

California

3 Tier with Specialty

Drug List (1020)

California Small and Large Group Members

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 All previous versions are no longer in effect.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

California Small and Large Group members

Go to

[Drug List -- Use the "3 Tier with Specialty" Formulary.](#)

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

Small Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Large Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Tier Descriptions

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

Nonpreferred Generic Drugs

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

<i>Tier</i>	<i>Description</i>
1	Tier one shall consist of most generic drugs and low-cost preferred brand drugs.
2	Tier two shall consist of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three shall consist of non-preferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four shall consist of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	Tier 5 includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available. To get a brand drug that has a generic equivalent available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at a higher copayment. Refer to your plan documents.

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AC	Anti-Cancer	These oral cancer drugs have a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order, if applicable).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers all self-administered hormonal contraceptives on the Formulary, up to a 12-month supply when dispensed at one time.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan, except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies. Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception

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

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

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

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

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

- Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
- Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

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

Are all contraceptives covered?

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

What blood glucose supplies are covered?

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

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

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

Are preventive drugs covered?

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

What drugs are covered under my medical benefit?

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

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you visit our website at [Find a pharmacy near you](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 ea daily; 90 Day(s) limit)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
<i>amphetamine-dextroamphetamine</i> CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine</i> TABS	1	
DESOXYN (<i>methamphetamine hcl</i>)	7	PA
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate</i> CP24	1	
<i>dextroamphetamine sulfate</i> SOLN	1	
<i>dextroamphetamine sulfate</i> TABS 5 MG, 10 MG	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	QL(1 ea daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
<i>armodafinil</i>	1	ST; PA
DAYTRANA PTCH (<i>methylphenidate</i>)	3	QL(1 ea daily)
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	7	QL(1 ea daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 ea daily)
METADATE CD CPR (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
METHYLIN SOLN (<i>methylphenidate hcl</i>)	7	
<i>methylphenidate hcl CHEW</i>	1	
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>methylphenidate hcl CP24 60 MG</i>	3	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl CPR</i>	1	QL(1 ea daily)
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 180 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 72 MG</i>	1	QL(1 ea daily)
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate PTCH</i>	3	QL(1 ea daily)
<i>modafinil</i>	1	QL(1 ea daily)
NUVIGIL (<i>armodafinil</i>)	7	ST; PA
PROVIGIL (<i>modafinil</i>)	7	QL(1 ea daily)
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 ea daily); PA
QUILLICHEW ER CHER 30 MG	3	QL(2 ea daily); PA
QUILLIVANT XR SRER	3	QL(12 ml daily); PA
RELEXXII TBCR 72 MG	2	QL(1 ea daily)
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 ea daily)
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	4	PA
BETHKIS NEBU (<i>tobramycin</i>)	4	PA
HUMATIN	2	
<i>neomycin sulfate TABS</i>	1	
TOBI PODHALER CAPS	4	PA
TOBI NEBU (<i>tobramycin</i>)	4	PA
<i>tobramycin NEBU</i>	4	PA

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PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin NEBU 300 MG/5ML</i>	4	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST; PA
RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ml daily); PA
HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 day(s) retail); PA
HUMIRA PEN AJKT SC 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEN AJKT SC 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily); SP; PA
HUMIRA PEN AJKT SC 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); SP; PA	ARCALYST	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 day(s) retail); SP; PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC	4	Check plan documents for coverage; QL(4 ea per 365 day(s) retail); SP; PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN-PS/UV STARTER AJKT SC	4	Check plan documents for coverage; QL(0.143 ea daily); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEN-PS/UV STARTER AJKT SC	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); PA	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1	
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Indomethacin) INDOCIN SUPP	4	
Gold Compounds			(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
RIDAURA	4		(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
Interleukin-1 Blockers			ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
			ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	3	
			ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>)	3	

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Drug Name	Drug Tier	Requirements/Limits
CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 ea daily); PA
CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 ea daily)
<i>celecoxib</i> 50 MG, 100 MG, 200 MG	1	QL(2 ea daily)
<i>celecoxib</i> 400 MG	1	QL(2 ea daily); PA
DAYPRO TABS (<i>oxaprozin</i>)	7	
<i>diclofenac potassium</i> TABS 50 MG	1	
<i>diclofenac sodium</i> TB24 100 MG	1	
<i>diclofenac sodium</i> TBEC	1	
<i>diclofenac w/ misoprostol</i> TBEC	3	
<i>etodolac</i> CAPS	1	
<i>etodolac</i> TABS	1	
<i>etodolac</i> TB24 400 MG, 500 MG, 600 MG	1	QL(2 ea daily)
FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 ea daily)
FELDENE CAPS 10 MG (<i>piroxicam</i>)	7	
<i>fenoprofen calcium</i> TABS	3	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> TABS 400 MG, 600 MG, 800 MG	1	
<i>indomethacin</i> CAPS 25 MG, 50 MG	1	
<i>indomethacin</i> CPR	1	
<i>indomethacin</i> SUPP	4	
<i>indomethacin</i> SUSP	2	
<i>ketoprofen</i> CP24	3	
<i>ketorolac tromethamine</i> TABS	1	QL(20 ea per fill retail)
LODINE TABS (<i>etodolac</i>)	7	
<i>meclofenamate sodium</i> CAPS	1	
<i>mefenamic acid</i> CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam</i> CAPS 10 MG	3	PA
<i>meloxicam</i> CAPS 5 MG	3	ST; PA
<i>meloxicam</i> TABS 7.5 MG	1	QL(2 ea daily)
<i>meloxicam</i> TABS 15 MG	1	QL(1 ea daily)
<i>nabumetone</i> 750 MG	1	QL(3 ea daily)
<i>nabumetone</i> 500 MG	1	QL(4 ea daily)
NALFON TABS (<i>fenoprofen calcium</i>)	3	
NAPROSYN SUSP (<i>naproxen</i>)	7	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	
<i>naproxen sodium</i> TABS 275 MG, 550 MG	1	
<i>naproxen</i> SUSP	1	
<i>naproxen</i> TABS	1	
<i>oxaprozin</i> TABS	1	
<i>piroxicam</i> CAPS 20 MG	1	QL(1 ea daily)
<i>piroxicam</i> CAPS 10 MG	1	
<i>sulindac</i> TABS 150 MG	1	QL(2 ea daily)
<i>sulindac</i> TABS 200 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS 30 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); SP; PA
OTEZLA TABS 20 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); SP; PA
OTEZLA TBPK	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7		(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	PV
FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	3				
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, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV	CONZIP CP24 (<i>tramadol hcl</i>)	3	
			DILAUDID LIQD (<i>hydromorphone hcl</i>)	7	
			DILAUDID TABS (<i>hydromorphone hcl</i>)	7	
			<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 ea daily); PA
			<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA
			<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>hydrocodone bitartrate CP12</i>	3	PA
			<i>hydrocodone bitartrate T24A</i>	2	PA
			<i>hydromorphone hcl LIQD</i>	1	
			<i>hydromorphone hcl TABS</i>	1	
<i>aspirin CHEW</i>	5	PV	<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	3	QL(4 ea daily)
<i>aspirin TBEC 81 MG</i>	5	PV	<i>hydromorphone hcl TB24 32 MG</i>	3	QL(2 ea daily)
<i>diflunisal TABS</i>	1		HYSINGLA ER T24A	3	PA
<i>salsalate</i>	1		<i>levorphanol tartrate TABS</i>	4	PA
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	2	
Opioid Agonists			<i>meperidine hcl TABS 50 MG</i>	1	
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		<i>methadone hcl CONC</i>	1	
(Methadone Hcl) METHADOSE TBSO	1		<i>methadone hcl SOLN OR 5 MG/5ML, 10 MG/5ML</i>	1	
<i>codeine sulfate TABS</i>	1		<i>methadone hcl TABS</i>	1	QL(12 ea daily)
			<i>methadone hcl TBSO</i>	1	

