>nicotine</i> )	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE GUM ( <i>nicotine polacrilex</i> )	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE LOZG ( <i>nicotine polacrilex</i> )	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex lozg</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex gum</i>	5	Grand Fathered Plans at Tier 2; PV

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NICOTINE TRANSDERMAL SYSTEM KIT	5	Grand Fathered Plans at Tier 2; PV
NICOTROL INHALER INHA	5	Grand Fathered Plans at Tier 2; PV
NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV
<i>varenicline tartrate tabs</i>	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG	3	Not available through Mail Order; PA
KALYDECO PACK 50 MG, 75 MG	3	Refer to Accredo SP Rx; LA; PA
KALYDECO TABS	3	Refer to Accredo SP Rx; LA; PA
ORKAMBI TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); LA; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	PA
ORKAMBI PACK 94 MG-75 MG	3	PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO 75 MG-50 MG	3	PA
SYMDEKO 150 MG-100 MG	3	LA; PA
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 ea daily); PA
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
ESBRIET TABS ( <i>pirfenidone</i> )	7	Must use Exactus Specialty Rx 1-866-458-9246; LA; PA
OFEV	3	QL(2 ea daily); PA
<i>pirfenidone tabs 267 mg, 801 mg</i>	3	Must use Exactus Specialty Rx 1-866-458-9246; LA; PA
<i>pirfenidone tabs 534 mg</i>	1	PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine tabs</i>	3	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY tabs 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL caps 100 MG	1	
(Doxycycline Hyclate) LYMEPAK tabs 100 MG	1	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG caps 100 MG	1	
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) tabs 50 mg, 75 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) susr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) tabs 150 mg</i>	3	ST	CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 ea daily)
<i>doxycycline hyclate tabs 20 mg</i>	3		CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2	
<i>doxycycline hyclate tabs 100 mg</i>	1		<i>levothyroxine sodium caps 125 mcg</i>	1	QL(1 ea daily)
<i>doxycycline hyclate caps</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>minocycline hcl caps</i>	1		<i>levothyroxine sodium tabs 112 mcg, 125 mcg, 175 mcg, 200 mcg</i>	1	QL(1 ea daily)
<i>tetracycline hcl caps</i>	1		<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	
VIBRAMYCIN SUSR <i>(doxycycline (monohydrate))</i>	7		<i>liothyronine sodium tabs 25 mcg, 50 mcg</i>	1	QL(2 ea daily)
VIBRAMYCIN CAPS <i>(doxycycline hyclate)</i>	7		<i>liothyronine sodium tabs 5 mcg</i>	1	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>					
<b>Antithyroid Agents</b>					
<i>methimazole tabs</i>	1		NP THYROID 120 TABS	2	
<i>propylthiouracil</i>	1	QL(3 ea daily)	NP THYROID 15 TABS	2	
<b>Thyroid Hormones</b>					
(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		NP THYROID 30 TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	NP THYROID 60 TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		NP THYROID 90 TABS	2	
ADTHYZA TABS	2		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	2	QL(1 ea daily)
ARMOUR THYROID TABS	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2	
			THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
			TIROSINT CAPS 75 MCG	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH tabs 20 MG	1	QL(4 ea daily); RX/OTC
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>					
<b>Antispasmodics</b>					
(Hyoscyamine Sulfate) ED-SPAZ, NULEV tbdp 0.125 MG	1		<i>cimetidine tabs 400 mg</i>	1	QL(4 ea daily)
(Hyoscyamine Sulfate) OSCIMIN tabs 0.125 MG	1		<i>cimetidine tabs 300 mg, 800 mg</i>	1	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR tb12 0.375 MG	1		<i>cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml</i>	1	
ANASPAZ TBDP ( <i>hyoscyamine sulfate</i> )	7		<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
CUVPOSA SOLN OR ( <i>glycopyrrolate</i> )	7		<i>famotidine tabs 20 mg</i>	1	QL(4 ea daily); RX/OTC
<i>dicyclomine hcl caps</i>	1				
<i>dicyclomine hcl soln or</i>	1				
<i>dicyclomine hcl tabs</i>	1				
<i>glycopyrrolate soln or 1 mg/5ml</i>	1				
<i>glycopyrrolate tabs 1 mg, 2 mg</i>	1				
<i>hyoscyamine sulfate tbdp 0.125 mg</i>	1				
<i>hyoscyamine sulfate tabs 0.125 mg</i>	1				
<i>hyoscyamine sulfate tb12 0.375 mg</i>	1				
LEVBID TB12 ( <i>hyoscyamine sulfate</i> )	7				
LEVSIN TABS ( <i>hyoscyamine sulfate</i> )	7				
<i>methscopolamine bromide</i>	1				
ROBINUL TABS ( <i>glycopyrrolate</i> )	7				
ROBINUL FORTE TABS ( <i>glycopyrrolate</i> )	7				
<b>H-2 Antagonists</b>					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famotidine susr</i>	3		(Omeprazole Magnesium) ACID REDUCER, CVS	1	QL(1 ea daily)
<i>nizatidine caps</i>	1		OMEPRAZOLE, EQ		
<i>nizatidine soln</i>	1		OMEPRAZOLE		
PEPCID TABS 20 MG ( <i>famotidine</i> )	7	QL(4 ea daily); RX/OTC	MAGNESIUM, GNP		
PEPCID TABS 40 MG ( <i>famotidine</i> )	7	QL(2 ea daily)	OMEPRAZOLE, KP		
PEPCID AC TABS 20 MG ( <i>famotidine</i> )	7	QL(4 ea daily); RX/OTC	OMEPRAZOLE		
PEPCID AC MAXIMUM STRENGTH TABS ( <i>famotidine</i> )	7	QL(4 ea daily); RX/OTC	MAGNESIUM, QC		
Misc. Anti-Ulcer			OMEPRAZOLE		
CARAFATE TABS ( <i>sucralfate</i> )	7	QL(4 ea daily)	MAGNESIUM cpdr 20 MG		
CARAFATE SUSP ( <i>sucralfate</i> )	7		(Omeprazole Magnesium) ACID REDUCER, CVS	1	QL(1 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)	OMEPRAZOLE, EQ		
<i>sucralfate susp</i>	1		OMEPRAZOLE		
Proton Pump Inhibitors			MAGNESIUM, GNP		
(Lansoprazole) CVS LANSOPRAZOLE tbdd 15 MG	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	OMEPRAZOLE, KP		
(Lansoprazole) CVS LANSOPRAZOLE, EQ	1	QL(1 ea daily); RX/OTC	OMEPRAZOLE		
LANSOPRAZOLE, EQL			MAGNESIUM, QC		
LANSOPRAZOLE, GNP			OMEPRAZOLE		
LANSOPRAZOLE, GOODSENSE			MAGNESIUM cpdr		
LANSOPRAZOLE, HM			ACIPHEX TBEC ( <i>rabeprazole sodium</i> )	7	ST; QL(1 ea daily); PA
LANSOPRAZOLE, KLS			ACIPHEX SPRINKLE CPSP 5 MG	3	ST; PA
LANSOPRAZOLE, QC			ACIPHEX SPRINKLE CPSP 10 MG	3	PA
LANSOPRAZOLE, SM			FIRST-OMEPRAZOLE SUSP	3	
LANSOPRAZOLE cpdr 15 MG			<i>lansoprazole tbdd 15 mg</i>	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
			<i>lansoprazole tbdd 30 mg</i>	3	QL(1 ea daily); AL(Up to 12 yrs old)
			<i>lansoprazole cpdr</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 20 mg, 40 mg</i>	1	QL(1 ea daily)
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole magnesium cpdr</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec</i>	1	QL(1 ea daily)
<i>pantoprazole sodium pack</i>	3	QL(1 ea daily)
PREVACID CPDR 30 MG ( <i>lansoprazole</i> )	7	QL(1 ea daily)
PREVACID 24HR CPDR ( <i>lansoprazole</i> )	7	QL(1 ea daily); RX/OTC
PREVACID SOLUTAB TBDD 30 MG ( <i>lansoprazole</i> )	7	QL(1 ea daily); AL(Up to 12 yrs old)
PREVACID SOLUTAB TBDD 15 MG ( <i>lansoprazole</i> )	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
PRILOSEC PACK	3	
PROTONIX TBEC ( <i>pantoprazole sodium</i> )	7	QL(1 ea daily)
PROTONIX PACK ( <i>pantoprazole sodium</i> )	7	QL(1 ea daily)
<i>rabeprazole sodium tbec</i>	3	ST; QL(1 ea daily); PA
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	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 rti MAX day(s) supply; 365 rti lmt day(s)
HELIDAC THERAPY	3	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics		

Drug Name	Drug Tier	Requirements/Limits
(Anticholinergic)		
<i>darifenacin hydrobromide</i>	3	
DETROL TABS ( <i>tolterodine tartrate</i> )	7	QL(2 ea daily)
DETROL LA CP24 ( <i>tolterodine tartrate</i> )	7	QL(1 ea daily)
DITROPAN XL TB24 5 MG, 10 MG ( <i>oxybutynin chloride</i> )	7	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride tb24</i>	1	
<i>oxybutynin chloride tabs 5 mg</i>	1	QL(4 ea daily)
<i>oxybutynin chloride syrp</i>	1	QL(15 ml daily)
<i>solifenacin succinate tabs 5 mg</i>	1	
<i>solifenacin succinate tabs 10 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate cp24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	1	QL(2 ea daily)
TOVIAZ ( <i>fesoterodine fumarate</i> )	7	QL(1 ea daily)
<i>tropium chloride cp24</i>	1	
<i>tropium chloride tabs</i>	1	QL(2 ea daily)
VESICARE TABS 10 MG ( <i>solifenacin succinate</i> )	7	QL(1 ea daily)
VESICARE TABS 5 MG ( <i>solifenacin succinate</i> )	7	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
MYRBETRIQ TB24	3	QL(1 ea daily); PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
<b>VACCINES</b>		
Viral Vaccines		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COVID VACCINES	5		VANAZOLE	2	
FLUMIST QUADRIVALENT	5	Grand Fathered Plans at Tier 2; PV	Vaginal Contraceptive - pH Modulators		
<b>VAGINAL AND RELATED PRODUCTS</b>			PHEXXI	5	Grand Fathered Plans at Tier 2; PV
Spermicides			Vaginal Estrogens		
ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV	(Estradiol Vaginal) YUVAFEM tabs	1	
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV	ESTRACE CREA ( <i>estradiol vaginal</i> )	7	
SHUR-SEAL GEL	5	Grand Fathered Plans at Tier 2; PV	<i>estradiol vaginal crea</i>	1	
TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV	<i>estradiol vaginal tabs</i>	1	
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	Grand Fathered Plans at Tier 2; PV	ESTRING RING	2	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	5	Grand Fathered Plans at Tier 2; PV	FEMRING	3	QL(1 ea per 90 days retail)
VCF VAGINAL CONTRACEPTIVE GEL GEL	5	Grand Fathered Plans at Tier 2; PV	PREMARIN	2	QL(2 gm daily)
Vaginal Anti-infectives			VAGIFEM TABS ( <i>estradiol vaginal</i> )	7	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 supp 200 MG	3		Vaginal Progestins		
CLEOCIN CREA ( <i>clindamycin phosphate vaginal</i> )	7		CRINONE GEL 8 %	3	PA
CLEOCIN SUPP	3		ENDOMETRIN INST	3	ST; PA
<i>clindamycin phosphate vaginal crea</i>	1		<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
CLINDESSE	3		Anaphylaxis Therapy Agents		
GYNAZOLE-1	3		<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	4	See plan documents for specific Coverage ; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>metronidazole vaginal</i>	1		<i>epinephrine (anaphylaxis) soaj</i>	4	QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>terconazole vaginal supp</i>	3		Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>terconazole vaginal crea</i>	1		<i>droxidopa</i>	3	PA
			NORTHERA ( <i>droxidopa</i> )	7	PA

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Drug Name	Drug Tier	Requirements/ Limits
Vasopressors		
<i>midodrine hcl</i>	3	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
DRISDOL CAPS <i>(ergocalciferol)</i>	7	
<i>ergocalciferol caps</i>	1	
MEPHYTON TABS <i>(phytonadione)</i>	7	
<i>phytonadione tabs 5 mg</i>	1	

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(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P swab .....	54	(Desonide) DESRX gel .....	59	(Diltiazem Hcl) DILT-XR cp24 .....
(Clindamycin Phosphate (Topical)) CLINDACIN foam .....	54	(Dexamethasone) DECADRON tabs 0.5 MG, 0.75 MG, 4 MG, 6 MG .....	52	(Diltiazem Hcl) MATZIM LA tb24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ..	54	(Dextroamphetamine Sulfate) PROCENTRA soln .....	1	(Doxycycline (Monohydrate)) AVIDOXY tabs 100 MG .....
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % .....	59	(Dextroamphetamine Sulfate) ZENZEDI tabs 5 MG, 10 MG .....	1	(Doxycycline (Monohydrate)) MONDOXYNE NL caps 100 MG .103
(Clobetasol Propionate Emulsion) TOVET .....	59	(Diazepam) DIAZEPAM INTENSOL conc .....	11	(Doxycycline Hyclate) LYMEPAK tabs 100 MG .....
(Clobetasol Propionate) CLODAN sham .....	59	(Diclofenac Potassium) CATAFLAM, LOFENA tabs 50 MG .....	4	(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG caps 100 MG .....
(Clomiphene Citrate) CLOMID tabs 65		(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG .....
(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH, FUNGICURE INTENSIVE WITHNAILGUARD soln .....	57	DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN gel ex .....	58	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG .....
(Cyclosporine Modified (For Microemulsion)) GENGRAF caps 25 MG, 100 MG .....	81	(Digoxin) DIGITEK, DIGOX tabs 0.125 MG, 0.25 MG, 125 MCG, 250 MCG .....	45	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG .....
(Cyclosporine Modified (For Microemulsion)) GENGRAF soln ..	81	(Digoxin) DIGITEK, DIGOX tabs 125 MCG, 250 MCG .....	45	(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG .....
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ...	47	(Diltiazem Hcl Coated Beads) CARTIA XT cp24 120 MG, 180 MG, 240 MG, 300 MG .....	44	(Erythromycin (Acne Aid)) ERY pads 54
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ...	48	(Diltiazem Hcl Extended Release		(Erythromycin Base) ERY-TAB tbc 75
				(Erythromycin Stearate) ERYTHROCIN STEARATE tabs 250 MG .....

(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY tabs 1 MG-0.5 MG ..... 67	MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH tabs 20 MG ..... 105	FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID tabs 400 MCG ..... 72
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY tabs ..... 67	(Fluocinolone Acetonide (Otic)) FLAC ..... 92	(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, YL FOLIC ACID tabs 800 MCG ..... 72
(Estradiol Vaginal) YUVAFEM tabs 108	(Flurandrenolide) NOLIX crea ..... 59  (Flurandrenolide) NOLIX lotn ..... 59	(Folic Acid) KP FOLIC ACID tabs 1 MG ..... 72
(Estradiol) DOTTI, LYLLANA pttw .67	(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, 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 ..... 87	(Gentamicin Sulfate (Ophth)) GENTAK oint ..... 89  (Glipizide) GLIPIZIDE XL tb24 ..... 21
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG ..... 48	(Fluticasone Propionate) BESER lotn ..... 59	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C soln 10 MG/5ML-100 MG/5ML 53
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/50 50 MCG-1 MG ..... 48	(Fluticasone-Salmeterol) WIXELA INHUB aepb 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT ..... 13	(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC syrp ..... 53
(Etonogestrel-Ethinyl Estradiol) ELURYNG, HALOETTE ..... 52	(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, YL FOLIC ACID tabs 400 MCG, 800 MCG ..... 72	(Guaifenesin-Codeine) VIRTUSSIN AC/ALC liqd 10 MG/5ML-100 MG/5ML ..... 53
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET soln .53  (Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC ex 2.5 % ..... 10
		(Hyoscyamine Sulfate) ED-SPAZ, NULEV tbdp 0.125 MG ..... 105
		(Hyoscyamine Sulfate) OSCIMIN SR, SYMEX-SR tb12 0.375 MG ..... 105
		(Hyoscyamine Sulfate) OSCIMIN tabs 0.125 MG ..... 105
		(Ibuprofen) IBU tabs 400 MG, 600 MG, 800 MG ..... 4
		(Isotretinoin) ACCUTANE,

AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..54	(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 ...48	(Levonorgestrel-Ethinyl Estradiol (91- Day)) FAYOSIM, ICLEVIA, INTROVALE, JOLESSA, RIVELSA, SETLAKIN 0.03 MG-0.15 MG ..... 49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..54	(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 ...48	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE .....49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..54	(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 ....48	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 112 MCG, 125 MCG, 175 MCG, 200 MCG .....104
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG ..... 54	(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 ....48	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....104
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 63	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC ..... 69	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG ..... 104
(Ketoconazole (Topical)) KETODAN foam .....57	(Lactulose) CONSTULOSE soln 10 GM/15ML .....73	(Lorazepam) LORAZEPAM INTENSOL conc ..... 11
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE kit ..... 14	(Lansoprazole) CVS LANSOPRAZOLE tbdd 15 MG ...106	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL conc .....7
(Lamotrigine) SUBVENITE tabs ... 14	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE cpdr 15 MG ...106	(Methylergonovine Maleate) METHERGINE tabs .....92
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE cpdr 15 MG ...106	(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 ..... 52	(Metronidazole (Topical)) ROSADAN crea .....63
(Levetiracetam) ROWEEPRA tabs 500 MG .....14	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 .....48	(Metronidazole (Topical)) ROSADAN gel 0.75 % .....63
	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, JAIMIESS, LOJAIMIESS, SIMPESSE .....49	(Miconazole Nitrate Vaginal) MICONAZOLE 3 supp 200 MG ...108
		(Nabumetone) RELAFEN 500 MG ..4
		(Nabumetone) RELAFEN 750 MG ..4
		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....89

(Niacin (Antihyperlipidemic)) NIACOR  
tabs .....25

(Nicotine Polacrilex) CVS NICOTINE  
LOZENGE, CVS NICOTINE  
POLACRILEX, EQ NICOTINE  
LOZENGES, EQ NICOTINE  
POLACRILEX, EQL NICOTINE  
POLACRILEX, 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 .  
96

(Nicotine Polacrilex) CVS NICOTINE  
LOZENGE, CVS NICOTINE  
POLACRILEX, EQ NICOTINE  
LOZENGES, EQ NICOTINE  
POLACRILEX, EQL NICOTINE  
POLACRILEX, 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 .  
95

(Nicotine Polacrilex) CVS NICOTINE  
LOZENGE, CVS NICOTINE  
POLACRILEX, EQ NICOTINE  
LOZENGES, EQ NICOTINE

POLACRILEX, EQL NICOTINE  
POLACRILEX, GNP NICOTINE MINI  
LOZENGE, GNP NICOTINE  
POLACRILEX, GNP NICOTINE  
POLACRILEX MINI, GOODSENSE  
NICOTINE, GOODSENSE  
NICOTINE POLACRILEX, HM  
NICOTINE POLACRILEX, KLS  
QUIT2, KLS QUIT4, NICOTINE MINI  
LOZENGE, NICOTINE POLACRILEX  
MINI, PX STOP SMOKING AID, RA  
MINI NICOTINE, RA NICOTINE  
POLACRILEX, SM NICOTINE, SM  
NICOTINE POLACRILEX lozg ....96

(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  
97

(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  
97

(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 ..... 97

(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



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, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 7 MG/24HR, 21 MG/24HR .....100	3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM 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 7 MG/24HR ..... 98 (Nitroglycerin) MINITRAN pt24 .... 10 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY .....52 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, BLISOVI 24 FE, HAILEY 24 FE, JUNEL FE 24, LARIN 24 FE, MICROGESTIN 24 FE, TARINA 24 FE tabs 1 MG-20 MCG- 75 MG .....49 (Norethin Acet & Estrad-Fe) AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA FE 1/20, TARINA FE 1/20 EQ tabs 1.5 MG-30 MCG-75 MG ..... 49 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE chew ..... 49 (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY caps .....49 (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 ..... 49 (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 ..... 49 (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 ..... 49 (Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG ..... 49 (Norethindrone & Ethinyl Estradiol- Fe) WYMZYA FE 35 MCG-0.4 MG 49 (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA ..... 52 (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-
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20 MCG ..... 50	OLOPATADINE HYDROCHLORIDE, (Ped Multivitamins W/Fl & Iron)	MULTI-VIT/IRON/FLUORIDE,
(Norethindrone Acet & Eth Estra)	HM EYE ALLERGY ITCH RELIEF,	MULTIVITAMIN/FLUORIDE/IRON
AUROVELA 1.5/30, AUROVELA	QC OLOPATADINE	soln 35 MG/ML-0.4 MG/ML-0.5
1/20, HAILEY 1.5/30, JUNEL 1.5/30,	HYDROCHLORIDE, SM	MG/ML-400 UNIT/ML-1500
JUNEL 1/20, LARIN 1.5/30, LARIN	OLOPATADINE HCL 0.2 % ..... 91	UNIT/ML-8 MG/ML-0.6 MG/ML-0.25
1/20, LOESTRIN 1.5/30-21,	(Olopatadine Hcl) CVS	MG/ML-5 UNIT/ML-10 MG/ML .... 83
LOESTRIN 1/20-21, MICROGESTIN	OLOPATADINE HYDROCHLORIDE,	(Ped Multivitamins W/Fl & Iron)
1.5/30, MICROGESTIN 1/20 1.5 MG-	EYE ALLERGY	MULTI-VIT/IRON/FLUORIDE,
30 MCG ..... 50	ITCH/REDNESSRELIEF, GNP	MULTIVITAMIN/FLUORIDE/IRON
(Norethindrone Acetate-Ethinyl	OLOPATADINE HYDROCHLORIDE,	soln 35 MG/ML-0.4 MG/ML-0.5
Estradiol) FYAVOLV, JINTELI .... 67	HM EYE ALLERGY ITCH/REDNESS	MG/ML-400 UNIT/ML-1500
(Norethindrone Acetate-Ethinyl	RELIEF 0.1 % ..... 91	UNIT/ML-8 MG/ML-5 UNIT/ML-0.6
Estradiol) FYAVOLV, JINTELI 1 MG-	(Omeprazole Magnesium) ACID	MG/ML-0.25 MG/ML-10 MG/ML ... 83
5 MCG ..... 67	REDUCER, CVS OMEPRAZOLE,	(Ped Multivitamins W/Fl & Iron)
(Norethindrone Acetate-Ethinyl	EQ OMEPRAZOLE MAGNESIUM,	MULTI-VITAMIN/FLUORIDE/IRON
Estradiol-Fe) TILIA FE, TRI-LEGEST	GNP OMEPRAZOLE, KP	soln 35 MG/ML-0.4 MG/ML-0.5
FE ..... 50	OMEPRAZOLE MAGNESIUM, QC	MG/ML-400 UNIT/ML-1500
(Norethindrone-Eth Estradiol	OMEPRAZOLE MAGNESIUM cpdr	UNIT/ML-0.6 MG/ML-8 MG/ML-0.25
(Triphasic)) ALYACEN 7/7/7,	20 MG ..... 106	MG/ML-10 MG/ML-5 UNIT/ML .... 83
CYCLAFEM 7/7/7, DASETTA 7/7/7,	(Omeprazole Magnesium) ACID	(Pediatric Multivitamins W/Fl)
NORTREL 7/7/7, NYLIA 7/7/7,	REDUCER, CVS OMEPRAZOLE,	MULTIVITAMIN WITH FLUORIDE,
PIRMELLA 7/7/7 ..... 50	EQ OMEPRAZOLE MAGNESIUM,	MULTIVITAMIN/FLUORIDE chew .83
(Norgestimate-Ethinyl Estradiol	GNP OMEPRAZOLE, KP	(Pediatric Multivitamins W/Fl)
(Triphasic)) TRI FEMYNOR, TRI-	OMEPRAZOLE MAGNESIUM, QC	MULTIVITAMIN WITH FLUORIDE,
ESTARYLLA, TRI-LINYAH, TRI-MILI,	OMEPRAZOLE MAGNESIUM cpdr	MULTIVITAMIN/FLUORIDE soln .. 83
TRI-NYMYO, TRI-PREVIFEM, TRI-	20.6 MG ..... 106	(Pediatric Multivitamins W/Fl) MULTI-
SPRINTEC, TRI-VYLIBRA ..... 50	(Omeprazole Magnesium) ACID	VITAMIN/FLUORIDE DROPS soln
(Norgestimate-Ethinyl Estradiol)	REDUCER, CVS OMEPRAZOLE,	83
ESTARYLLA, FEMYNOR, MILI,	EQ OMEPRAZOLE MAGNESIUM,	(Pediatric Vitamins ACD W/ Fluoride)
MONO-LINYAH, NYMYO,	GNP OMEPRAZOLE, KP	MULTIVITAMIN SELECT/FLUORIDE
PREVIFEM, SPRINTEC 28,	OMEPRAZOLE MAGNESIUM, QC	soln 35 MG/ML-400 UNIT/ML-1500
VYLIBRA ..... 50	OMEPRAZOLE MAGNESIUM cpdr	UNIT/ML-0.25 MG/ML ..... 83
(Norgestrel & Ethinyl Estradiol)	106	(Pediatric Vitamins ACD W/ Fluoride)
CRYSSELLE-28, ELINEST, LOW-	(Oxycodone W/ Acetaminophen)	TRI-VITE/FLUORIDE, VITAMINS
OGESTREL 30 MCG-0.3 MG ..... 50	ENDOCET tabs 325 MG-10 MG ... 8	A/C/D/FLUORIDE soln ..... 83
(Nystatin (Topical)) NYAMYC,	(Oxycodone W/ Acetaminophen)	(PEG 3350-Kcl-NaCl-Na Sulfate-Na
NYSTOP powd ex ..... 57	ENDOCET tabs 325 MG-2.5 MG ... 8	Ascorbate-Ascorbic Acid) PEG-
(Olopatadine Hcl) CVS	(Oxycodone W/ Acetaminophen)	3350/ELECTROLYTES/ASCORBAT
OLOPATADINE HYDROCHLORIDE,	ENDOCET tabs 325 MG-5 MG ..... 8	E ..... 73
EYE ALLERGY ITCH RELIEF, GNP	(Oxycodone W/ Acetaminophen)	(PEG 3350-Kcl-Sod Bicarb-Sod
	ENDOCET tabs 325 MG-7.5 MG ... 8	



Chloride-Sod Sulfate) GAVILYTE-G solr 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	(Potassium Chloride) Klor-Con pack or 20 MEQ .....	(Silver Sulfadiazine) SSD .....
73	81	59
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK .....	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS pack .....	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL nebu 3 % .....
73	70	54
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN soln 10 % .....	(Potassium Citrate-Citric Acid) CYTRA-K soln .....	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL nebu 7 % .....
88	70	54
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN soln 2.5 % .....	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 tabs .....	(Sodium Citrate & Citric Acid) CYTRA-2 .....
88	80	70
(Phenylephrine-Brompheniramine-DM) PRESGEN B, TUSSI-PRES B liqd 10 MG/5ML-20 MG/5ML-4 MG/5ML .....	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F .....	(Sodium Fluoride) FLUORITAB soln 0.125 MG/DROP .....
53	90	80
(Phenytoin) PHENYTOIN INFATABS chew .....	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT tabs .....	(Sodium Fluoride) NAFRINSE chew 2.2 MG .....
17	84	80
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 syr .....	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 chew .....	(Sodium Polystyrene Sulfonate) SPS susp or 15 GM/60ML .....
70	84	82
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) WES-PHOS 250 NEUTRAL .....	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT .....	(Sotalol Hcl) SORINE tabs .....
80	84	44
(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-Con/EF tberf .....	(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 .....	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH emul 10 %-1 % .....
80	84	54
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ .....	(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA .....	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH emul 10 %-10 %-4 % .....
81	84	54
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ .....	(Prochlorperazine) COMPRO .....	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC susp .....
81	40	29
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ .....	(Promethazine Hcl) PROMETHEGAN supp 12.5 MG, 25 MG .....	(Tadalafil (Pulmonary Hypertension)) ALYQ tabs .....
80	24	46
(Potassium Chloride) Klor-Con 10, Klor-Con 8 tberf 10 MEQ .....	(Promethazine Hcl) PROMETHEGAN supp 50 MG .....	(Testosterone Cypionate) DEPO-TESTOSTERONE soln im .....
81	24	9
(Potassium Chloride) Klor-Con 10, Klor-Con 8 tberf 8 MEQ .....	(Salicylic Acid) KERALYT sham 6 % .....	(Tetracaine Hcl (Ophth)) ALTACAINE .....
81	62	90
	(Sapropterin Dihydrochloride) JAVYGTOR pack .....	(Theophylline) ELIXOPHYLLIN elix .....
	66	13
	(Sapropterin Dihydrochloride) JAVYGTOR tabs .....	(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE soln 0.5 % .....
	66	88
		(Tretinoin) AVITA crea 0.025 % ... ..
		54
		(Tretinoin) AVITA gel 0.025 % .....
		55
		(Triamcinolone Acetonide (Mouth))