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

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<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1		OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG	3	
<i>butalbital-aspirin-caffeine w/cod</i>	3		PERCO CET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7		PERCO CET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 ea daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		PERCO CET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)	PROLATE TABS	3	
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>tramadol-acetaminophen</i>	1	QL(8 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)	Opioid Partial Agonists		
<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
OXYCODONE AND ACETAMINOPHEN TABS	3		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily)	<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)	<i>buprenorphine PTWK 5 MCG/HR</i>	1	QL(4 ea per 28 day(s) retail)
			<i>buprenorphine PTWK 20 MCG/HR</i>	1	Limit 4 patches per month; QL(4 ea per 28 day(s) retail)
			<i>buprenorphine PTWK</i>	1	Limited to 4 patches per month; QL(4 ea per 28 day(s) retail)
			<i>buprenorphine PTWK 15 MCG/HR</i>	1	Limit 4 patches per 28 days; QL(4 ea per 28 day(s) retail)

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<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
BUTRANS PTWK 7.5 MCG/HR (<i>buprenorphine</i>)	7	Limited to 4 patches per month; QL(4 ea per 28 day(s) retail)
<i>pentazocine w/ naloxone hcl</i>	1	
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 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)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 100 MG/ML, 200 MG/ML	1	QL(10 ml per fill retail)
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	
FORTESTA GEL TD (<i>testosterone</i>)	7	QL(4 gm daily)
METHITEST TABS	4	
<i>methyltestosterone CAPS</i>	4	
TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limit 300gms per month; QL(10 gm daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
VOGELXO GEL TD (<i>testosterone</i>)	3	QL(10 gm daily); PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	2	PA
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
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		
<i>nitroglycerin (intra-anal)</i>	2	
ANTHELMINTICS - Drugs to Treat Worm		