ORALONE DENTAL PASTE .....82	acetazolamide tabs 125 mg ..... 64	AKTEN ..... 90
(Triamcinolone Acetonide (Nasal))	acetazolamide tabs 250 mg ..... 64	AKYNZEO .....22
ALLERGY NASAL SPRAY 24	acetic acid (otic) ..... 92	albendazole .....10
HOUR, CVS NASAL ALLERGY	acetylcysteine soln .....54	albuterol sulfate aers .....13
SPRAY, EQ NASAL ALLERGY	ACIPHEX SPRINKLE CPSP 10 MG .	albuterol sulfate nebu 0.083 %, 0.5
SPRAY, GNP 24 HOUR NASAL	106	%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5
ALLERGY SPRAY, GOODSENSE	ACIPHEX SPRINKLE CPSP 5 MG	mg/0.5ml ..... 13
NASAL ALLERGY SPRAY, HM 24	106	ALBUTEROL SULFATE NEBU ....13
HOUR NASAL ALLERGYSPRAY,	acitretin 10 mg ..... 58	albuterol sulfate syrpl .....13
KLS ALLER-CORT, NASAL	acitretin 17.5 mg ..... 58	albuterol sulfate tabs .....13
ALLERGY 24 HOUR, NASAL	acitretin 25 mg ..... 58	alclometasone dipropionate crea ..59
ALLERGY 24 HOUR MULTI-	ACUVAIL ..... 91	alclometasone dipropionate oint ...59
SYMPTOM, RA NASAL ALLERGY	acyclovir caps .....43	ALDACTAZIDE .....64
SPRAY aero .....87	acyclovir susp .....43	ALECENSA ..... 34
(Triamcinolone Acetonide (Topical))	acyclovir tabs or 400 mg .....43	alendronate sodium soln .....65
TRIDERM crea 0.1 %, 0.5 % ..... 59	acyclovir tabs or 800 mg .....43	alendronate sodium tabs 35 mg, 70
(Trientine Hcl) CLOVIQUE .....81	acyclovir topical crea .....59	mg .....65
(Vigabatrin) VIGADRONE pack ....17	acyclovir topical oint .....59	alendronate sodium tabs 5 mg, 10
(Vigabatrin) VIGADRONE tabs .... 17	adapalene crea .....55	mg .....65
(Warfarin Sodium) JANTOVEN tabs .	adapalene gel 0.1 % .....55	alfuzosin hcl ..... 70
13	adapalene gel 0.3 % .....55	ALINIA SUSR .....29
abacavir sulfate soln .....40	adapalene-benzoyl peroxide gel 2.5	aliskiren fumarate ..... 28
abacavir sulfate tabs .....40	%-0.1 % .....55	allopurinol 100 mg ..... 71
abacavir sulfate-lamivudine .....40	adapalene-benzoyl peroxide gel 2.5	allopurinol 300 mg ..... 71
abacavir sulfate-lamivudine-	%-0.3 % .....55	almotriptan malate .....79
zidovudine .....40	adefovir dipivoxil .....42	ALOCRIIL ..... 91
abiraterone acetate .....32	ADEMPAS .....47	alogliptin benzoate 25 mg ..... 20
acamprosate calcium .....93	ADTHYZA TABS .....104	alogliptin benzoate 6.25 mg, 12.5 mg
acarbose .....19	ADVAIR HFA AERO .....13	20
ACCURETIC ..... 27	AIMOVIG .....79	ALOMIDE .....91
acebutolol hcl caps .....43	AIMSCO LUBRICATED MISC .....75	ALORA PTTW ..... 67
acetaminophen w/ codeine soln .... 8		alosestron hcl .....69
acetaminophen w/ codeine tabs 15		
mg-300 mg, 30 mg-300 mg ..... 8		
acetazolamide cp12 .....64		

ALPHAGAN P 0.1 % .....	89	amlodipine besylate-valsartan 10 mg-160 mg .....	27	aprepitant caps 80 mg, 125 mg ....	23
ALPRAZOLAM INTENSOL CONC	11	amlodipine-valsartan-hydrochlorothiazide .....	27	aprepitant caps .....	23
alprazolam tabs .....	11	amoxapine .....	19	aprepitant misc .....	23
alprazolam tbdp .....	11	amoxicillin & pot clavulanate chew	92	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .....	40
ALREX SUSP .....	90	amoxicillin & pot clavulanate susr .	93	APTIOM .....	14
ALTABAX .....	57	amoxicillin & pot clavulanate tabs .	92	APTIVUS CAPS .....	40
ALUNBRIG TABS .....	34	amoxicillin & pot clavulanate tabs .	92	arformoterol tartrate .....	13
ALUNBRIG TBPK .....	34	amoxicillin & pot clavulanate tb12 .	93	ARIKAYCE .....	2
alvimopan .....	69	amoxicillin caps .....	92	aripiprazole soln or .....	40
amantadine hcl caps .....	37	amoxicillin chew 125 mg, 250 mg .	92	aripiprazole tabs 15 mg .....	40
amantadine hcl tabs .....	37	amoxicillin susr .....	92	aripiprazole tabs 2 mg, 5 mg, 10 mg, 30 mg .....	40
ambrisentan .....	46	amoxicillin tabs .....	92	aripiprazole tabs 20 mg .....	40
amcinonide crea .....	59	amoxicillin-clarithromycin w/ lansoprazole thpk .....	107	armodafinil .....	1
amcinonide lotn .....	59	amphetamine-dextroamphetamine cp24 .....	1	ARMOUR THYROID TABS .....	104
AMCINONIDE OINT .....	59	amphetamine-dextroamphetamine tabs .....	1	ARNUIITY ELLIPTA .....	12
amiloride & hydrochlorothiazide ...	64	ampicillin caps 500 mg .....	92	asenapine maleate .....	39
amiloride hcl tabs .....	65	anagrelide hcl .....	71	aspirin chew .....	7
aminocaproic acid soln or 0.25 gm/ml .....	72	ANALPRAM-HC LOTN EX .....	10	aspirin tbec 81 mg .....	7
aminocaproic acid tabs 1000 mg ..	72	anastrozole .....	32	aspirin-dipyridamole .....	71
amiodarone hcl tabs .....	12	ANGELIQ .....	67	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64" .....	77
amitriptyline hcl tabs .....	19	ANNOVERA .....	52	ASTAGRAF XL CP24 .....	81
AMJEVITA SOAJ .....	3	ANORO ELLIPTA .....	13	ATABEX EC TBEC .....	84
AMJEVITA SOSY 20 MG/0.4ML ....	3	ANTARA 30 MG .....	24	atazanavir sulfate caps .....	40
amlodipine besylate tabs 2.5 mg ..	44	ANZEMET TABS 50 MG .....	22	atenolol & chlorthalidone .....	27
amlodipine besylate tabs 5 mg, 10 mg .....	44	APEXICON E CREA .....	59	atenolol tabs .....	43
amlodipine besylate-atorvastatin calcium .....	45	APO-VARENICLINE TABS .....	102	atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg .....	1
amlodipine besylate-benazepril hcl 10 mg-5 mg, 20 mg-10 mg, 20 mg-5 mg, 40 mg-10 mg, 40 mg-5 mg ....	27	apraclonidine hcl .....	89	atomoxetine hcl 60 mg, 80 mg, 100	
		aprepitant caps 40 mg .....	23		

mg .....	1	azithromycin tabs 250 mg .....	75	FINE/31G X 8MM .....	78
atorvastatin calcium tabs .....	25	azithromycin tabs 500 mg .....	75	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....	78
atovaquone .....	29	azithromycin tabs 600 mg .....	75	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM .....	78
atovaquone-proguanil hcl .....	30	bacitracin (ophthalmic) .....	89	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ...	78
atropine sulfate (ophthalmic) oint ..	88	bacitracin-polymyxin b (ophth) ....	89	BELSOMRA .....	73
atropine sulfate (ophthalmic) soln .	88	bacitracin-poly-neomycin-hc .....	90	benazepril & hydrochlorothiazide ..	27
ATROPINE SULFATE SOLN 1 % ..88		baclofen tabs 10 mg .....	86	benazepril hcl .....	26
ATROVENT HFA .....	12	baclofen tabs 20 mg .....	86	BENZNIDAZOLE .....	10
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	93	baclofen tabs 5 mg .....	86	benzonatate 100 mg, 200 mg .....	53
AURYXIA .....	69	BALCOLTRA .....	50	benzonatate 150 mg .....	53
AUSTEDO TABS 12 MG .....	94	balsalazide disodium caps .....	69	benzoyl peroxide-erythromycin gel	55
AUSTEDO TABS 6 MG .....	94	BALVERSA .....	34	benztropine mesylate tabs .....	37
AUSTEDO TABS 9 MG .....	94	BD AUTOSHIELD 29G X 3/16" ...	77	bepotastine besilate .....	91
AUTOPEN DEVI .....	77	BD AUTOSHIELD 29G X 5/16" ...	77	BESIVANCE .....	89
AYVAKIT 100 MG, 200 MG, 300 MG 33		BD AUTOSHIELD DUO 30G X 5MM .....	77	BETADINE OPHTHALMIC PREP ..	89
AYVAKIT 25 MG, 50 MG .....	33	BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2" .....	77	betaine .....	66
AZASITE .....	89	BD NEEDLE/30G X 1/2" .....	77	betamethasone dipropionate (topical) crea .....	60
azathioprine tabs 50 mg .....	81	BD PEN MINI MISC .....	78	betamethasone dipropionate (topical) lotn .....	60
azathioprine tabs 75 mg, 100 mg ..	81	BD PEN MISC .....	78	betamethasone dipropionate (topical) oint .....	60
azelaic acid gel .....	63	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM .....	78	betamethasone dipropionate augmented crea .....	60
azelastine hcl (ophth) .....	91	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM .....	78	betamethasone dipropionate augmented gel 0.05 % .....	60
azelastine hcl 0.1 %, 137 mcg/spray . 87		BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....	78	betamethasone dipropionate augmented lotn .....	60
azelastine hcl 0.15 %, 205.5 mcg/spray .....	87	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM .....	78	betamethasone dipropionate augmented oint .....	60
azelastine hcl-fluticasone propionate susp .....	86	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM .....	78		
AZELEX .....	55	BD PEN NEEDLE/SHORT/ULTRA-			
azithromycin pack .....	75				
azithromycin susr .....	74				

betamethasone valerate crea . . . . .	60	brimonidine tartrate (topical) . . . . .	63	mg, 2 mg-8 mg . . . . .	9
betamethasone valerate foam . . . . .	60	brimonidine tartrate . . . . .	89	buprenorphine hcl-naloxone hcl dihydrate subl . . . . .	9
betamethasone valerate lotn . . . . .	60	brimonidine tartrate-timolol maleate . . . . .	88	buprenorphine ptwk . . . . .	9
betamethasone valerate oint . . . . .	60	brinzolamide . . . . .	91	bupropion hcl (smoking deterrent) 102	
betaxolol hcl (ophth) soln . . . . .	88	BRIVIACT SOLN OR 10 MG/ML . . . . .	14	bupropion hcl tabs . . . . .	17
betaxolol hcl . . . . .	43	BRIVIACT TABS 10 MG . . . . .	14	bupropion hcl tb12 . . . . .	17
bethanechol chloride . . . . .	107	BRIVIACT TABS 100 MG . . . . .	14	bupropion hcl tb24 150 mg, 300 mg 18	
BETIMOL . . . . .	88	BRIVIACT TABS 25 MG, 50 MG, 75 MG . . . . .	14	bupropion hcl tb24 450 mg . . . . .	18
BETOPTIC-S SUSP . . . . .	88	bromfenac sodium (ophth) . . . . .	91	bupropion hcl . . . . .	11
bexarotene (topical) . . . . .	58	bromocriptine mesylate caps . . . . .	38	butalbital-acetaminophen caps 50 mg-300 mg . . . . .	5
bexarotene . . . . .	37	bromocriptine mesylate tabs 2.5 mg 37		butalbital-acetaminophen tabs 50 mg-300 mg, 50 mg-325 mg . . . . .	5
bicalutamide . . . . .	32	BROMSITE . . . . .	91	butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg- 50 mg-325 mg . . . . .	6
BIKTARVY 200 MG-50 MG-25 MG 40		BRUKINSA . . . . .	34	butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg . . . . .	5
bimatoprost soln . . . . .	92	budesonide (inhalation) susp 0.25 mg/2ml . . . . .	12	butalbital-acetaminophen-caffeine w/ codeine . . . . .	8
BIO-DTUSS DMX LIQD . . . . .	53	budesonide (inhalation) susp 0.5 mg/2ml . . . . .	12	butalbital-aspirin-caffeine caps . . . . .	6
bisacodyl supp . . . . .	74	budesonide (inhalation) susp 1 mg/2ml . . . . .	12	butalbital-aspirin-caffeine w/cod . . . . .	8
bisacodyl tbec . . . . .	74	budesonide (intrarectal) . . . . .	10	butorphanol tartrate na 10 mg/ml . . . . .	9
bisoprolol & hydrochlorothiazide . . . . .	27	budesonide cpep . . . . .	52	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER) . . . . .	40
bisoprolol fumarate . . . . .	43	budesonide tb24 . . . . .	52	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER) . . . . .	40
BLEPHAMIDE S.O.P. OINT . . . . .	90	budesonide-formoterol fumarate dihydrate . . . . .	13	cabergoline . . . . .	67
BLEPHAMIDE SUSP . . . . .	90	bumetanide tabs 0.5 mg, 1 mg . . . . .	64	CABOMETYX TABS 20 MG, 60 MG . . . . .	34
bosentan tabs 125 mg . . . . .	46	bumetanide tabs 2 mg . . . . .	64		
bosentan tabs 62.5 mg . . . . .	46	buprenorphine hcl subl 2 mg . . . . .	9		
BOSULIF 100 MG, 500 MG . . . . .	34	buprenorphine hcl subl 8 mg . . . . .	9		
BOSULIF 400 MG . . . . .	34	buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 mg-2 mg, 1 mg-4	34		
BRAFTOVI 75 MG . . . . .	34				
BREO ELLIPTA . . . . .	13				
BREZTRI AEROSPHERE . . . . .	13				
BRILINTA . . . . .	71				

CABOMETYX TABS 40 MG	34	captopril	26	cefaclor susr 125 mg/5ml, 375 mg/5ml	47
caffeine citrate soln or	1	carbamazepine chew	14	cefadroxil caps	47
CALCIFOL	80	carbamazepine cp12	14	cefadroxil susr	47
calcipotriene crea	58	carbamazepine susp	14	cefadroxil tabs	47
calcipotriene foam	58	carbamazepine tabs	14	cefdinir caps	47
calcipotriene oint	58	carbamazepine tb12 100 mg	14	cefdinir susr	47
calcipotriene soln	58	carbamazepine tb12 200 mg	14	cefixime caps	47
calcipotriene-betamethasone dipropionate oint	60	carbamazepine tb12 400 mg	14	cefixime susr	47
calcipotriene-betamethasone dipropionate susp	60	carbidopa	37	cefopodoxime proxetil susr	47
calcitonin (salmon) na	65	carbidopa-levodopa tabs	38	cefopodoxime proxetil tabs	47
CALCITRIOL	47	carbidopa-levodopa tbc 100 mg-25 mg	38	cefprozil susr	47
calcitriol caps 0.25 mcg	66	carbidopa-levodopa tbdp	38	cefprozil tabs	47
calcitriol caps 0.5 mcg	66	carbidopa-levodopa-entacapone	38	cefuroxime axetil tabs	47
calcitriol soln or	66	carbinoxamine maleate soln	23	celecoxib	4
calcium acetate (phosphate binder) caps	69	carbinoxamine maleate tabs 4 mg	23	CENTANY OINT	57
calcium acetate (phosphate binder) tabs	69	CARBINOXAMINE MALEATE TABS 23		cephalexin caps 250 mg, 500 mg	47
CALCIUM-FOLIC ACID PLUS D	80	CARDURA XL	70	cephalexin caps 750 mg	47
CALQUENCE	34	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	78	cephalexin susr	47
candesartan cilexetil 32 mg	26	carisoprodol tabs 250 mg	86	CERDELGA	71
candesartan cilexetil 4 mg, 8 mg, 16 mg	26	carisoprodol tabs 350 mg	86	cevimeline hcl	82
candesartan cilexetil-hydrochlorothiazide	27	carteolol hcl (ophth)	88	CHEMET	22
CAPCOF SYRP	53	carvedilol 3.125 mg	43	CHENODAL	68
capecitabine 150 mg	31	carvedilol 6.25 mg, 12.5 mg, 25 mg	43	chlordiazepoxide hcl caps	11
capecitabine 500 mg	31	43		chloroquine phosphate tabs	30
CAPEX SHAM	60	carvedilol phosphate	43	chlorpromazine hcl tabs	40
CAPRELSA	34	CAYA DPRH	75	chlorthalidone 25 mg, 50 mg	65
		cefaclor caps	47	chlorzoxazone tabs 375 mg, 500 mg, 750 mg	86
		CEFACLOR ER TB12	47	cholestyramine light powd	24
				cholestyramine powd	24

choline fenofibrate 135 mg	24	MG-1 MG-400 UNIT-120 MG-20 MG	108	
choline fenofibrate 45 mg	24			clindamycin phosphate-benzoyl peroxide (refrigerate)
ciclopirox gel	57	CITRANATAL BLOOM	84	55
ciclopirox olamine crea	57	CITRANATAL BLOOM DHA	84	clindamycin phosphate-benzoyl peroxide gel 5 %-1 %
ciclopirox olamine susp	57	CITRANATAL DHA	84	55
ciclopirox sham	57	CITRANATAL ESSENCE	84	clindamycin phosphate-tretinoin
ciclopirox soln	57	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	84	CLINDESSE
cilostazol	71			108
CILOXAN OINT	89	CITRANATAL MEDLEY	84	clobazam susp
CIMDUO	40	CITRANATAL RX	84	14
cimetidine hcl or 300 mg/5ml, 400 mg/6.67ml	105	clarithromycin susr	75	14
cimetidine tabs 300 mg, 800 mg	105	clarithromycin tabs	75	14
cimetidine tabs 400 mg	105	clarithromycin tb24	75	
cinacalcet hcl	66	clemastine fumarate syrp	23	clobetasol propionate crea 0.05 %
CIPRO HC	92	CLEMASTINE FUMARATE SYRP	23	60
CIPRO SUSR	68	clemastine fumarate tabs 2.68 mg	23	clobetasol propionate emollient base 0.05 %
ciprofloxacin hcl (ophth) soln	89	CLEOCIN SUPP	108	60
ciprofloxacin hcl (otic)	92	CLIMARA PRO	67	60
ciprofloxacin hcl tabs	68	clindamycin hcl	29	60
ciprofloxacin susr 5 gm/100ml, 500 mg/5ml	68	clindamycin palmitate hydrochloride	29	60
ciprofloxacin-dexamethasone	92	clindamycin phosphate (topical) foam	55	60
citalopram hydrobromide soln	18	clindamycin phosphate (topical) gel	55	60
citalopram hydrobromide tabs	18	clindamycin phosphate (topical) lotn	55	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 MG	84	clindamycin phosphate (topical) soln	55	60
CITRANATAL ASSURE	84	clindamycin phosphate (topical) swab	55	65
CITRANATAL B-CALM 120 MG-25		clindamycin phosphate vaginal crea		19
				14
				14
				27
				27
				71
				11
				57

clotrimazole .....	82	CORDRAN OINT .....	60	cyclosporine modified (for microemulsion) soln .....	82
clotrimazole w/ betamethasone crea 57		CORDRAN TAPE .....	60	cyproheptadine hcl syrp .....	24
clotrimazole w/ betamethasone lotn 57		CORLANOR SOLN .....	47	cyproheptadine hcl tabs .....	24
clozapine tabs .....	39	CORLANOR TABS .....	47	CYSTAGON CAPS .....	70
clozapine tbdp 12.5 mg, 25 mg, 100 mg, 150 mg .....	39	CORTIFOAM EX 10 % .....	10	CYSTARAN .....	91
C-NATE DHA CAPS .....	84	CORTISPORIN-TC .....	92	dalfampridine .....	94
COARTEM .....	30	COSENTYX SENSOREADY PEN SOAJ .....	58	danazol caps .....	10
codeine sulfate tabs .....	7	COSENTYX SOSY .....	58	dantrolene sodium caps .....	86
CODITUSSIN AC LIQD .....	53	COTELLIC .....	34	dapsone (topical) 5 % .....	55
colchicine caps .....	71	COVID VACCINES .....	108	dapsone (topical) 7.5 % .....	55
colchicine tabs .....	71	CREON CPEP .....	64	dapsone 100 mg .....	29
colchicine w/ probenecid .....	71	CRESEMBA CAPS .....	23	dapsone 25 mg .....	29
colesevelam hcl pack .....	24	CRINONE GEL 8 % .....	108	darifenacin hydrobromide .....	107
colesevelam hcl tabs .....	24	CRIXIVAN 400 MG .....	40	darunavir tabs .....	40
colestipol hcl gran .....	24	cromolyn sodium (ophth) .....	91	DAURISMO .....	32
colestipol hcl tabs .....	24	cromolyn sodium nebu .....	12	deferasirox pack .....	22
COMBIPATCH PTTW .....	67	CVS WOMENS PRENATAL+DHA MISC .....	84	deferasirox tabs .....	22
COMBIVENT RESPIMAT AERS ..	13	cyclobenzaprine hcl tabs 5 mg, 10 mg .....	86	deferiprone tabs 500 mg .....	22
COMETRIQ KIT .....	34	CYCLOGYL .....	88	DELSTRIGO .....	40
COMPLERA .....	40	CYCLOMYDRIL .....	88	demeclocycline hcl tabs .....	103
COMPLETENATE CHEW .....	84	cyclopentolate hcl .....	89	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) .....	52
CONCEPT DHA .....	84	cyclophosphamide caps .....	30	DESCOVY 200 MG-25 MG .....	40
CONCEPT OB .....	84	CYCLOPHOSPHAMIDE TABS .....	30	desipramine hcl tabs .....	19
CONDOMS .....	75	cycloserine .....	30	DESMOPRESSIN ACETATE SOLN NA .....	67
CONDYLOX GEL .....	62	cyclosporine (ophth) emul .....	90	desmopressin acetate spray .....	67
CONTRACE .....	1	cyclosporine caps .....	82	desmopressin acetate spray refrigerated .....	67
COPIKTRA .....	34	cyclosporine modified (for microemulsion) caps .....	82		
CORDRAN CREA 0.025 % .....	60				



desmopressin acetate tabs 0.1 mg	67	diazepam (anticonvulsant) gel 20 mg	mcg	45
desmopressin acetate tabs 0.2 mg	67	14		
desogestrel & ethinyl estradiol	50	diazepam conc	11	79
desogestrel-ethinyl estradiol		diazepam soln or 5 mg/5ml	11	17
(biphasic)	50	diazepam tabs 10 mg	11	10
desonide crea	60	diazepam tabs 2 mg, 5 mg	11	44
desonide gel	60	diazoxide	20	44
desonide lotn	60	diclofenac potassium tabs 50 mg	4	44
desonide oint	60	diclofenac sodium (actinic keratoses)		44
desoximetasone crea	61	ex	58	
desoximetasone gel	61	diclofenac sodium (ophth)	91	44
desoximetasone liqd	61	diclofenac sodium (topical) gel ex	58	44
desoximetasone oint 0.05 %	61	1.5 %	58	
desoximetasone oint 0.25 %	61	diclofenac sodium (topical) soln ex		94
desvenlafaxine succinate	19	1.5 %	58	94
dexamethasone elix	53	diclofenac sodium (topical) soln ex 2		69
DEXAMETHASONE INTENSOL		%	58	
CONC	53	diclofenac sodium tb24	4	22
dexamethasone soln	53	diclofenac sodium tbec	4	22
dexamethasone tabs	53	diclofenac w/ misoprostol tbec	4	71
dexmethylphenidate hcl cp24	2	dicloxacillin sodium	93	11
dexmethylphenidate hcl tabs	2	dicyclomine hcl caps	105	93
dextroamphetamine sulfate cp24	1	dicyclomine hcl soln or	105	17
dextroamphetamine sulfate soln	1	dicyclomine hcl tabs	105	17
dextroamphetamine sulfate tabs 5		DIFFERIN LOTN	55	17
mg, 10 mg	1	DIFICID TABS	75	12
DHIVY TABS	38	diflorasone diacetate crea	61	88
DIACOMIT CAPS 250 MG	15	diflorasone diacetate oint	61	93
DIACOMIT CAPS 500 MG	15	diflunisal tabs	7	93
DIACOMIT PACK 250 MG	14	difluprednate	90	91
DIACOMIT PACK 500 MG	15	digoxin soln or 0.05 mg/ml	45	91
		digoxin tabs 0.0625 mg, 0.125 mg,		91
		0.25 mg, 62.5 mcg, 125 mcg, 250		88

doxolamide hcl-timolol maleate .. 88	droxidopa .....108	ELESTRIN GEL .....68
DOVATO ..... 40	DRYSOL SOLN ..... 62	eletriptan hydrobromide .....79
doxazosin mesylate .....27	DUAVEE .....67	ELIQUIS STARTER PACK TBPK . 14
doxepin hcl (antipruritic) .....58	DUET DHA 400 MISC ..... 84	ELIQUIS TABS .....13
doxepin hcl caps ..... 19	DUET DHA BALANCED MISC 120	ELLA .....52
doxepin hcl conc ..... 19	MG-50 MG-15 MG-1 MG-640 UNIT-	ELMIRON CAPS .....70
doxercalciferol caps .....66	12 MCG-2 MG-55 MG-20 MG-215	EMCYT ..... 32
doxycycline (monohydrate) caps 50	MG-1.5 MG-25 MG-25 MG-1.8 MG-	EMEND SUSR .....23
mg, 100 mg ..... 103	2800 UNIT-25 MG-210 MCG-65	EMFLAZA SUSP .....53
doxycycline (monohydrate) susr ..103	MCG-267 MG ..... 84	EMFLAZA TABS .....53
doxycycline (monohydrate) tabs 150	duloxetine hcl cpep 20 mg, 30 mg, 60	EMGALITY SOAJ .....79
mg .....104	mg .....19	EMGALITY SOSY 120 MG/ML .... 79
doxycycline (monohydrate) tabs 50	DUOPA SUSP ..... 38	EMSAM .....18
mg, 75 mg, 100 mg .....103	DUREX EXTRA SENSITIVE THIN	emtricitabine caps ..... 41
doxycycline (rosacea) .....63	DEVI .....75	emtricitabine-tenofovir disoproxil
doxycycline hyclate caps ..... 104	dutasteride .....70	fumarate 100 mg-150 mg, 133 mg-
doxycycline hyclate tabs 100 mg .104	dutasteride-tamsulosin hcl ..... 70	200 mg, 167 mg-250 mg ..... 41
doxycycline hyclate tabs 20 mg .. 104	EASY TOUCH FLIPLOCK NEEDLES	emtricitabine-tenofovir disoproxil
doxylamine-pyridoxine tbec .....22	30GX1/2" ..... 78	fumarate 200 mg-300 mg ..... 41
dronabinol caps 10 mg ..... 22	EASY TOUCH HYPODERMIC	EMTRIVA SOLN ..... 41
dronabinol caps 2.5 mg .....22	NEEDLES 30GX1/2" ..... 78	enalapril maleate &
dronabinol caps 5 mg .....22	econazole nitrate crea ..... 57	hydrochlorothiazide ..... 27
DROPLET INSULIN SYRINGE U-	ECOZA FOAM .....57	enalapril maleate tabs ..... 26
100/1ML/31G X 15/64" .....78	EDARBI 40 MG ..... 26	ENBRACE HR .....84
DROPLET INSULIN SYRINGE/U-	EDARBI 80 MG ..... 26	ENBREL MINI SOCT .....5
100/1ML/31G X 15/64" .....78	EDARBYCLOR .....27	ENBREL SOLN .....5
DROPSAFE INSULIN SAFETY	EDURANT .....40	ENBREL SOLR .....5
SYRINGE/FIXED NEEDLE	efavirenz caps .....40	ENBREL SOSY .....5
31GX6MM 1ML .....78	efavirenz tabs .....40	ENBREL SURECLICK SOAJ .....5
drospirenone-ethinyl estradiol ....50	efavirenz-emtricitabine-tenofovir	ENCARE SUPP 100 MG ..... 108
drospirenone-ethinyl estradiol-	disoproxil fumarate .....40	ENDOMETRIN INST ..... 108
levomefolate calcium .....50	efavirenz-lamivudine-tenofovir	
DROXIA CAPS .....71	disoproxil fumarate .....41	
	EFFER-K ..... 81	

entacapone .....	37	escitalopram oxalate tabs 10 mg, 20 mg .....	18	EVAMIST SOLN .....	68
entecavir tabs .....	42	escitalopram oxalate tabs 5 mg ....	18	everolimus (immunosuppressant) 0.25 mg, 0.5 mg, 0.75 mg .....	82
ENTRESTO .....	45	estazolam .....	72	everolimus tabs .....	34
EPCLUSA PACK .....	42	estradiol & norethindrone acetate tabs .....	67	everolimus tbso .....	34
EPCLUSA TABS 100 MG-400 MG	42	estradiol gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 1 mg/gm, 1.25 mg/1.25gm .....	68	EVOTAZ .....	41
EPCLUSA TABS 50 MG-200 MG .	42	estradiol pttw .....	68	EVRYSDI .....	88
EPIDIOLEX .....	15	estradiol ptwk .....	68	exemestane .....	32
EPIFOAM FOAM .....	61	estradiol tabs .....	68	EXODERM .....	57
epinastine hcl (ophth) .....	91	estradiol vaginal crea .....	108	ezetimibe .....	25
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml .....	108	estradiol vaginal tabs .....	108	EZETIMIBE/ATORVASTATIN ....	24
epinephrine (anaphylaxis) soaj ...	108	estradiol valerate .....	68	ezetimibe-simvastatin .....	24
eplerenone .....	28	ESTRING RING .....	108	FABIOR FOAM .....	56
ergocalciferol caps .....	109	ESTROGEL GEL .....	68	famciclovir .....	43
ergoloid mesylates tabs .....	95	eszopiclone .....	72	famotidine susr .....	106
ERGOMAR SUBL .....	79	ethacrynic acid .....	64	famotidine tabs 20 mg .....	105
ergotamine w/ caffeine tabs .....	79	ethambutol hcl tabs .....	30	famotidine tabs 40 mg .....	105
ERIVEDGE .....	32	ethosuximide caps .....	17	FANTASY LUBRICATED MISC ...	75
ERLEADA 240 MG .....	32	ethosuximide soln .....	17	FANTASY LUBRICATED/SPERMICIDE MISC 75	
ERLEADA 60 MG .....	32	ethynodiol diacet & eth estrad 50 mcg-1 mg .....	50	FARXIGA .....	21
erlotinib hcl .....	32	etodolac caps .....	4	FARYDAK .....	34
ERTACZO .....	57	etodolac tabs .....	4	FC2 FEMALE CONDOM .....	75
erythromycin (acne aid) gel .....	56	etodolac tb24 .....	4	febuxostat 40 mg .....	71
erythromycin (acne aid) soln .....	56	etonogestrel-ethinyl estradiol ....	52	febuxostat 80 mg .....	71
erythromycin (ophth) .....	89	etoposide caps .....	37	felbamate susp .....	17
erythromycin base cpep .....	75	etravirine .....	41	felbamate tabs .....	17
erythromycin base tabs .....	75	EUCRISA .....	62	felodipine 10 mg .....	44
erythromycin base tbec .....	75	EULEXIN .....	32	felodipine 2.5 mg, 5 mg .....	44
erythromycin ethylsuccinate susr ..	75			FEMCAP DEVI .....	75
escitalopram oxalate soln .....	18				