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Drug Name	Drug Tier	Requirements/Limits
Infections		
Anthelmintics		
<i>albendazole</i>	3	QL(4 ea per fill retail)
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	2	
STROMEKTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 500 MG (<i>ranolazine</i>)	7	QL(4 ea daily)
RANEXA TB12 1000 MG (<i>ranolazine</i>)	7	
<i>ranolazine TB12 1000 MG</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	7	
<i>isosorbide dinitrate TABS 40 MG</i>	2	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 ea daily)
NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone 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		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
ATIVAN TABS (<i>lorazepam</i>)	7	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	7	
VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 ea daily)
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
XANAX XR TB24 (<i>alprazolam</i>)	7	
XANAX TABS (<i>alprazolam</i>)	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	2	
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/Limits
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
FASENRA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)
<i>zileuton TB12</i>	4	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ml daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ml daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ml daily)
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 gm daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
(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)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)	SEREVENT DISKUS	2	QL(2 ea daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)	STIOLTO RESPIMAT	2	QL(0.14 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		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
ALBUTEROL SULFATE NEBU	2		SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
<i>albuterol sulfate SYRP</i>	1		<i>terbutaline sulfate TABS</i>	1	
<i>albuterol sulfate TABS</i>	1		TRELEGY ELLIPTA	2	QL(2 ea daily)
ANORO ELLIPTA	2	QL(2 ea daily)	XOPENEX (<i>levalbuterol hcl</i>)	7	
<i>arformoterol tartrate</i>	2	QL(4 ml daily)	XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	7	
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	Xanthines		
<i>budesonide-formoterol fumarate dihydrate</i>	1		(Theophylline) ELIXOPHYLLIN ELIX	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)	THEO-24 CP24	2	
<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)	<i>theophylline ELIX</i>	1	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)	<i>theophylline SOLN</i>	1	
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)	<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
<i>formoterol fumarate NEBU</i>	2	QL(4 ml daily)	<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
<i>ipratropium-albuterol SOLN</i>	1		<i>theophylline TB24</i>	1	QL(1 ea daily)
<i>levalbuterol hcl</i>	1		ANTICOAGULANTS - Blood Thinners		
<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)	Coumarin Anticoagulants		
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)	(Warfarin Sodium) JANTOVEN TABS	1	
			<i>warfarin sodium TABS</i>	1	
			Direct Factor Xa Inhibitors		
			ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 day(s) retail)
			ELIQUIS TABS	2	QL(2 ea daily)
			XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail)	FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ml per 90 day(s) retail)
XARELTO TABS 10 MG	2	QL(2 ea daily)	FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ml per 90 day(s) retail)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)	Heparins And Heparinoid-Like Agents		
Heparins And Heparinoid-Like Agents			LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	7	QL(42 ml per 7 day(s) retail)
ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	4	QL(4 ml per 90 day(s) retail)	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	7	QL(11.2 ml per 7 day(s) retail)
ARIXTRA 5 MG/0.4ML (<i>fondaparinux sodium</i>)	4	QL(3 ml per 90 day(s) retail)	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	7	QL(8.4 ml per 7 day(s) retail)
ARIXTRA 10 MG/0.8ML (<i>fondaparinux sodium</i>)	4	QL(6 ml per 90 day(s) retail)	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	7	QL(14 ml per 7 day(s) retail)
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ml per 7 day(s) retail)	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	7	
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(11.2 ml per 7 day(s) retail)	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	7	QL(5.6 ml per 7 day(s) retail)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ml per 7 day(s) retail)	Thrombin Inhibitors		
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ml per 7 day(s) retail)	<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 ea daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1		<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 ea daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ml per 7 day(s) retail)	ANTICONVULSANTS - Drugs to Treat Seizures		
<i>fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML</i>	4	QL(4 ml per 90 day(s) retail)	AMPA Glutamate Receptor Antagonists		
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ml per 90 day(s) retail)	FYCOMPA SUSP	4	QL(24 ml daily)
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ml per 90 day(s) retail)	FYCOMPA TABS 6 MG	4	QL(2 ea daily)
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA	FYCOMPA TABS 2 MG	4	QL(6 ea daily)
FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ml per 90 day(s) retail)	FYCOMPA TABS 4 MG	4	QL(3 ea daily)
FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ml per 90 day(s) retail)	FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 ea daily)
FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ml per 90 day(s) retail)	Anticonvulsants - Benzodiazepines		
			<i>clobazam SUSP</i>	2	
			<i>clobazam TABS 20 MG</i>	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clobazam TABS 10 MG</i>	2	QL(1 ea daily)	BRIVIACT TABS 100 MG	3	ST; QL(2 ea daily); PA
<i>clonazepam TABS</i>	1		<i>carbamazepine CHEW</i>	1	
<i>clonazepam TBDP</i>	1		<i>carbamazepine CP12</i>	1	
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	3	Limit 4 per month; QL(0.14 ea daily)	<i>carbamazepine SUSP</i>	1	
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	3	Limit 4 per month; QL(0.14 ea daily)	<i>carbamazepine TABS</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	2	Limit 4 per month; QL(0.14 ea daily)	<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
KLONOPIN TABS (<i>clonazepam</i>)	7		<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
NAYZILAM	4	QL(10 ea per 30 day(s) retail); PA	<i>carbamazepine TB12 100 MG</i>	1	
Anticonvulsants - Misc.			CARBATROL CP12 (<i>carbamazepine</i>)	7	
(Carbamazepine) EPITOL TABS	1		DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	2		DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	2		DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE TABS	1		DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	EPIDIOLEX	4	ST; PA
APTIOM	3	QL(1 ea daily); ST	<i>gabapentin CAPS</i>	1	
BRIVIACT SOLN OR 10 MG/ML	4	PA	<i>gabapentin SOLN</i>	1	
BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA	<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BRIVIACT TABS 10 MG	3	ST; PA	KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)
			KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	7	
			KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)
			KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)
			<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ml daily)
			<i>lacosamide TABS</i>	1	QL(2 ea daily)
			LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT KIT <i>(lamotrigine)</i>	3	PA
LAMICTAL ODT TBDP <i>(lamotrigine)</i>	3	PA
LAMICTAL XR KIT	3	PA
LAMICTAL XR TB24 250 MG <i>(lamotrigine)</i>	3	Use Immediate Release Tabs; PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG <i>(lamotrigine)</i>	3	Use Immediate Release Tabs; QL(1 ea daily); PA
LAMICTAL XR TB24 300 MG <i>(lamotrigine)</i>	3	Use Immediate Release Tabs; QL(2 ea daily); PA
LAMICTAL TABS <i>(lamotrigine)</i>	7	
<i>lamotrigine CHEW 5 MG, 25 MG</i>	1	
<i>lamotrigine KIT 25 MG</i>	2	
<i>lamotrigine KIT</i>	3	PA
<i>lamotrigine TABS</i>	1	
<i>lamotrigine TB24 250 MG</i>	3	Use Immediate Release Tabs; PA
<i>lamotrigine TB24 300 MG</i>	3	Use Immediate Release Tabs; QL(2 ea daily); PA
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	3	Use Immediate Release Tabs; QL(1 ea daily); PA
<i>lamotrigine TBDP</i>	3	PA
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)
<i>levetiracetam TB24</i>	1	QL(4 ea daily)
LYRICA CAPS 225 MG, 300 MG <i>(pregabalin)</i>	7	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG <i>(pregabalin)</i>	7	QL(3 ea daily); PA
LYRICA SOLN <i>(pregabalin)</i>	7	QL(30 ml daily); PA
MYSOLINE <i>(primidone)</i>	7	
NEURONTIN CAPS <i>(gabapentin)</i>	7	
NEURONTIN SOLN <i>(gabapentin)</i>	7	
NEURONTIN TABS <i>(gabapentin)</i>	7	
<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)
<i>oxcarbazepine TABS 150 MG</i>	1	
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)
<i>oxcarbazepine TB24 600 MG</i>	3	QL(4 ea daily); ST
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	3	ST
OXTELLAR XR TB24 150 MG, 300 MG <i>(oxcarbazepine)</i>	3	ST
OXTELLAR XR TB24 600 MG <i>(oxcarbazepine)</i>	3	QL(4 ea daily); ST
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 ea daily); PA
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 ea daily); PA
<i>pregabalin SOLN</i>	1	QL(30 ml daily); PA
<i>primidone 50 MG, 250 MG</i>	1	
<i>rufinamide SUSP</i>	2	
<i>rufinamide TABS 400 MG</i>	2	QL(8 ea daily)
<i>rufinamide TABS 200 MG</i>	2	
SPRITAM TB3D	3	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TEGRETOL SUSP (<i>carbamazepine</i>)	7		VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	7	QL(40 ml daily)
TEGRETOL TABS (<i>carbamazepine</i>)	7		VIMPAT TABS (<i>lacosamide</i>)	7	QL(2 ea daily)
TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)	ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 ea daily)
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7		ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	
TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)	<i>zonisamide</i> CAPS 100 MG	1	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7		<i>zonisamide</i> CAPS 25 MG, 50 MG	1	
TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)	Carbamates		
TOPAMAX TABS 25 MG (<i>topiramate</i>)	7		<i>felbamate</i> SUSP	1	
TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)	<i>felbamate</i> TABS	1	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)	FELBATOL SUSP (<i>felbamate</i>)	7	
<i>topiramate</i> CP24 200 MG	2	QL(2 ea daily); PA	FELBATOL TABS (<i>felbamate</i>)	7	
<i>topiramate</i> CP24 25 MG, 50 MG, 100 MG	2	PA	GABA Modulators		
<i>topiramate</i> CPSP	1		(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 ea daily)
<i>topiramate</i> CS24 25 MG, 50 MG	2	QL(2 ea daily); PA	(Vigabatrin) VIGADRONE TABS	4	
<i>topiramate</i> CS24 100 MG, 150 MG, 200 MG	2	QL(1 ea daily); PA	SABRIL PACK (<i>vigabatrin</i>)	4	QL(6 ea daily)
<i>topiramate</i> TABS 50 MG	1	QL(8 ea daily)	SABRIL TABS (<i>vigabatrin</i>)	4	
<i>topiramate</i> TABS 25 MG	1		<i>tiagabine</i> hcl	2	
<i>topiramate</i> TABS 200 MG	1	QL(2 ea daily)	<i>vigabatrin</i> PACK	4	QL(6 ea daily)
<i>topiramate</i> TABS 100 MG	1	QL(4 ea daily)	<i>vigabatrin</i> TABS	4	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	7	QL(40 ml daily)	Hydantoins		
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7		(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 ea daily)	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 ea daily)	DILANTIN (<i>phenytoin sodium extended</i>)	7	
			DILANTIN 30 MG	2	