FEMRING .....	108	flavoxate hcl .....	107	FLUOROPLEX CREA .....	58
fenofibrate caps .....	24	flecainide acetate .....	11	fluorouracil (topical) crea 5 % .....	58
fenofibrate micronized 130 mg, 200 mg .....	24	FLORIVA .....	80	fluorouracil (topical) soln .....	58
fenofibrate micronized 30 mg, 90 mg 24		FLORIVA .....	84	fluoxetine hcl caps 10 mg, 20 mg ..	18
fenofibrate micronized 43 mg, 67 mg, 134 mg .....	24	FLORIVA PLUS SOLN .....	83	fluoxetine hcl caps 40 mg .....	18
fenofibrate tabs 145 mg, 160 mg ..	24	FLOVENT DISKUS AEPB 100 MCG/BLIST .....	12	fluoxetine hcl cpdr .....	18
fenofibrate tabs 48 mg .....	24	FLOVENT DISKUS AEPB 250 MCG/BLIST .....	12	fluoxetine hcl soln .....	18
fenofibrate tabs 54 mg .....	24	FLOVENT DISKUS AEPB 50 MCG/BLIST .....	12	fluoxetine hcl tabs 10 mg .....	18
FENOFIBRATE TABS .....	24	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT .....	12	fluoxetine hcl tabs 20 mg .....	18
fenopropfen calcium tabs .....	4	FLOVENT HFA 44 MCG/ACT .....	12	fluoxetine hcl tabs 60 mg .....	18
fentanyl citrate lpop 1600 mcg .....	7	fluconazole susr .....	23	fluphenazine hcl conc .....	40
fentanyl citrate lpop 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg ..	7	fluconazole tabs .....	23	fluphenazine hcl elix .....	40
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr ..	7	flucytosine .....	23	fluphenazine hcl tabs .....	40
fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr .....	7	fludrocortisone acetate tabs .....	53	flurandrenolide crea .....	61
FERRIPROX SOLN .....	22	FLUMIST QUADRIVALENT .....	108	flurandrenolide lotn .....	61
fesoterodine fumarate .....	107	fluocinolone acetonide (otic) .....	92	flurandrenolide oint .....	61
FETZIMA CP24 20 MG .....	19	fluocinolone acetonide crea .....	61	flurazepam hcl 15 mg .....	72
FETZIMA CP24 40 MG, 80 MG, 120 MG .....	19	fluocinolone acetonide oil .....	61	flurazepam hcl 30 mg .....	72
FETZIMA TITRATION PACK C4PK 19		fluocinolone acetonide oint .....	61	flurbiprofen sodium .....	91
FINACEA FOAM .....	63	fluocinolone acetonide soln .....	61	flurbiprofen tabs .....	4
finasteride .....	70	fluocinonide crea 0.1 % .....	61	flutamide .....	33
fingolimod hcl .....	94	fluocinonide crea .....	61	fluticasone propionate (nasal) susp	87
FIRDAPSE .....	30	fluocinonide emulsified base .....	61	fluticasone propionate crea 0.05 %	61
FIRST-OMEPRAZOLE SUSP ....	106	fluocinonide gel .....	61	fluticasone propionate lotn .....	61
FLAREX .....	90	fluocinonide oint .....	61	fluticasone propionate oint .....	61
		fluocinonide soln .....	61	fluticasone-salmeterol aepb 100 mcg/act-50 mcg/act, 250 mcg/act-50 mcg/act, 500 mcg/act-50 mcg/act ..	13
		fluorometholone (ophth) susp .....	90	fluvastatin sodium caps .....	25

fluvastatin sodium tb24 .....	25	FYCOMPA TABS 2 MG .....	14	LOW BLOOD SUGAR .....	20
fluvoxamine maleate cp24 100 mg	18	FYCOMPA TABS 4 MG .....	14	glyburide micronized 1.5 mg, 3 mg, 6	
fluvoxamine maleate cp24 150 mg	18	FYCOMPA TABS 6 MG .....	14	mg .....	21
fluvoxamine maleate tabs 100 mg	.18	FYCOMPA TABS 8 MG, 10 MG, 12		glyburide tabs .....	21
fluvoxamine maleate tabs 25 mg, 50		MG .....	14	glyburide-metformin .....	19
mg .....	18	gabapentin caps .....	15	glycopyrrolate soln or 1 mg/5ml ..	105
FML FORTE SUSP .....	90	gabapentin soln .....	15	glycopyrrolate tabs 1 mg, 2 mg ...	105
FML OINT .....	90	gabapentin tabs 600 mg, 800 mg	.15	GLYXAMBI .....	19
folic acid tabs 1 mg .....	72	GALAFOLD .....	66	GNP TRUETRACK SMART	
folic acid tabs 400 mcg, 800 mcg	.72	galantamine hydrobromide cp24	..93	SYSTEM STRP .....	63
FOLIVANE-OB .....	84	galantamine hydrobromide soln	..93	granisetron hcl tabs .....	22
formoterol fumarate nebu .....	13	galantamine hydrobromide tabs	..93	griseofulvin microsize susp .....	23
fosamprenavir calcium tabs .....	41	GALZIN .....	81	griseofulvin microsize tabs .....	23
fosfomycin tromethamine .....	29	gatifloxacin (ophth) .....	89	griseofulvin ultramicrosize .....	23
fosinopril sodium &		gefitinib .....	32	guaifenesin-codeine soln 10 mg/5ml-	
hydrochlorothiazide .....	27	gemfibrozil tabs .....	25	100 mg/5ml .....	54
fosinopril sodium .....	26	gentamicin sulfate (ophth) soln	...89	guanfacine hcl (adhd) .....	1
FOSRENOL PACK .....	69	gentamicin sulfate (topical) crea	..57	guanfacine hcl .....	27
FREESTYLE INSULINX		gentamicin sulfate (topical) oint	...57	GYNAZOLE-1 .....	108
BLOODGLUCOSE TEST STRIPS		GENVOYA .....	41	halobetasol propionate crea .....	61
STRP .....	63	GILENYA 0.5 MG .....	94	halobetasol propionate oint .....	61
FREESTYLE INSULINX		GILOTRIF .....	32	HALOG SOLN .....	61
BLOODGLUCOSE TEST STRP	..63	GLEOSTINE 10 MG, 40 MG, 100 MG		haloperidol lactate conc .....	39
FREESTYLE LITE TEST STRIPS		.....	31	haloperidol tabs .....	39
STRP .....	63	glimepiride .....	21	HELIDAC THERAPY .....	107
FREESTYLE TEST STRIPS STRP		glipizide tabs .....	21	HUMALOG JUNIOR KWIKPEN	
63		glipizide tb24 .....	21	SOPN .....	20
frovatriptan succinate .....	79	glipizide-metformin hcl .....	19	HUMALOG KWIKPEN SOPN 100	
furosemide soln or 10 mg/ml .....	64	GLOBAL EASY GLIDE INSULIN		UNIT/ML .....	20
furosemide soln or 40 mg/5ml .....	64	SYRINGE/1ML/31G X 15/64" .....	78	HUMALOG KWIKPEN SOPN 200	
furosemide tabs .....	64	GLUCAGON EMERGENCY KIT FOR		UNIT/ML .....	20
FYCOMPA SUSP .....	14			HUMALOG MIX 50/50 KWIKPEN	

SUPN .....	20	hydralazine hcl tabs .....	28	hydrocortisone tabs .....	53
HUMALOG MIX 50/50 SUSP .....	20	hydrochlorothiazide caps .....	65	hydrocortisone valerate crea .....	61
HUMALOG MIX 75/25 KWIKPEN SUPN .....	20	hydrochlorothiazide tabs 12.5 mg .	65	hydrocortisone valerate oint .....	61
HUMALOG MIX 75/25 SUSP .....	20	hydrochlorothiazide tabs 25 mg, 50 mg .....	65	hydrocortisone w/acetic acid .....	92
HUMALOG SOCT .....	20	hydrocodone bitartrate cp12 .....	7	hydromorphone hcl liqd .....	7
HUMALOG SOLN IJ .....	20	hydrocodone bitartrate t24a .....	7	hydromorphone hcl tabs .....	7
HUMATIN .....	2	hydrocodone bitartrate-homatropine methylbromide soln .....	53	hydromorphone hcl tb24 32 mg .....	7
HUMATROPE CART IJ .....	65	hydrocodone polistirex- chlorpheniramine polistirex suer ...	54	hydromorphone hcl tb24 8 mg, 12 mg, 16 mg .....	7
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	3	hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml- 7.5 mg/15ml .....	9	hydroxychloroquine sulfate 200 mg 30	
HUMIRA PEN PNKT 80 MG/0.8ML .	3			hydroxyurea .....	37
HUMIRA PEN PNKT .....	3			hydroxyzine hcl syrp .....	11
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	3	hydrocodone-acetaminophen tabs 325 mg-10 mg, 325 mg-5 mg, 325 mg-7.5 mg .....	9	hydroxyzine hcl tabs .....	11
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	3	hydrocodone-ibuprofen 5 mg-200 mg .....	9	hydroxyzine pamoate caps .....	11
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	3	hydrocodone-ibuprofen 7.5 mg-200 mg .....	9	hyoscyamine sulfate tabs 0.125 mg 105	
HUMIRA PEN-PS/UV STARTER PNKT .....	3	hydrocortisone (intrarectal) .....	10	hyoscyamine sulfate tb12 0.375 mg 105	
HUMIRA PSKT .....	3	hydrocortisone (rectal) ex 2.5 % ...	10	hyoscyamine sulfate tbdp 0.125 mg 105	
HUMULIN 70/30 KWIKPEN SUPN	21	hydrocortisone (topical) crea 2.5 % 61		HYPERSAL NEBU .....	54
HUMULIN 70/30 SUSP .....	20	hydrocortisone (topical) lotn 2.5 %	61	HYPODERMIC NEEDLE 30GX1/2" .	78
HUMULIN N KWIKPEN SUPN ....	21	hydrocortisone (topical) oint 2.5 %	61	HYSINGLA ER T24A .....	7
HUMULIN N SUSP .....	21	hydrocortisone butyrate crea .....	61	ibandronate sodium tabs .....	65
HUMULIN R SOLN IJ .....	21	hydrocortisone butyrate hydrophilic lipo base .....	61	IBRANCE CAPS .....	34
HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	21	hydrocortisone butyrate lotn .....	61	IBRANCE TABS .....	35
HUMULIN R U-500 KWIKPEN SOPN SC .....	21	hydrocortisone butyrate oint .....	61	ibuprofen tabs 400 mg, 600 mg, 800 mg .....	4
HYCAMTIN CAPS .....	37	hydrocortisone butyrate soln .....	61	ICLUSIG 10 MG, 30 MG .....	35
				ICLUSIG 15 MG, 45 MG .....	35

icosapent ethyl	24	IOPIDINE	89	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	20
IDHIFA	35	ipratropium bromide (nasal)	87	JANUVIA	20
ILEVRO	91	ipratropium bromide soln 0.02 %	12	JARDIANCE	21
imatinib mesylate 100 mg	35	ipratropium-albuterol soln	13	JULUCA	41
imatinib mesylate 400 mg	35	irbesartan	26	JUXTAPID 10 MG, 20 MG	25
IMBRUVICA CAPS 140 MG	35	irbesartan-hydrochlorothiazide	27	JUXTAPID 30 MG	25
IMBRUVICA CAPS 70 MG	35	ISENTRESS CHEW	41	JUXTAPID 5 MG	25
IMBRUVICA TABS	35	ISENTRESS HD TABS	41	KALYDECO PACK 25 MG	103
imipramine hcl tabs 10 mg, 25 mg	19	ISENTRESS PACK	41	KALYDECO PACK 50 MG, 75 MG 103	
imipramine hcl tabs 50 mg	19	ISENTRESS TABS	41	KALYDECO TABS	103
imipramine pamoate	19	isoniazid syrpf	30	KAMELEON LUBRICATED MISC	75
imiquimod 5 %	62	isoniazid tabs	30	KESIMPTA	94
INBRIJA CAPS	38	ISOPTO ATROPINE SOLN	89	ketoconazole (topical) crea	57
INCRUSE ELLIPTA	12	isosorbide dinitrate tabs	10	ketoconazole (topical) foam	57
indapamide tabs 1.25 mg, 2.5 mg	65	isosorbide dinitrate-hydralazine hcl 45		ketoconazole (topical) sham 2 %	57
INDOCIN SUPP	4	isosorbide mononitrate tabs	10	ketoconazole	23
INDOCIN SUSP	4	isosorbide mononitrate tb24	10	KETONE STRP	63
indomethacin caps 25 mg, 50 mg	4	isotretinoin 10 mg, 25 mg	56	ketoprofen caps 50 mg	4
indomethacin cpcr	4	isotretinoin 20 mg	56	ketoprofen cp24	4
INGREZZA CAPS 40 MG, 80 MG	94	isotretinoin 30 mg	56	ketorolac tromethamine (ophth)	91
INGREZZA CAPS 60 MG	94	isotretinoin 35 mg, 40 mg	56	ketorolac tromethamine tabs	4
INGREZZA CPPK	94	isradipine caps	44	KETOSTIX STRP	63
INLYTA	31	itraconazole caps	23	KEVZARA SOAJ	3
INQOVI	33	itraconazole soln	23	KEVZARA SOSY	4
INREBIC	35	ivermectin (pediculicide)	63	KIMONO COLORS DEVI	75
INSULIN LISPRO PROTAMINE/INSULIN LISPRO		ivermectin	10	KIMONO LUBRICATED MISC	76
KWIKPEN SUPN	21	JAKAFI	35	KIMONO MICRO THIN MISC	76
INTELENCE 25 MG	41	JANUMET TABS	19	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	
INVIRASE TABS	41	JANUMET XR TB24 1000 MG-100 MG	20		
iodine strong (lugol's)	80				