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DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7		REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7	
DILANTIN-125 SUSP (<i>phenytoin</i>)	7		REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		Antidepressants - Misc.		
<i>phenytoin CHEW</i>	1		<i>bupropion hcl TABS 75 MG, 100 MG</i>	1	
<i>phenytoin SUSP</i>	1		<i>bupropion hcl TB12</i>	1	
Succinimides			<i>bupropion hcl TB24 450 MG</i>	2	
CELONTIN (<i>methsuximide</i>)	7		<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
<i>ethosuximide CAPS</i>	1		WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7	
<i>ethosuximide SOLN</i>	1		WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)
<i>methsuximide</i>	1		Monoamine Oxidase Inhibitors (MAOIs)		
ZARONTIN CAPS (<i>ethosuximide</i>)	7		EMSAM	3	QL(1 ea daily)
ZARONTIN SOLN (<i>ethosuximide</i>)	7		MARPLAN	3	
Valproic Acid			NARDIL (<i>phenelzine sulfate</i>)	7	
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7		<i>phenelzine sulfate</i>	1	
DEPAKOTE SPRINKLES CSDR 125 MG (<i>divalproex sodium</i>)	7		<i>tranylcypromine sulfate</i>	2	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7		N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>divalproex sodium CSDR</i>	1		SPRAVATO 56MG DOSE	4	PA
<i>divalproex sodium TB24</i>	1		SPRAVATO 84MG DOSE	4	PA
<i>divalproex sodium TBEC</i>	1		Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1		CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)
<i>valproic acid CAPS</i>	1		<i>citalopram hydrobromide SOLN</i>	1	QL(20 ml daily)
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>escitalopram oxalate SOLN</i>	1	
<i>mirtazapine TABS</i>	1		<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)
<i>mirtazapine TBDP</i>	1				

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<i>escitalopram oxalate</i> TABS 5 MG	1	QL(2 ea daily)	<i>sertraline hcl</i> TABS	1	QL(2 ea daily)
<i>fluoxetine hcl</i> CAPS 40 MG	1	QL(1 ea daily)	SERTRALINE HYDROCHLORIDE CAPS	2	
<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	1		ZOLOFT CONC (<i>sertraline hcl</i>)	7	
<i>fluoxetine hcl</i> CPDR	3		ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 ea daily)
<i>fluoxetine hcl</i> SOLN	1	QL(15 ml daily)	Serotonin Modulators		
<i>fluoxetine hcl</i> TABS 10 MG	1		<i>nefazodone hcl</i>	1	
<i>fluoxetine hcl</i> TABS 20 MG, 60 MG	1	QL(1 ea daily)	<i>trazodone hcl</i> TABS	1	
<i>fluoxetine hcl</i> TABS 60 MG	3	QL(1 ea daily)	TRINTELLIX	3	ST
<i>fluvoxamine maleate</i> CP24 100 MG	1	QL(3 ea daily)	VIIBRYD STARTER PACK KIT	3	
<i>fluvoxamine maleate</i> CP24 150 MG	1		VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7	
<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	1		VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 ea daily)
<i>fluvoxamine maleate</i> TABS 100 MG	1	QL(3 ea daily)	<i>vilazodone hcl</i> TABS 10 MG, 40 MG	1	
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)	<i>vilazodone hcl</i> TABS 20 MG	1	QL(2 ea daily)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl</i> SUSP	1		CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)
<i>paroxetine hcl</i> TABS	1		<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>paroxetine hcl</i> TB24	1		<i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 60 MG	1	QL(2 ea daily)
PAXIL CR TB24 (<i>paroxetine hcl</i>)	7		EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)
PAXIL SUSP (<i>paroxetine hcl</i>)	7		EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)
PAXIL TABS (<i>paroxetine hcl</i>)	7		FETZIMA TITRATION PACK C4PK	3	ST
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)	FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7		FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
<i>sertraline hcl</i> CONC	1		PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)	ACTOPLUS MET TABS 850 MG-15 MG <i>(pioglitazone hcl-metformin hcl)</i>	7	
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)	<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 ea daily)
<i>venlafaxine hcl TABS</i>	1		<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 ea daily)
<i>venlafaxine hcl TB24 225 MG</i>	1		DUETACT <i>(pioglitazone hcl-glimepiride)</i>	7	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)	<i>glipizide-metformin hcl</i>	1	
Tricyclic Agents			<i>glyburide-metformin</i>	1	
<i>amitriptyline hcl TABS</i>	1		GLYXAMBI	2	
<i>amoxapine</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
ANAFRANIL <i>(clomipramine hcl)</i>	7		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
<i>clomipramine hcl</i>	1		JANUMET TABS	2	QL(2 ea daily)
<i>desipramine hcl TABS</i>	1		<i>pioglitazone hcl-glimepiride</i>	1	
<i>doxepin hcl CAPS</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>doxepin hcl CONC</i>	1		<i>saxagliptin-metformin hcl</i>	2	QL(1 ea daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
<i>imipramine pamoate</i>	3		SYNJARDY TABS	2	QL(2 ea daily)
NORPRAMIN TABS 10 MG, 25 MG <i>(desipramine hcl)</i>	7		TRIJARDY XR	2	
<i>nortriptyline hcl CAPS</i>	1		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
<i>nortriptyline hcl SOLN</i>	1		XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
PAMELOR CAPS <i>(nortriptyline hcl)</i>	7		Biguanides		
<i>protriptyline hcl</i>	1		<i>metformin hcl SOLN</i>	2	
<i>trimipramine maleate CAPS</i>	1				
ANTIDIABETICS - Drugs to Regulate Blood Sugar					
Alpha-Glucosidase Inhibitors					
<i>acarbose</i>	1				
<i>miglitol</i>	3				
Antidiabetic Combinations					

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate 25 MG</i>	2	QL(1 ea daily)
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	2	
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	Not available through Mail Order.; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY SC	2	Not available through mail order; PA
VICTOZA (<i>liraglutide</i>)	2	Not available through mail order; SP; PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMALOG SOCT 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		
ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 ea daily)
ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
<i>pioglitazone hcl 15 MG</i>	1	
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	7	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS 2.5 MG, 5 MG, 10 MG</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
GLYNASE (<i>glyburide micronized</i>)	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 2 MG	3	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	3	RX/OTC
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
<i>loperamide hcl CAPS 2 MG</i>	3	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	
FERRIPROX SOLN	4	Not available through mail order

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FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	PA
JADENU TABS (<i>deferasirox</i>)	4	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	7	QL(4 ea per 30 day(s) retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; QL(2 ea per fill retail); PA
<i>granisetron hcl TABS</i>	1	Limit 2 per month; QL(2 ea daily); PA
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 ea per fill retail)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(20 ea per fill retail)
SANCUSO PTCH	4	QL(1 ea per 21 day(s) retail); PA
Antiemetics - Anticholinergic		

Drug Name	Drug Tier	Requirements/Limits
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	7	
<i>meclizine hcl TABS 50 MG</i>	1	
<i>scopolamine</i>	1	
TRANSDERM-SCOP (<i>scopolamine</i>)	7	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 day(s) retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	7	QL(4 ea daily)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)
<i>dronabinol CAPS 10 MG</i>	2	PA
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
MARINOL CAPS 2.5 MG, 5 MG (<i>dronabinol</i>)	7	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	QL(1 ea per fill retail; 1 ea per 30 day(s) retail)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant CAPS</i>	3	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant MISC</i>	3	Limit 3 per month; QL(0.1 ea daily)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	3	Limit 3 per month; QL(0.1 ea daily)
EMEND CAPS 80 MG (<i>aprepitant</i>)	7	QL(1 ea per fill retail; 1 ea per 30 day(s) retail)
EMEND SUSR	3	QL(1 ea per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits
VARUBI TBPK	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON (<i>flucytosine</i>)	4	SP
<i>flucytosine</i>	4	SP
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	Not available through mail order
DIFLUCAN SUSR (<i>fluconazole</i>)	7	
DIFLUCAN TABS 100 MG, 150 MG, 200 MG (<i>fluconazole</i>)	7	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	2	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	
SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
VFEND TABS (<i>voriconazole</i>)	7	QL(2 ea daily)
<i>voriconazole SUSR</i>	2	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		

Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate SUER</i>	3	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
KARBINAL ER SUER (<i>carbinoxamine maleate</i>)	3	
RYVENT TABS	3	
Antihistamines - Non-Sedating		
CLARINEX TABS (<i>desloratadine</i>)	3	ST; QL(1 ea daily); PA
<i>desloratadine TABS</i>	3	ST; QL(1 ea daily); PA
<i>desloratadine TBDP 2.5 MG</i>	3	ST; PA
<i>desloratadine TBDP 5 MG</i>	3	PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)
Antihistamines - Piperidines		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl SYRP</i>	1		COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>cyproheptadine hcl TABS</i>	1		<i>colestipol hcl GRAN</i>	1	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>colestipol hcl PACK</i>	1	
Antihyperlipidemics - Combinations			<i>colestipol hcl TABS</i>	1	
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)	QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	QUESTRAN PACK (<i>cholestyramine</i>)	7	
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)	QUESTRAN POWD (<i>cholestyramine</i>)	7	
Antihyperlipidemics - Misc.			Fibric Acid Derivatives		
<i>icosapent ethyl</i>	2	PA	<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 ea daily)	<i>choline fenofibrate 45 MG</i>	1	
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
Bile Acid Sequestrants			<i>fenofibrate CAPS 50 MG</i>	3	
(Cholestyramine Light) PREVALITE PACK	1		<i>fenofibrate CAPS 150 MG</i>	2	
(Cholestyramine Light) PREVALITE POWD	1		<i>fenofibrate TABS 48 MG</i>	1	
<i>cholestyramine light PACK</i>	1		<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
<i>cholestyramine light POWD</i>	1		<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
<i>cholestyramine PACK</i>	1		FENOFIBRATE TABS	2	QL(1 ea daily)
<i>cholestyramine POWD</i>	1		<i>fenofibric acid 105 MG</i>	1	
<i>colesevelam hcl PACK</i>	2	QL(1 ea daily)	<i>gemfibrozil TABS</i>	1	
<i>colesevelam hcl TABS</i>	2	QL(7 ea daily)	LIPOFEN CAPS 50 MG (<i>fenofibrate</i>)	3	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7		LOPID TABS (<i>gemfibrozil</i>)	7	
COLESTID FLAVORED PACK 5 GM/7.5GM (<i>colestipol hcl</i>)	7		TRICOR TABS 48 MG (<i>fenofibrate</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7		TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)
COLESTID PACK (<i>colestipol hcl</i>)	7		TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7	
			TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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>	1	\$0 copay for Generic only, age 40 to 75; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>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 (<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 5 MG	4	ST; PA
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
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 5 MG, 10 MG, 20 MG, 40 MG</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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	
Agents for Pheochromocytoma		
DEMSER (<i>metyrosine</i>)	4	
DIBENZYLIN (<i>phenoxybenzamine hcl</i>)	7	Not available through mail
<i>metyrosine</i>	4	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)
AVAPRO (<i>irbesartan</i>)	7	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
COZAAR (<i>losartan potassium</i>)	7	
DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 ea daily)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<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)
Antiadrenergic Antihypertensives		
CARDURA (<i>doxazosin mesylate</i>)	7	
<i>clonidine OR</i>	3	
<i>clonidine hcl TABS</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa TABS</i>	1	
MINIPRESS CAPS (<i>prazosin hcl</i>)	7	
NEXICLON XR OR (<i>clonidine</i>)	3	
<i>prazosin hcl CAPS</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)
Antihypertensive Combinations		
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	QL(1 ea daily)
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7		HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7	
<i>atenolol & chlorthalidone</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>benazepril & hydrochlorothiazide</i>	1		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>losartan potassium & hydrochlorothiazide</i>	1	
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7	
<i>bisoprolol & hydrochlorothiazide</i>	1		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>candesartan cilexetil-hydrochlorothiazide</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
<i>captopril & hydrochlorothiazide</i>	1		MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7	
DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
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				
EDARBYCLOR	3	QL(1 ea daily)			
<i>enalapril maleate & hydrochlorothiazide</i>	1				

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<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)	Antihypertensives - Misc.		
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)	VECAMYL	4	PA
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		Direct Renin Inhibitors		
<i>telmisartan-amlodipine</i>	1		<i>aliskiren fumarate</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1		TEKTURNA (<i>aliskiren fumarate</i>)	7	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7		Selective Aldosterone Receptor Antagonists (SARAs)		
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7		<i>eplerenone</i>	1	
<i>trandolapril-verapamil hcl</i>	1		INSPRA (<i>eplerenone</i>)	7	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST	Vasodilators		
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1		<i>hydralazine hcl TABS</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)	<i>minoxidil 2.5 MG, 10 MG</i>	1	
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7		ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7		Anti-infective Agents - Misc.		
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 ea daily)	IMPAVIDO	4	
			<i>metronidazole CAPS</i>	2	
			<i>metronidazole TABS</i>	1	
			<i>pentamidine isethionate IN</i>	2	
			<i>tinidazole</i>	1	
			<i>trimethoprim TABS</i>	1	
			XIFAXAN 550 MG	3	QL(2 ea daily); PA
			XIFAXAN 200 MG	3	Limit 9 per month; QL(9 ea per fill retail); PA
			Anti-infective Misc. - Combinations		
			(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	

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Drug Name	Drug Tier	Requirements/Limits
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS (<i>nitazoxanide</i>)	3	
<i>atovaquone</i>	2	
<i>nitazoxanide TABS</i>	3	
Glycopeptides		
VANCOGIN CAPS (<i>vancomycin hcl</i>)	7	QL(2 ea daily)
<i>vancomycin hcl CAPS</i>	1	QL(2 ea daily)
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	7	
CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	3	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 ea per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 ea per 90 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ml per 90 day(s) retail)
ZYVOX TABS (<i>linezolid</i>)	7	QL(20 ea per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	3	
MACROBID 100 MG (<i>nitrofurantoin monohyd macro</i>)	7	
MACRODANTIN 25 MG, 50 MG, 100 MG (<i>nitrofurantoin macrocrystal</i>)	7	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
MONUROL (<i>fosfomycin tromethamine</i>)	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal 25 MG, 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro 100 MG</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 per month; QL(0.8 ea daily)
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 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
<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>	1	QL(2 ea daily); PA

ANTIMYASTHENIC/CHOLINERGIC AGENTS

Antimychasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide SOLN OR</i>	2	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	

ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

Antimycobacterial Agents		
<i>cycloserine</i>	4	SP
<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	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
TRECTOR	2	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer

Drug Name	Drug Tier	Requirements/Limits
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	2	SP; AC
Antimetabolites		
<i>capecitabine</i>	2	SP; AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	4	AC; PA
PURIXAN SUSP	2	AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TUKYSA	4	PA; AC; AC; PA
LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA STARTING PACK TBPk	4	PA; AC; AC; PA
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 50 MG	4	PA; AC; AC; PA
LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 10 MG	4	PA; AC; QL(2 ea daily); AC; PA
LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 100 MG	4	PA; AC; QL(4 ea daily); AC; PA
LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - EGFR Inhibitors		
Antineoplastic - Anti-HER2 Agents			<i>erlotinib hcl</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
			<i>gefitinib</i>	4	AC; AC
			GILOTRIF	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
			IRESSA (<i>gefitinib</i>)	4	AC; AC
			TAGRISO	4	SP; AC; PA
			TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>)	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
			VIZIMPRO	4	PA; AC; AC; PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	4	PA
			ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			ODOMZO	4	AC
			Antineoplastic - Hormonal and Related Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	<i>nilutamide</i>	4	SP; AC
<i>anastrozole</i>	5	QL(1 ea daily); PV; AC	NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ARIMIDEX (<i>anastrozole</i>)	5	QL(1 ea daily); PV; AC	SOLTAMOX SOLN	5	PV; AC
AROMASIN (<i>exemestane</i>)	7	PV; AC	<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>bicalutamide</i>	1	QL(1 ea daily); AC	<i>toremifene citrate</i>	2	AC
CASODEX (<i>bicalutamide</i>)	7	QL(1 ea daily); AC	XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ELIGARD SC	3	PA	XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EMCYT	2	AC	YONSA	4	PA; AC; AC; PA
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZYTIGA (<i>abiraterone acetate</i>)	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA	Antineoplastic - Immunomodulators		
EULEXIN	2	AC	POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>exemestane</i>	1	PV; AC	Antineoplastic - PDGFR-alpha Inhibitors		
FEMARA (<i>letrozole</i>)	7	AC	AYVAKIT 25 MG, 50 MG	4	QL(1 ea daily); SP; AC; PA
<i>flutamide</i>	1	AC	AYVAKIT 100 MG, 200 MG, 300 MG	4	PA; AC; QL(1 ea daily); SP; PA
<i>letrozole</i>	1	AC	Antineoplastic - XPO1 Inhibitors		
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	3	PA	XPOVIO	4	AC; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	covered w-gender transformation diagnosis; PA required for other diagnosis	XPOVIO 80 MG TWICE WEEKLY	4	PA; AC; PA
LYSODREN	2	AC			
<i>megestrol acetate SUSP</i>	1	AC			
<i>megestrol acetate TABS</i>	1	AC			
NILANDRON (<i>nilutamide</i>)	4	SP; AC			

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Antineoplastic Combinations			BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
INQOVI	4	PA	BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
KISQALI FEMARA 200 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KISQALI FEMARA 400 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	BRUKINSA	4	PA; AC; AC; PA
KISQALI FEMARA 600 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA
LONSURF	4	AC; PA	CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA
Antineoplastic Enzyme Inhibitors			CALQUENCE	4	QL(2 ea daily); AC; PA
(Everolimus) TORPENZ TABS	4	QL(1 ea daily); SP; AC; PA	CALQUENCE	4	QL(2 ea daily); AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	CAPRELSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
AFINITOR TABS (<i>everolimus</i>)	4	QL(1 ea daily); SP; AC; PA	COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
ALECENSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4663; AC; PA
ALUNBRIG TABS	4	PA; AC; AC; PA	COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4662; AC; PA
ALUNBRIG TBPK	4	PA; AC; AC; PA	COPIKTRA	4	PA; AC; AC; PA
BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			

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COTELLIC	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); SP; AC; PA
<i>dasatinib</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); SP; AC; PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; AC; PA	IMBRUVICA SUSP	4	QL(8 ml daily); SP; AC; PA
<i>everolimus TBSO</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	IMBRUVICA TABS	4	QL(1 ea daily); SP; AC; PA
IBRANCE CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	INREBIC	4	PA; AC; AC; PA
IBRANCE TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	JAKAFI	4	PA; AC; QL(2 ea daily); AC; PA
ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	KOSELUGO	4	PA; AC; PA
IDHIFA	4	PA; AC; AC; PA	<i>lapatinib ditosylate</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>imatinib mesylate 400 MG</i>	4	QL(2 ea daily); SP; AC; PA	LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate 100 MG</i>	4	QL(3 ea daily); SP; AC; PA	LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA
			MEKINIST SOLR	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			MEKINIST TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	ROZLYTREK PACK	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	RUBRACA	4	PA; AC; AC; PA
NINLARO	4	PA;AC Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA	RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>pazopanib hcl</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 200MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	SPRYCEL (<i>dasatinib</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
PIQRAY 250MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 300MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
QINLOCK	3	PA; AC; AC; PA	<i>sunitinib malate 25 MG</i>	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
RETEVMO CAPS	4	AC; PA	TABRECTA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ROZLYTREK CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TAFINLAR CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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TAFINLAR TBSO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XALKORI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TALZENNA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XALKORI CPSP	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XOSPATA	4	PA; AC; AC; PA
TAZVERIK	4	PA; AC; PA	ZEJULA TABS	4	PA
TIBSOVO	4	PA; AC; AC; PA	ZELBORAF	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
TURALIO	4	SP; AC; PA	ZOLINZA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	ZYDELIG	3	PA; AC; AC; PA
VERZENIO	4	QL(2 ea daily); AC; PA	ZYKADIA TABS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
VITRAKVI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	Antineoplastics Misc.		
VITRAKVI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; PA	ACTIMMUNE 100 MCG/0.5ML	4	PA
VITRAKVI SOLN	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; PA	ALFERON N	4	PA
VOTRIENT (<i>pazopanib hcl</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>bexarotene</i>	4	SP; AC; PA
			HYDREA (<i>hydroxyurea</i>)	7	AC
			<i>hydroxyurea</i>	1	AC
			INTRON A SOLR 10000000 UNIT	4	PA
			MATULANE	4	AC
			TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
			<i>tretinoin (chemotherapy)</i>	2	AC
			Chemotherapy Rescue/Antidote/Protective Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium TABS</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	3	
<i>entacapone</i>	3	
TASMAR (<i>tolcapone</i>)	4	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 ea daily)
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 ea daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA

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RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	7	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	7	
Antipsychotics - Misc.		
EQUETRO	3	
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 ea daily)
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA
VRAYLAR CAPS	4	SP
VRAYLAR CPPK	4	SP