76	lactulose (encephalopathy) .....	69	LASTACAFT .....	91
KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	lactulose soln .....	73	latanoprost soln .....	92
76	LAGEVRIO .....	43	LATANOPROST SOLN .....	92
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 76	LAMICTAL ODT KIT .....	15	leflunomide 10 mg .....	5
KIMONO PS LUBRICATED MISC .76	LAMICTAL XR KIT .....	15	leflunomide 20 mg .....	5
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 76	lamivudine (hbv) tabs .....	42	lenalidomide .....	81
KIMONO SENSATION LUBRICATED MISC .....	lamivudine soln .....	41	LENVIMA 10 MG DAILY DOSE ...	31
76	lamivudine tabs .....	41	LENVIMA 12MG DAILY DOSE ...	31
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 76	lamivudine-zidovudine .....	41	LENVIMA 14 MG DAILY DOSE ...	31
KIMONO SPECIAL DEVI .....	lamotrigine chew .....	15	LENVIMA 18 MG DAILY DOSE ...	31
76	lamotrigine kit 25 mg .....	15	LENVIMA 20 MG DAILY DOSE ...	31
KISQALI .....	lamotrigine kit .....	15	LENVIMA 24 MG DAILY DOSE ...	31
35	lamotrigine tabs .....	15	LENVIMA 4 MG DAILY DOSE ....	31
KISQALI FEMARA 200 DOSE ....	lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg .....	15	LENVIMA 8 MG DAILY DOSE ....	32
33	lamotrigine tb24 250 mg .....	15	letrozole .....	33
KISQALI FEMARA 400 DOSE ....	lamotrigine tb24 300 mg .....	15	leucovorin calcium tabs .....	37
33	lamotrigine tb24 300 mg .....	15	LEUKERAN .....	31
KISQALI FEMARA 600 DOSE ....	lamotrigine tbdp .....	15	levalbuterol hcl .....	13
33	LAMPIT .....	29	levalbuterol tartrate .....	13
KLARITY-A .....	lansoprazole cpdr .....	106	LEVEMIR FLEXPEN SOPN .....	21
89	lansoprazole tbdd 15 mg .....	106	LEVEMIR FLEXTOUCH SOPN ...	21
KLOXXADO LIQD .....	lansoprazole tbdd 30 mg .....	106	LEVEMIR SOLN .....	21
22	lanthanum carbonate chew 1000 mg . 69		levetiracetam soln or 100 mg/ml, 500 mg/5ml .....	15
KOSELUGO .....	lanthanum carbonate chew 500 mg 69		levetiracetam tabs 1000 mg .....	15
35	lanthanum carbonate chew 750 mg 69		levetiracetam tabs 250 mg, 500 mg, 750 mg .....	15
K-PHOS NO 2 .....	LANTUS SOLN .....	21	levetiracetam tb24 .....	15
70	LANTUS SOLOSTAR SOPN .....	21	levobunolol hcl 0.5 % .....	88
KRINTAFEL .....	lapatinib ditosylate .....	35	levocarnitine (metabolic modifiers) soln or 1 gm/10ml .....	66
30				
K-Y ME & YOU EXTRA LUBRICATED DEVI .....				
76				
K-Y ME & YOU INTENSE DEVI ...				
76				
KYNMOBI FILM .....				
38				
KYNMOBI TITRATION KIT KIT ...				
38				
labetalol hcl tabs .....				
43				
lacosamide soln or 10 mg/ml .....				
15				
lacosamide tabs .....				
15				



levocarnitine (metabolic modifiers) mcg .....	104	lubiprostone .....	68
tabs .....	66	LUCEMYRA .....	93
levofloxacin (ophth) .....	89	luliconazole .....	57
levofloxacin soln or .....	68	LUMIGAN SOLN 0.01 % .....	92
levofloxacin tabs .....	68	LUPRON DEPOT (1-MONTH) KIT IM .....	33
levonorgestrel & eth estradiol tabs 50		LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....	66
levonorgestrel (emergency oc) 1.5 mg .....	52	lurasidone hcl .....	39
levonorgestrel-eth estradiol (triphasic) .....	50	LYNPARZA TABS .....	35
levonorgestrel-ethinyl estradiol (91-day) .....	51	LYSODREN .....	33
levonorgestrel-ethinyl estradiol (continuous) .....	51	MAGNEBIND 400 .....	80
levorphanol tartrate tabs .....	7	malathion .....	63
levothyroxine sodium caps 125 mcg . 104		maraviroc tabs .....	41
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 .....	104	MAR-COF CG EXPECTORANT LIQD .....	54
levothyroxine sodium tabs 112 mcg, 125 mcg, 175 mcg, 200 mcg .....	104	MARPLAN .....	18
levothyroxine sodium tabs 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 137 mcg, 150 mcg, 300 mcg .....	104	MATULANE .....	37
LEXIVA SUSP .....	41	MAVYRET TABS .....	42
lidocaine hcl (mouth-throat) 2 % .....	82	MAXIDEX SUSP OP .....	90
lidocaine ptch 5 % .....	62	MAXX LUBRICATED MISC .....	76
lidocaine-prilocaine crea .....	62	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	76
linezolid susr .....	29	MAYZENT STARTER PACK TBPK 95	
linezolid tabs .....	29	MAYZENT TABS 0.25 MG .....	95
LINZESS .....	69	MAYZENT TABS 1 MG .....	94
liothyronine sodium tabs 25 mcg, 50		MAYZENT TABS 2 MG .....	94
mcg .....	104	M-CLEAR WC SOLN .....	54
liothyronine sodium tabs 5 mcg .. 104		meclofenamate sodium caps .....	4
lisinopril & hydrochlorothiazide 25 mg-20 mg .....	27	MEDROL TABS .....	53
lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg .....	26	medroxyprogesterone acetate 10 mg	
lisinopril tabs 40 mg .....	26		
lithium carbonate caps 150 mg, 600 mg .....	38		
lithium carbonate caps 300 mg ....	38		
lithium carbonate tabs .....	38		
lithium carbonate tbcr .....	38		
LITHOSTAT .....	71		
LO LOESTRIN FE TABS .....	51		
LOMAIRA TABS .....	1		
LONSURF .....	33		
lopinavir-ritonavir soln .....	41		
lopinavir-ritonavir tabs .....	41		
lorazepam conc .....	11		
lorazepam tabs .....	11		
LORBRENA .....	35		
LORTAB ELIX .....	9		
losartan potassium & hydrochlorothiazide .....	28		
losartan potassium .....	26		
LOTEMAX OINT .....	90		
loteprednol etabonate gel .....	90		
loteprednol etabonate susp .....	90		
lovastatin tabs 10 mg, 20 mg .....	25		
lovastatin tabs 40 mg .....	25		
loxapine succinate .....	39		

93	MESNEX TABS .....	37	2
medroxyprogesterone acetate 2.5 mg, 5 mg .....	metaxalone 800 mg .....	86	methylphenidate hcl soln 5 mg/5ml .2
mefenamic acid caps .....	metformin hcl soln .....	20	methylphenidate hcl tabs 20 mg ....2
mefloquine hcl .....	metformin hcl tabs .....	20	methylphenidate hcl tabs 5 mg, 10 mg .....
megestrol acetate (appetite) .....	metformin hcl tb24 500 mg, 750 mg 20		methylphenidate hcl tb24 18 mg, 27 mg, 54 mg .....
megestrol acetate susp .....	methadone hcl conc .....	8	methylphenidate hcl tb24 36 mg ....2
megestrol acetate tabs .....	methadone hcl soln or .....	8	methylphenidate hcl tb24 54 mg ....2
MEKINIST TABS .....	methadone hcl tabs .....	8	methylphenidate hcl tbc 10 mg ....2
MEKTOVI .....	methadone hcl tbso .....	8	methylphenidate hcl tbc 18 mg, 27 mg, 36 mg .....
meloxicam tabs 15 mg .....	methamphetamine hcl .....	1	methylphenidate hcl tbc 20 mg ....2
meloxicam tabs 7.5 mg .....	methazolamide tabs .....	64	methylphenidate hcl tbc 54 mg ....2
melphalan .....	methenamine hippurate .....	29	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG .....
memantine hcl cp24 14 mg, 21 mg, 28 mg .....	methenamine mandelate 0.5 gm, 1 gm .....	29	methylphenidate ptch .....
memantine hcl cp24 7 mg .....	methimazole tabs .....	104	methylprednisolone tabs .....
memantine hcl soln .....	METHITEST TABS .....	10	methylprednisolone tbpk .....
memantine hcl tabs 10 mg .....	methocarbamol tabs .....	86	metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml .....
memantine hcl tabs 5 mg .....	methotrexate sodium tabs 2.5 mg .31		metoclopramide hcl tabs .....
memantine hcl tabs .....	methoxsalen rapid .....	58	metoclopramide hcl tbdp .....
MENEST .....	methscopolamine bromide .....	105	METOCLOPRAMIDE ODT TBDP .68
MENOSTAR PTWK .....	methsuximide .....	17	metolazone .....
meperidine hcl soln or 50 mg/5ml ...8	methylidopa tabs .....	27	METOPIRONE .....
mercaptopurine tabs .....	methylergonovine maleate tabs ...92		metoprolol & hydrochlorothiazide tabs .....
mesalamine cp24 .....	methylphenidate hcl chew .....	2	metoprolol succinate tb24 .....
mesalamine cpcr .....	methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg .....	2	metoprolol tartrate tabs .....
mesalamine cpdr .....	methylphenidate hcl cp24 60 mg ...2		metronidazole (topical) crea .....
mesalamine enem .....	methylphenidate hcl cp24 .....	2	
mesalamine supp .....	methylphenidate hcl cpcr .....	2	
mesalamine tbec 1.2 gm .....	methylphenidate hcl soln 10 mg/5ml .		
mesalamine tbec 800 mg .....			



neomycin-polymyxin-gramicidin ...	89	NINJACOF-XG LIQD .....	54	norgestimate-ethinyl estradiol .....	51
neomycin-polymyxin-hc (ophth) ...	90	NINLARO .....	35	NORPACE CR CP12 .....	11
neomycin-polymyxin-hc (otic) soln	92	nisoldipine .....	45	nortriptyline hcl caps .....	19
neomycin-polymyxin-hc (otic) susp	92	nitazoxanide tabs .....	29	nortriptyline hcl soln .....	19
NERLYNX .....	35	nitisinone caps .....	66	NORVIR PACK .....	41
NESTABS .....	84	NITRO-BID OINT .....	10	NORVIR SOLN .....	41
NESTABS DHA .....	84	NITRO-DUR PT24 .....	11	NOVOPEN ECHO DEVI .....	78
NESTABS ONE .....	84	nitrofurantoin .....	30	NP THYROID 120 TABS .....	104
NEUPRO .....	38	nitrofurantoin macrocrystal .....	30	NP THYROID 15 TABS .....	104
NEVANAC .....	91	nitrofurantoin monohyd macro ....	30	NP THYROID 30 TABS .....	104
nevirapine susp .....	41	nitroglycerin pt24 .....	11	NP THYROID 60 TABS .....	104
nevirapine tabs .....	41	nitroglycerin soln tl 0.4 mg/spray ..	11	NP THYROID 90 TABS .....	104
nevirapine tb24 .....	41	nitroglycerin subl .....	11	NUBEQA .....	33
NEXTSTELLIS .....	51	nizatidine caps .....	106	NUCORT LOTN .....	61
niacin (antihyperlipidemic) tabs ....	25	nizatidine soln .....	106	NUCYNTA ER TB12 .....	8
niacin (antihyperlipidemic) tbcr ....	25	NORDITROPIN FLEXPPO SOPN	65	NUCYNTA TABS .....	8
nicardipine hcl caps .....	44	norethin acet & estrad-fe caps ....	51	NUEDEXTA .....	95
nicotine polacrilex gum .....	102	norethin acet & estrad-fe chew ....	51	NUPLAZID CAPS .....	39
nicotine polacrilex lozg .....	102	norethin acet & estrad-fe tabs 1 mg-		NUPLAZID TABS 10 MG .....	39
nicotine pt24 7 mg/24hr, 14 mg/24hr,		20 mcg-75 mg, 1.5 mg-30 mcg-75		nystatin (mouth-throat) .....	82
21 mg/24hr .....	102	mg .....	51	nystatin (topical) crea .....	57
NICOTINE TRANSDERMAL		norethindrone & ethinyl estradiol-fe		nystatin (topical) oint .....	57
SYSTEM KIT .....	103	25 mcg-0.8 mg-75 mg .....	51	nystatin (topical) powd ex .....	57
NICOTROL INHALER INHA .....	103	norethindrone (contraceptive) ....	52	nystatin tabs .....	23
NICOTROL NS SOLN .....	103	norethindrone acet & eth estra ....	51	nystatin-triamcinolone crea .....	57
nifedipine caps .....	45	norethindrone acetate tabs .....	93	nystatin-triamcinolone oint .....	57
nifedipine tb24 30 mg, 60 mg .....	45	norethindrone acetate-ethinyl		OB COMPLETE ONE .....	85
nifedipine tb24 .....	45	estradiol .....	67	OB COMPLETE PETITE .....	85
nilutamide .....	33	norethindrone acetate-ethinyl		OB COMPLETE PREMIER .....	85
nimodipine caps .....	45	estradiol-fe .....	51	OB COMPLETE/DHA .....	85
		norgestimate-ethinyl estradiol			
		(triphasic) .....	51		