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Benzisoxazoles		
INVEGA (<i>paliperidone</i>)	3	
<i>paliperidone</i>	3	
RISPERDAL SOLN (<i>risperidone</i>)	7	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)
<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1	
<i>risperidone TBDP 0.25 MG</i>	3	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>asenapine maleate</i>	2	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP</i>	2	
CLOZARIL TABS (<i>clozapine</i>)	7	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
<i>olanzapine TBDP</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TB24</i>	1	
SAPHRIS 5 MG	3	
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	7	
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
VERSACLOZ SUSP	4	QL(18 ml daily)
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	7	
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	3	
<i>fluphenazine hcl ELIX</i>	2	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	7	
ABILIFY TABS 15 MG (<i>aripiprazole</i>)	7	QL(2 ea daily)
ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 ea daily)
<i>aripiprazole SOLN OR</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TBDP</i>	3	PA
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY	2	
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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CIMDUO	2		INTELENCE (<i>etravirine</i>)	7	
COMBIVIR (<i>lamivudine-zidovudine</i>)	7		INTELENCE 25 MG	2	
COMPLERA	2		ISENTRESS HD TABS	2	
<i>darunavir</i> TABS	1		ISENTRESS CHEW	2	
DELSTRIGO	2		ISENTRESS TABS	2	
DESCOVY 200 MG-25 MG	5	PV	JULUCA	2	
DOVATO	2		KALETRA SOLN (<i>lopinavir-ritonavir</i>)	7	
EDURANT	2		KALETRA TABS (<i>lopinavir-ritonavir</i>)	7	
<i>efavirenz</i> CAPS	1		<i>lamivudine</i> SOLN	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)	<i>lamivudine</i> TABS	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		<i>lamivudine-zidovudine</i>	1	
<i>efavirenz</i> TABS	1		LEXIVA TABS (<i>fosamprenavir calcium</i>)	7	
<i>emtricitabine</i> CAPS	1		<i>lopinavir-ritonavir</i> SOLN	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 ea daily); PV	<i>lopinavir-ritonavir</i> TABS	1	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)	<i>maraviroc</i> TABS	1	
EMTRIVA CAPS (<i>emtricitabine</i>)	7		<i>nevirapine</i> SUSP	1	
EMTRIVA SOLN	2		<i>nevirapine</i> TABS	1	
EPIVIR SOLN (<i>lamivudine</i>)	7		<i>nevirapine</i> TB24	1	
EPIVIR TABS (<i>lamivudine</i>)	7		NORVIR PACK	2	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	7		NORVIR TABS (<i>ritonavir</i>)	7	
<i>etravirine</i>	1		ODEFSEY	2	
EVOTAZ	2		PIFELTRO	2	
<i>fosamprenavir calcium</i> TABS	1		PREZCOBIX	2	
FUZEON SOLR	4	ST; PA	PREZISTA SUSP	2	
GENVOYA	2		PREZISTA TABS 75 MG, 150 MG	2	
			PREZISTA TABS (<i>darunavir</i>)	7	
			RETROVIR CAPS (<i>zidovudine</i>)	7	
			RETROVIR SYRP (<i>zidovudine</i>)	7	
			REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7	
			REYATAZ PACK	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir TABS</i>	1	
RUKOBIA	4	
SELZENTRY SOLN	2	
SELZENTRY TABS (<i>maraviroc</i>)	7	
STRIBILD	2	
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	
<i>tenofovir disoproxil fumarate TABS</i>	1	
TIVICAY TABS 50 MG	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	QL(1 ea daily); PV
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily)
TYBOST	2	
VIRACEPT TABS	2	
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 CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</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 100 MG-150 MG	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)
VALCYTE TABS (<i>valganciclovir hcl</i>)	7	
<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 PACK	2	SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplusa; SP; PA
<i>lamivudine (hbv) TABS</i>	2	
MAVYRET TABS	4	PA: Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
PEGASYS SOLN	4	PA
VEMLIDY	4	SP; ST

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 400 MG</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<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	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	QL(20 ea per fill retail)
<i>rimantadine hydrochloride TABS</i>	1	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 ea per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV

Drug Name	Drug Tier	Requirements/Limits
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<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>	1	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	7	
COREG 3.125 MG (<i>carvedilol</i>)	7	QL(2 ea daily)
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BETAPACE AF (<i>sotalol hcl (afib/afI)</i>)	7		(Diltiazem Hcl) DILT-XR CP24	1	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	7		<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
HEMANGEOL SOLN OR	3	PA	<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)
INDERAL LA CP24 (<i>propranolol hcl</i>)	7		CALAN SR TBCR 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
INDERAL XL	3		CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	
INNOPRAN XL	3		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		CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7	
<i>propranolol hcl CP24</i>	1		<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1		<i>diltiazem hcl extended release beads</i>	1	
<i>propranolol hcl TABS</i>	1		<i>diltiazem hcl CP12</i>	1	
<i>sotalol hcl (afib/afI)</i>	1		<i>diltiazem hcl CP24</i>	1	
<i>sotalol hcl TABS</i>	1		<i>diltiazem hcl TABS</i>	1	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)	<i>diltiazem hcl TB24</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	<i>felodipine 2.5 MG, 5 MG</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>felodipine 10 MG</i>	1	QL(1 ea daily)
Calcium Channel Blockers			<i>isradipine CAPS</i>	1	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>nicardipine hcl CAPS</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>nifedipine CAPS</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>nifedipine TB24 30 MG, 60 MG, 90 MG</i>	1	QL(1 ea daily)
			<i>nifedipine TB24 30 MG, 60 MG</i>	1	
			<i>nimodipine CAPS</i>	2	
			<i>nisoldipine</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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)
TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
<i>verapamil hcl CP24 360 MG</i>	2	QL(1 ea daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	2	
<i>verapamil hcl CP24 120 MG, 240 MG</i>	1	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 120 MG</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK TABS 0.125 MG, 0.25 MG, 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	
CARDIOVASCULAR AGENTS - MISC. - Drugs to		

Drug Name	Drug Tier	Requirements/Limits
Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7	
ENTRESTO CPSP	3	QL(2 ea daily); PA
ENTRESTO TABS	3	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 2.5 MG (<i>tadalafil</i>)	7	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	7	Check Plan Documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>sildenafil citrate</i>	1	Check Plan Documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check Plan Documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIAGRA (<i>sildenafil citrate</i>)	7	Check Plan Documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA	<i>bosentan TABS 62.5 MG</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Prostaglandin Vasodilators			<i>bosentan TABS 125 MG</i>	4	ST; PA
ORENITRAM TITRATION KIT MONTH 1 TEPK	4	SP; PA	LETAIRIS (<i>ambrisentan</i>)	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
ORENITRAM TITRATION KIT MONTH 2 TEPK	4	SP; PA	OPSUMIT	4	ST; PA
ORENITRAM TITRATION KIT MONTH 3 TEPK	4	SP; PA	TRACLEER TABS 62.5 MG (<i>bosentan</i>)	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ORENITRAM TBCR	4	PA	TRACLEER TABS 125 MG (<i>bosentan</i>)	4	ST; PA
TYVASO DPI INSTITUTIONALKIT POWD	4	QL(4 ea daily); PA	TRACLEER TBSO	4	ST; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
TYVASO REFILL KIT SOLN IN	4	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 ea daily); PA
TYVASO STARTER KIT SOLN IN	4	PA	Pulmonary Hypertension - Endothelin Receptor Antagonists		
TYVASO SOLN IN	4	PA	<i>ambrisentan</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
VENTAVIS	4	PA			