OBSTETRIX DHA MISC .....	85	omega-3-acid ethyl esters .....	24	orlistat .....	1
OBSTETRIX ONE 30 MG-15 UNIT- 250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG .	85	omeprazole cpdr 20 mg, 40 mg ..	107	orphenadrine citrate tb12 .....	86
OBSTETRIX ONE 30 MG-15 UNIT- 250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG .	85	omeprazole magnesium cpdr .....	107	oseltamivir phosphate caps 30 mg, 45 mg .....	43
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 .....	85	OMNIFLEX DIAPHRAGM .....	76	oseltamivir phosphate caps 75 mg	43
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 .....	85	ondansetron hcl soln or 4 mg/5ml .	22	oseltamivir phosphate susr .....	43
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 .....	85	ondansetron hcl tabs 4 mg, 8 mg .	22	OSMOPREP .....	73
OCALIVA 10 MG .....	68	ondansetron tbdp .....	22	OSPHENA .....	66
OCALIVA 5 MG .....	68	ONETOUCH ULTRA 2 KIT .....	77	OTEZLA TABS .....	5
ODEFSEY .....	41	ONETOUCH ULTRA STRP .....	63	OTEZLA TBPK .....	5
ODOMZO .....	32	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....	77	oxandrolone 10 mg .....	9
OFEV .....	103	ONETOUCH VERIO TEST STRIPS STRP .....	64	oxandrolone 2.5 mg .....	9
ofloxacin (ophth) .....	89	ONUREG TABS .....	31	oxaprozin .....	5
ofloxacin (otic) .....	92	OPSUMIT .....	46	OXAYDO TABS 5 MG .....	8
ofloxacin 300 mg .....	68	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 108		oxazepam caps 10 mg, 15 mg ....	11
ofloxacin 400 mg .....	68	ORACIT .....	70	oxazepam caps 30 mg .....	11
olanzapine tabs 15 mg, 20 mg ....	39	ORAVIG .....	82	oxcarbazepine susp .....	16
olanzapine tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg .....	39	ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG .....	46	oxcarbazepine tabs 150 mg .....	16
olanzapine tbdp .....	39	ORENITRAM TBCR 5 MG .....	46	oxcarbazepine tabs 300 mg .....	16
olanzapine-fluoxetine hcl .....	94	ORFADIN CAPS 20 MG .....	66	oxcarbazepine tabs 600 mg .....	16
olmesartan medoxomil 40 mg ....	26	ORFADIN SUSP .....	66	oxiconazole nitrate crea .....	57
olmesartan medoxomil 5 mg, 20 mg . 26	26	ORIAHNN .....	67	OXISTAT LOTN .....	57
olmesartan medoxomil-amlodipine- hydrochlorothiazide .....	28	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....	103	OXTELLAR XR TB24 150 MG, 300 MG .....	16
olmesartan medoxomil- hydrochlorothiazide 12.5 mg-40 mg, 25 mg-40 mg .....	28	ORKAMBI PACK 94 MG-75 MG .	103	OXTELLAR XR TB24 600 MG ....	16
olopatadine hcl (nasal) .....	87	ORKAMBI TABS .....	103	oxybutynin chloride syrps .....	107
olopatadine hcl 0.1 % .....	91			oxybutynin chloride tabs 5 mg ....	107
olopatadine hcl 0.2 % .....	91			oxybutynin chloride tb24 .....	107

oxycodone hcl tabs 30 mg	8	150MG & RITONAVIR 10 X 10MG TAB PAK)	42	%	89
oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg	8	pediatric vitamins acd w/ fluoride soln	83	phenylephrine hcl (mydriatic) soln 2.5 %	89
oxycodone w/ acetaminophen tabs 325 mg-10 mg	9	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	73	phenytoin chew	17
oxycodone w/ acetaminophen tabs 325 mg-5 mg	9	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 6.74 gm-2.97 gm-5.86 gm-22.74 gm-236 gm 73	73	phenytoin sodium extended 100 mg, 200 mg, 300 mg	17
oxycodone w/ acetaminophen tabs 325 mg-7.5 mg	9	peg 3350-potassium chloride-sod bicarbonate-sod chloride	73	phenytoin susp	17
oxymorphone hcl tabs 10 mg	8	PEG-PREP	73	PHEXXI	108
oxymorphone hcl tabs 5 mg	8	penicillamine caps	81	PHOSLYRA SOLN	70
oxymorphone hcl tb12	8	penicillamine tabs	81	phytonadione tabs 5 mg	109
OZEMPIC SOPN	20	penicillin v potassium solr	92	PIFELTRO	41
paliperidone	39	penicillin v potassium tabs	92	pilocarpine hcl (oral) 5 mg	82
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	64	PENNSAID SOLN EX	58	pilocarpine hcl (oral) 7.5 mg	82
PANRETIN	58	pentamidine isethionate in	29	pilocarpine hcl soln 1 %, 2 %, 4 %	89
pantoprazole sodium pack	107	PENTASA CPCR 250 MG	69	pimecrolimus	62
pantoprazole sodium tbec	107	pentazocine w/ naloxone hcl	9	pindolol tabs	44
PAREMYD	91	PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG	70	pioglitazone hcl 15 mg	21
paricalcitol caps	66	pentoxifylline	71	pioglitazone hcl 30 mg, 45 mg	21
paromomycin sulfate	2	perindopril erbumine	26	pioglitazone hcl-glimepiride	20
paroxetine hcl susp	18	permethrin crea	63	pioglitazone hcl-metformin hcl tabs 20	
paroxetine hcl tabs	18	perphenazine tabs	40	PIQRAY 200MG DAILY DOSE	35
paroxetine hcl tb24	18	phenelzine sulfate	18	PIQRAY 250MG DAILY DOSE	36
PASER PACK	30	phenobarbital elix	72	PIQRAY 300MG DAILY DOSE	36
PATADAY EXTRA STRENGTH	91	phenobarbital tabs	72	pirfenidone tabs 267 mg, 801 mg	103
PAXLOVID (NIRMATRELVIR 2 X		phenoxybenzamine hcl	26	pirfenidone tabs 534 mg	103
		phentermine hcl caps	1	piroxicam caps 10 mg	5
		phenylephrine hcl (mydriatic) soln 10		piroxicam caps 20 mg	5
				PLEGRIDY SOSY IM	95
				PNV TABS 29-1 TABS	85
				PNV-DHA+DOCUSATE	85

PNV-OMEGA .....	85	pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3.75 mg, 4.5 mg .....	38	prednisone tbpk 5 mg .....	53
PODOCON-25 SOLN .....	62	pramipexole dihydrochloride tb24 3 mg .....	38	PREFEST .....	67
podofilox soln .....	62	PRAMOSONE LOTN .....	62	pregabalin caps 225 mg, 300 mg ..	16
POLY HUB NEEDLE/30G X 1/2" ..	78	PRAMOSONE OINT .....	61	pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg .....	16
polymyxin b-trimethoprim .....	89	prasugrel hcl .....	71	pregabalin soln .....	16
POLY-VI-FLOR CHEW .....	83	pravastatin sodium 10 mg, 20 mg, 80 mg .....	25	PREMARIN .....	108
POLY-VI-FLOR SUSP .....	83	pravastatin sodium 40 mg .....	25	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG .....	68
POLY-VI-FLOR/IRON CHEW .....	83	praziquantel .....	10	PREMARIN TABS 0.9 MG .....	68
POMALYST .....	33	prazosin hcl caps .....	27	PREMESISRX .....	85
posaconazole susp .....	23	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	64	PREMIUM CONDOMS LUBRICATED MISC .....	76
posaconazole tbec .....	23	PRED MILD .....	90	PREMPHASE .....	67
pot & sod citrates w/citric ac soln ..	70	PRED-G S.O.P. OINT .....	90	PREMPRO 1.5 MG-0.3 MG .....	67
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	80	PRED-G SUSP .....	90	PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ...	67
potassium chloride cpcr .....	81	PREDNICARBATE oint .....	62	PRENA 1 TRUE .....	85
potassium chloride microencapsulated crystals er .....	81	prednisolone acetate (ophth) .....	90	PRENA1 CHEW .....	85
potassium chloride pack or 20 meq 81		PREDNISOLONE SODIUM PHOSPHATE .....	90	PRENA1 PEARL .....	85
potassium chloride soln or 10 %, 20 % .....	81	prednisolone sodium phosphate soln 5 mg/5ml, 6.7 mg/5ml, 15 mg/5ml, 20 mg/5ml .....	53	PRENAISSANCE .....	85
potassium chloride tbcr .....	81	prednisolone sodium phosphate tbdp 53		PRENAISSANCE PLUS CAPS ....	85
potassium citrate (alkalinizer) tbcr .	70	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN .....	90	PRENATAL 19 CHEW .....	85
potassium citrate-citric acid soln ...	70	PREDNISON INTENSOL CONC .	53	PRENATAL 19 TABS .....	85
POVIDONE IODINE .....	89	prednisone soln .....	53	PRENATAL MULTIVITAMIN PLUS DHA MISC .....	85
PRALUENT SOAJ .....	25	prednisone tabs .....	53	PRENATAL PLUS IRON TABS ...	85
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg .	38	prednisone tbpk 10 mg .....	53	PRENATAL+DHA MISC .....	85
pramipexole dihydrochloride tabs 1 mg .....	38			PRENATAL-U CAPS .....	85
pramipexole dihydrochloride tabs 1.5 mg .....	38			PRENATE .....	85
				PRENATE AM .....	85
				PRENATE DHA 90 MG-26 MG-400	

MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG .....	85	PROCYSBI CPDR .....	70	propranolol hcl tabs .....	44
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	85	progesterone caps .....	93	propylthiouracil .....	104
PRENATE ENHANCE .....	85	PROGRAF PACK .....	82	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....	54
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 .....	85	PROLENSA .....	91	protriptyline hcl .....	19
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 ..	85	PROMACTA PACK 12.5 MG .....	72	PROVIDA OB .....	85
PRENATE PIXIE .....	85	PROMACTA PACK 25 MG .....	72	PULMICORT FLEXHALER AEPB 180 MCG/ACT .....	12
PRENATE RESTORE .....	85	PROMACTA TABS 12.5 MG, 25 MG . 72		PULMICORT FLEXHALER AEPB 90 MCG/ACT .....	12
PREVIDENT RINSE SOLN .....	82	PROMACTA TABS 50 MG, 75 MG 72		PULMOZYME .....	103
PREZCOBIX .....	41	promethazine & phenylephrine syrpf 54		PURIXAN SUSP .....	31
PREZISTA SUSP .....	41	promethazine hcl soln 6.25 mg/5ml 24		pyrazinamide .....	30
PREZISTA TABS 75 MG, 150 MG	41	promethazine hcl supp 12.5 mg, 25 mg .....	24	pyridostigmine bromide soln or .....	30
PRIFTIN .....	30	promethazine hcl syrpf .....	24	pyridostigmine bromide tabs 60 mg 30	
PRILOSEC PACK .....	107	promethazine hcl tabs 12.5 mg ...	24	pyridostigmine bromide tbcf .....	30
primaquine phosphate tabs .....	30	promethazine hcl tabs 25 mg .....	24	QBRELIS SOLN .....	26
primidone 50 mg, 250 mg .....	16	promethazine hcl tabs 50 mg .....	24	QINLOCK .....	36
PRIMSOL .....	29	promethazine hcl tabs 50 mg .....	24	QSYMIA .....	1
PROAIR RESPICLICK AEPB .....	13	promethazine w/codeine soln .....	54	quetiapine fumarate tabs 200 mg .	39
probenecid .....	71	promethazine w/codeine syrpf .....	54	quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 150 mg .....	39
prochlorperazine .....	40	promethazine-dm syrpf .....	54	quetiapine fumarate tabs 300 mg, 400 mg .....	39
prochlorperazine maleate tabs .....	40	promethazine-phenylephrine-codeine .....	54	quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg .....	39
PROCTOFOAM HC FOAM EX ....	10	propafenone hcl cp12 .....	11	quetiapine fumarate tb24 50 mg ...	39
		propafenone hcl tabs 150 mg .....	11	QUFLORA FE PEDIATRIC LIQD ..	83
		propafenone hcl tabs 225 mg, 300 mg .....	11	QUFLORA GUMMIES CHEW .....	84
		proparacaine hcl .....	90	QUFLORA PEDIATRIC CHEW ....	84
		propranolol hcl cp24 .....	44	QUFLORA PEDIATRIC SOLN ....	84
		propranolol hcl soln or 20 mg/5ml, 40 mg/5ml .....	44		



QUILLICHEW ER CHER .....	2	1ML/31GX15/64" .....	78	roflumilast .....	12
QUILLIVANT XR SRER .....	2	RELION INSULIN SYRINGE/U-		ropinirole hydrochloride tabs .....	38
quinapril hcl .....	26	100/1ML/31G X 15/64" .....	79	ropinirole hydrochloride tb24 12 mg	
quinapril-hydrochlorothiazide 12.5		RELNATE DHA CAPS .....	85	38	
mg-10 mg, 12.5 mg-20 mg .....	28	repaglinide .....	21	ropinirole hydrochloride tb24 2 mg, 4	
quinapril-hydrochlorothiazide 25 mg-		RETEVMO .....	36	mg, 6 mg, 8 mg .....	38
20 mg .....	28	RETIN-A MICRO PUMP 0.08 % .....	56	rosuvastatin calcium tabs .....	25
quinidine gluconate tbcr .....	11	REXULTI .....	40	RUBRACA .....	36
quinidine sulfate tabs 200 mg .....	11	REYATAZ PACK .....	41	rufinamide susp .....	16
quinine sulfate caps 324 mg .....	30	RHOFADE .....	63	rufinamide tabs 200 mg .....	16
QVAR REDIHALER 80 MCG/ACT .....	12	RIDAURA .....	3	rufinamide tabs 400 mg .....	16
RABEPRAZOLE SODIUM DR		rifabutin .....	30	RUKOBIA .....	41
SPRINKLE CPSP .....	107	rifampin caps .....	30	RUZURGI .....	30
rabeprazole sodium tbec .....	107	riluzole tabs .....	88	RYBELSUS TABS .....	20
raloxifene hcl .....	66	rimantadine hydrochloride tabs ...	43	RYDAPT .....	36
ramelteon .....	73	RINVOQ 15 MG .....	3	RYTARY CPCR 145 MG-36.25 MG,	
ramipril caps .....	26	RINVOQ 30 MG, 45 MG .....	3	195 MG-48.75 MG, 245 MG-61.25	
ranolazine tb12 1000 mg .....	10	risedronate sodium tabs 150 mg ..	65	MG .....	38
ranolazine tb12 500 mg .....	10	risedronate sodium tabs 35 mg ...	65	RYTARY CPCR 95 MG-23.75 MG	38
rasagiline mesylate .....	38	risedronate sodium tabs 5 mg, 30 mg		RYVENT TABS .....	23
RAVICTI .....	66	.....	65	salicylic acid sham 6 % .....	62
REALITY LATEX		risperidone soln .....	39	salsalate .....	7
CONDOMS/LUBRICATED MISC ..	76	risperidone tabs 0.25 mg, 0.5 mg, 1		SANDIMMUNE SOLN OR .....	82
REALITY LATEX/ULTRA		mg, 2 mg, 4 mg .....	39	SAPHRIS 5 MG .....	39
TEXTURED DEVI .....	76	risperidone tabs 3 mg .....	39	sapropterin dihydrochloride pack ..	66
REALITY LATEX/ULTRA THIN DEVI		risperidone tbdp .....	39	sapropterin dihydrochloride tabs ...	66
76		ritonavir tabs .....	41	SAVELLA TABS .....	94
RECTIV .....	10	rivastigmine .....	94	SAVELLA TITRATION PACK MISC	
REGANEX .....	63	rivastigmine tartrate caps .....	94	94	
RELENZA DISKHALER .....	43	rizatriptan benzoate tabs .....	79	scopolamine .....	22
RELEXXII TBCR 72 MG .....	2	rizatriptan benzoate tbdp .....	79	SELECT-OB CHEW 60 MG-2.5 MG-	
RELION INSULIN SYRINGE				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 .....	85	silodosin 8 mg .....	71	magnesium sulfate .....	73
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 .....	85	silver sulfadiazine .....	59	solifenacin succinate tabs 10 mg ..	107
SELECT-OB+DHA MISC .....	85	simvastatin tabs .....	25	solifenacin succinate tabs 5 mg ..	107
selegiline hcl caps .....	38	sirolimus soln .....	82	SOLTAMOX SOLN .....	33
selenium sulfide lotn 2.5 % .....	59	sirolimus tabs .....	82	sorafenib tosylate .....	36
SELZENTRY SOLN .....	41	SITAVIG TABS BU .....	43	SORILUX FOAM .....	59
SELZENTRY TABS 25 MG, 75 MG 41		SIVEXTRO TABS .....	29	sotalol hcl (afib/afI) .....	44
SE-NATAL 19 CHEW .....	85	SKYRIZI PEN SOAJ .....	59	sotalol hcl tabs .....	44
SE-NATAL 19 TABS .....	85	SKYRIZI PSKT .....	58	spinosad .....	63
SEREVENT DISKUS .....	13	SKYRIZI SOSY .....	58	SPIRIVA HANDIHALER CAPS ....	12
sertraline hcl conc .....	18	SLYND .....	52	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT .....	12
sertraline hcl tabs .....	18	sodium chloride (inhalant) nebu 0.9 %, 3 % .....	54	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT .....	12
sevelamer carbonate pack 0.8 gm .70		sodium chloride (inhalant) nebu 7 % . 54		spironolactone & hydrochlorothiazide .....	64
sevelamer carbonate pack 2.4 gm .70		sodium citrate & citric acid .....	70	spironolactone tabs .....	65
sevelamer carbonate tabs .....	70	sodium fluoride (dental) soln 0.2 % 82		SPRAVATO 56MG DOSE .....	18
sevelamer hcl 400 mg .....	70	sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg .....	80	SPRAVATO 84MG DOSE .....	18
sevelamer hcl 800 mg .....	70	sodium fluoride soln 0.125 mg/drop, 0.5 mg/ml .....	80	SPRITAM TB3D .....	16
SFROWASA ENEM .....	69	sodium fluoride tabs 0.5 mg .....	80	SPRYCEL .....	36
SHUR-SEAL GEL .....	108	sodium fluoride tabs 1 mg .....	80	stavudine caps .....	41
SIKLOS TABS 100 MG .....	71	SODIUM OXYBATE SOLN .....	93	STELARA SOLN 45 MG/0.5ML ...	59
SIKLOS TABS 1000 MG .....	71	sodium phenylbutyrate powd .....	67	STELARA SOSY .....	59
sildenafil citrate (pulmonary hypertension) susr .....	47	sodium phenylbutyrate tabs .....	66	STIMATE SOLN NA .....	67
sildenafil citrate (pulmonary hypertension) tabs .....	47	sodium polystyrene sulfonate powd 82		STIOLTO RESPIMAT .....	13
sildenafil citrate .....	46	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL .....	56	STIVARGA .....	36
silodosin 4 mg .....	71	sodium sulfate-potassium sulfate-		STRIBILD .....	41
				STRIVERDI RESPIMAT .....	13
				sucralfate susp .....	106
				sucralfate tabs .....	106

sulfacetamide sodium (acne) . . . . .	56	SYNAREL . . . . .	66	100/1ML/31G X 15/64" . . . . .	79
sulfacetamide sodium (ophth) oint .	89	SYNJARDY TABS . . . . .	20	TEKTURNA HCT . . . . .	28
sulfacetamide sodium (ophth) soln	89	SYNJARDY XR TB24 1000 MG-10		telmisartan 20 mg, 40 mg . . . . .	26
sulfacetamide sodium w/ sulfur crea		MG, 1000 MG-25 MG . . . . .	20	telmisartan 80 mg . . . . .	26
9.8 %-4.8 % . . . . .	56	SYNJARDY XR TB24 1000 MG-12.5		telmisartan-amlodipine . . . . .	28
sulfacetamide sodium w/ sulfur liqd		MG, 1000 MG-5 MG . . . . .	20	telmisartan-hydrochlorothiazide . .	28
9.8 %-4.8 % . . . . .	56	TABLOID . . . . .	31	temazepam 15 mg . . . . .	73
sulfacetamide sodium w/ sulfur lotn		TABRECTA . . . . .	36	temazepam 30 mg . . . . .	73
10 %-5 % . . . . .	56	tacrolimus (topical) oint 0.03 % . .	62	temazepam 7.5 mg . . . . .	73
sulfacetamide sodium w/ sulfur lotn		tacrolimus (topical) oint 0.1 % . . .	62	TEMIXYS . . . . .	42
9.8 %-4.8 % . . . . .	56	tacrolimus caps . . . . .	82	temozolomide caps . . . . .	31
sulfadiazine tabs . . . . .	103	tadalafil (pulmonary hypertension)		tenofovir disoproxil fumarate tabs .	42
sulfamethoxazole-trimethoprim susp .	29	tabs . . . . .	47	terazosin hcl 1 mg, 2 mg, 5 mg . . .	27
sulfamethoxazole-trimethoprim tabs	29	tadalafil 2.5 mg . . . . .	46	terazosin hcl 10 mg . . . . .	27
SULFAMYLON CREA . . . . .	59	tadalafil 5 mg, 10 mg, 20 mg . . . .	46	terbinafine hcl tabs . . . . .	23
sulfasalazine tabs . . . . .	69	TAFINLAR CAPS . . . . .	36	terbutaline sulfate tabs . . . . .	13
sulfasalazine tbec . . . . .	69	tafluprost . . . . .	92	terconazole vaginal crea . . . . .	108
sulindac tabs 150 mg . . . . .	5	TAGRISSO . . . . .	32	terconazole vaginal supp . . . . .	108
sulindac tabs 200 mg . . . . .	5	TALZENNA 0.25 MG, 1 MG . . . . .	36	teriflunomide . . . . .	95
sumatriptan 20 mg/act . . . . .	79	tamoxifen citrate tabs . . . . .	33	testosterone cypionate soln im . . .	10
sumatriptan 5 mg/act . . . . .	79	tamsulosin hcl . . . . .	71	testosterone enanthate soln im . . .	10
sumatriptan succinate tabs . . . . .	79	TARON-PREX . . . . .	85	testosterone gel td 1.62 %, 20.25	
sunitinib malate 12.5 mg, 37.5 mg, 50		TASIGNA . . . . .	36	mg/1.25gm, 40.5 mg/2.5gm . . . . .	10
mg . . . . .	36	TAVALISSE 100 MG . . . . .	71	tetrabenazine . . . . .	94
sunitinib malate 25 mg . . . . .	36	TAVALISSE 150 MG . . . . .	71	tetracaine hcl (ophth) . . . . .	90
SUPRAX CHEW . . . . .	47	tazarotene crea . . . . .	59	tetracycline hcl caps . . . . .	104
SUPRAX SUSR 500 MG/5ML . . . . .	47	TAZAROTENE FOAM . . . . .	56	TEXACORT SOLN 2.5 % . . . . .	62
SYMDEKO 150 MG-100 MG . . . . .	103	tazarotene gel . . . . .	59	THALITONE . . . . .	65
SYMDEKO 75 MG-50 MG . . . . .	103	TAZORAC CREA . . . . .	59	THALOMID . . . . .	81
SYMTUZA . . . . .	42	TAZVERIK . . . . .	36	THEO-24 CP24 . . . . .	13
		TECHLITE INSULIN SYRINGEU-			

theophylline elix .....	13	tobramycin nebu .....	3	TRACLEER TBSO .....	46
theophylline soln .....	13	tobramycin-dexamethasone susp .	91	tramadol hcl tabs 100 mg .....	8
theophylline tb24 .....	13	TOBREX OINT .....	89	tramadol hcl tabs 50 mg .....	8
THIOLA EC TBEC .....	71	TODAY SPONGE MISC .....	108	tramadol hcl tb24 100 mg .....	8
thioridazine hcl 10 mg, 25 mg, 100 mg .....	40	tolbutamide .....	21	tramadol hcl tb24 200 mg .....	8
thioridazine hcl 50 mg .....	40	tolcapone .....	37	tramadol hcl tb24 .....	8
thiothixene .....	40	TOLSURA CAPS .....	23	tramadol-acetaminophen .....	9
THRIVITE RX TABS .....	86	tolterodine tartrate cp24 .....	107	trandolapril .....	26
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	104	tolterodine tartrate tabs .....	107	trandolapril-verapamil hcl .....	28
tiagabine hcl .....	17	topiramate cp24 200 mg .....	16	tranexamic acid tabs .....	72
TIBSOVO .....	36	topiramate cp24 25 mg .....	16	tranylcypromine sulfate .....	18
timolol maleate (ophth) solg .....	88	topiramate cp24 50 mg, 100 mg ...	16	travoprost .....	92
timolol maleate (ophth) soln .....	88	topiramate cpsp .....	16	trazodone hcl tabs .....	19
timolol maleate tabs 10 mg .....	44	topiramate cs24 100 mg, 150 mg, 200 mg .....	16	TRECTOR .....	30
timolol maleate tabs 20 mg .....	44	topiramate cs24 25 mg, 50 mg ....	16	TRELEGY ELLIPTA .....	13
timolol maleate tabs 5 mg .....	44	topiramate tabs 100 mg .....	16	TREMFYA SOPN .....	59
tinidazole .....	29	topiramate tabs 200 mg .....	16	TREMFYA SOSY .....	59
tiopronin tabs .....	71	topiramate tabs 25 mg .....	16	TRESIBA FLEXTOUCH SOPN ....	21
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG .....	105	topiramate tabs 50 mg .....	16	TRESIBA SOLN .....	21
TIROSINT CAPS 75 MCG .....	104	toremifene citrate .....	33	tretinoin (chemotherapy) .....	37
TIVICAY TABS .....	42	torsemide tabs 100 mg .....	65	tretinoin crea 0.025 %, 0.05 %, 0.1 % .....	56
tizanidine hcl caps .....	86	torsemide tabs 5 mg, 10 mg, 20 mg 65		tretinoin gel 0.01 %, 0.025 % .....	56
tizanidine hcl tabs 2 mg .....	86	TOUJEO MAX SOLOSTAR SOPN	21	tretinoin gel 0.05 % .....	56
tizanidine hcl tabs 4 mg .....	86	TOUJEO SOLOSTAR SOPN .....	21	tretinoin microsphere .....	56
TOBI PODHALER CAPS .....	3	TPOXX (TECOVIRIMAT CAP 200 MG) .....	43	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	31
TOBRADEX OINT .....	90	TPOXX CAPS .....	43	triamcinolone acetonide (mouth) ..	82
TOBRADEX ST SUSP .....	90	TPOXX SOLN .....	43	triamcinolone acetonide (nasal) aero .	88
tobramycin (ophth) soln .....	89			triamcinolone acetonide (topical) aers	

62	TRIUMEQ PD TBSO	42	TRUSTEX/RIA LUBRICATED MISC	77
triamcinolone acetonide (topical) crea	TRIUMEQ TABS	42	TRUSTEX/RIA LUBRICATED	
.....62	TRI-VI-FLOR	84	SPERMICIDE MISC	77
triamcinolone acetonide (topical) lotn	TRI-VI-FLORO	84	TRUSTEX/RIA	
62	TRIZIVIR	42	LUBRICATED/SPERMICIDE MISC	77
triamcinolone acetonide (topical) oint	tropicamide soln	89	TRUSTEX/RIA NON-LUBRICATED	
0.025 %, 0.1 %, 0.5 %	trospium chloride cp24	107	MISC	77
.....62	trospium chloride tabs	107	TUKYSA	32
triamterene & hydrochlorothiazide	TRULANCE	68	TURALIO 200 MG	36
caps 25 mg-37.5 mg	TRULICITY	20	TWIRLA	52
.....64	TRUSTEX COLOR CONDOMS +		TYBLUME CHEW	51
triamterene & hydrochlorothiazide	LUBE MISC	76	TYBOST	42
tabs 25 mg-37.5 mg	TRUSTEX LUBRICATED		TYVASO REFILL SOLN IN	46
.....64	EXTRALARGE MISC	76	TYVASO SOLN IN	46
triamterene & hydrochlorothiazide	TRUSTEX LUBRICATED		TYVASO STARTER SOLN IN	46
tabs 50 mg-75 mg	EXTRASTRENGTH MISC	76	UBRELVY	79
.....64	TRUSTEX LUBRICATED MISC	76	ULTRAVATE LOTN	62
triamterene caps	TRUSTEX		UPTRAVI TABS 200 MCG	47
.....65	LUBRICATED/RIBBED/STUDD		UPTRAVI TABS 400 MCG, 600	
triazolam 0.125 mg	MISC	76	MCG, 800 MCG, 1000 MCG, 1200	
.....73	TRUSTEX		MCG, 1400 MCG, 1600 MCG	47
triazolam 0.25 mg	LUBRICATED/SPERMICIDE EXTRA		UPTRAVI TITRATION PACK TBPK	47
.....73	LARGE MISC	77	ursodiol caps	68
trientine hcl	TRUSTEX		ursodiol tabs	68
.....81	LUBRICATED/SPERMICIDE MISC	76	valacyclovir hcl 1 gm, 1000 mg	43
trifluoperazine hcl tabs	TRUSTEX NATURAL CONDOMS		valacyclovir hcl 500 mg	43
.....40	+LUBE/LUBRICATED MISC	77	VALCHLOR	58
trifluridine	TRUSTEX NON-LUBRICATED MISC		valganciclovir hcl solr	42
.....90	.....77		valganciclovir hcl tabs	42
trihexyphenidyl hcl soln	TRUSTEX WITH NONOXYNOL-		valproate sodium soln or 250 mg/5ml	
.....37	9/RIBBED/STUDD MISC	77		
trihexyphenidyl hcl tabs				
.....37				
TRIJARDY XR				
.....20				
TRIKAFTA TBPK 100 MG-50 MG				
103				
TRIKAFTA TBPK 50 MG-25 MG				
.....103				
trimethobenzamide hcl caps				
.....22				
trimethoprim tabs				
.....29				
trimipramine maleate caps				
.....19				
TRINATAL RX 1 TABS				
.....86				
TRINTELLIX				
.....19				
TRISTART DHA				
.....86				
TRISTART ONE				
.....86				



DIAPHRAGM KIT 70 .....	77	XPOVIO .....	33	zolpidem tartrate tabs .....	73
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	77	XPOVIO 80 MG TWICE WEEKLY 33		zolpidem tartrate tbcr .....	73
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	77	XTANDI CAPS .....	33	ZOMIG SOLN 2.5 MG .....	80
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	77	XTANDI TABS .....	33	zonisamide caps 100 mg .....	17
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	77	XYREM SOLN .....	93	zonisamide caps 25 mg, 50 mg ....	17
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	77	YONSA .....	33	ZYDELIG .....	37
WILZIN .....	81	zaleplon .....	73	ZYKADIA TABS .....	37
XALKORI .....	37	ZATEAN-PN DHA .....	86	ZYLET .....	91
XARELTO STARTER PACK TBPK 14		ZATEAN-PN PLUS .....	86		
XARELTO SUSR .....	14	ZEJULA CAPS .....	37		
XARELTO TABS .....	14	ZELAPAR TBDP .....	38		
XATMEP SOLN .....	31	ZELBORAF .....	37		
XELJANZ SOLN .....	3	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT .....	64		
XELJANZ TABS 10 MG .....	3	zidovudine caps .....	42		
XELJANZ TABS 5 MG .....	3	zidovudine syrup .....	42		
XELJANZ XR TB24 11 MG .....	3	zidovudine tabs .....	42		
XELJANZ XR TB24 22 MG .....	3	zileuton tb12 .....	12		
XERAC AC .....	62	ziprasidone hcl 20 mg, 40 mg .....	39		
XERMELO .....	70	ziprasidone hcl 60 mg, 80 mg .....	39		
XHANCE EXHU .....	88	ZIRGAN GEL .....	90		
XIFAXAN 200 MG .....	29	ZOLINZA .....	37		
XIFAXAN 550 MG .....	29	zolmitriptan soln .....	79		
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG .....	20	zolmitriptan tabs .....	80		
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG .....	20	zolmitriptan tbdp .....	80		
XOSPATA .....	37				