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPk	4	ST; PA
UPTRAVI TABS 200 MCG	4	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
<i>ivabradine hcl TABS</i>	2	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR 125 MG/5ML, 250 MG/5ML</i>	1	
Cephalosporins - 2nd Generation		

Drug Name	Drug Tier	Requirements/Limits
CEFACLOR ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV

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(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA 0.03 MG-0.15 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV			

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(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	5	PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	5	PV

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

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Drug Name	Drug Tier	Requirements/Limits
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV
NATAZIA	5	PV
NEXTSTELLIS	5	PV
<i>norethin acet & estrad-fe CAPS</i>	5	PV
<i>norethin acet & estrad-fe CHEW</i>	5	PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	PV
<i>norethindrone acet & eth estra TABS</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	PV
TYBLUME CHEW	5	PV
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	PV

Drug Name	Drug Tier	Requirements/Limits
YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	PV
Progestin Contraceptives - Injectable		

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DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PEF SYR)	5	Available through the Medical Benefit	MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	7	
Progestin Contraceptives - Oral			MEDROL TABS	2	
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV	<i>methylprednisolone TABS</i>	1	
<i>norethindrone (contraceptive)</i>	5	PV	<i>methylprednisolone TBPK 4 MG</i>	1	
OPILL	5	PV	ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	3	
SLYND	5	PV	PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1	
Glucocorticosteroids			<i>prednisolone sodium phosphate TBPK</i>	3	
AGAMREE	4	SP; PA	PREDNISON INTENSOL CONC	2	
<i>budesonide TB24</i>	2	PA	<i>prednisone SOLN</i>	1	
CORTEF TABS (<i>hydrocortisone</i>)	7		<i>prednisone TABS</i>	1	
<i>deflazacort SUSP</i>	4	PA	<i>prednisone TABS</i>	1	
<i>deflazacort TABS</i>	4	PA	<i>prednisone TBPK</i>	1	
DEXAMETHASONE INTENSOL CONC	2		Mineralocorticoids		
<i>dexamethasone ELIX</i>	1		<i>fludrocortisone acetate TABS</i>	1	
<i>dexamethasone SOLN</i>	1		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>dexamethasone TABS</i>	1		Antitussives		
EMFLAZA SUSP (<i>deflazacort</i>)	4	PA	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
EMFLAZA TABS (<i>deflazacort</i>)	4	PA	<i>benzonatate</i>	1	
<i>hydrocortisone TABS</i>	1		HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7	
MEDROL DOSEPAK TBPK 4 MG (<i>methylprednisolone</i>)	7				

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<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM GUAIFENESIN/PSEUDOE PHEDRINE HYDROCHLORIDE TB12 600 MG-60 MG	1	
Cough/Cold/Allergy Combinations					
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1				
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1				
(Phenylephrine-Chlorphen-DM) ED A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	3				
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1				
(Pseudoephedrine-Guaifenesin) AMBI 40PSE/400GFN, MUCUS RELIEF D, QC MUCUS SINUS RELIEF D TABS 400 MG-40 MG	3		ACTINEL PEDIATRIC LIQD	3	
			CAPCOF SYRP	3	
			CHLOPHEDIANOL/DEXC HLOPHENIRAMINE./PSE UDOEPHEDRINE	2	
			CODITUSSIN AC LIQD	2	
			ED BRON GP LIQD	3	
			GILTUSS COUGH & COLD TABS	3	
			GILTUSS SINUS & CONGESTION TABS	3	
			GLENMAX PEB LIQD	3	
			<i>guaifenesin-codeine SOLN</i>	1	
			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
			LOHIST-DM SYRP	2	
			MAR-COF BP	3	
			MAR-COF CG EXPECTORANT LIQD	3	

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MAXI-TUSS PE MAX LIQD	3		(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, HM CHEST CONGESTION RELIEF, KLS MUCUS RELIEF CHEST, MUCOSA, MUCUS RELIEF, MUCUS RELIEF CHEST CONGESTION, PHARBINEX, QC MEDIFIN 400, REFENESEN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG	3		
M-END PE LIQD	3					
MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	7					
NEOTUSS PLUS LIQD	3					
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)				
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)				
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)				
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)				
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3					
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1			<i>guaifenesin TABS 400 MG</i>	3	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	1			<i>potassium iodide (expectorant) SOLN</i>	1	
RYDEX	2			SSKI SOLN (<i>potassium iodide (expectorant)</i>)	7	
TUSNEL C SYRP	3			Misc. Respiratory Inhalants		
TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3			(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
TUSNEL TABS	3			(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
VANACOF	2		HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	7		
Expectorants			HYPERSAL NEBU	2		
			NEBUSAL NEBU	3		
			<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1		
			Mucolytics			
			<i>acetylcysteine SOLN</i>	1		

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DERMATOLOGICALS - Drugs to Treat Skin Conditions			(Tretinoin) AVITA CREA 0.025 %	1	
Acne Products			(Tretinoin) AVITA GEL 0.025 %	1	
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC	ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 ea daily; 150 Day(s) limit)
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1		ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 ea daily; 150 Day(s) limit)
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 ea daily; 150 Day(s) limit)
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 ea daily; 150 Day(s) limit)
(Erythromycin (Acne Aid)) ERY PADS	3		ACZONE 5 % (<i>dapsone (topical)</i>)	3	ST; PA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)	ACZONE 7.5 % (<i>dapsone (topical)</i>)	3	ST; QL(2 gm daily); PA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)	<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)	<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	1	QL(1.5 gm daily); PA
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)	<i>adapalene CREA</i>	1	QL(45 gm per fill retail)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3		<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		ATRALIN GEL (<i>tretinoin</i>)	3	Limit 45gms per month; QL(1.5 gm daily)
			AZELEX	3	
			BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 gm daily)
			<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)

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CLEOCIN-T LOTN (clindamycin phosphate topical))	7		ERYGEL GEL (erythromycin (acne aid))	7	
CLINDAGEL GEL (clindamycin phosphate topical))	7		erythromycin (acne aid) GEL	1	
clindamycin phosphate (topical) FOAM	1		erythromycin (acne aid) SOLN	1	
clindamycin phosphate (topical) GEL	1		EVOCLIN FOAM (clindamycin phosphate topical))	7	
clindamycin phosphate (topical) LOTN	1		FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
clindamycin phosphate (topical) SOLN	1		isotretinoin 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
clindamycin phosphate (topical) SWAB	1		isotretinoin 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
clindamycin phosphate- benzoyl peroxide (refrigerate)	1		isotretinoin 10 MG, 25 MG	1	QL(4 ea daily; 150 Day(s) limit)
clindamycin phosphate- benzoyl peroxide GEL 5 %-1 %	1		isotretinoin 35 MG, 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
clindamycin phosphate- tretinoin	2	QL(1 gm daily)	KLARON (sulfacetamide sodium (acne))	7	
dapsone (topical) 7.5 %	3	ST; QL(2 gm daily); PA	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	3	
dapsone (topical) 5 %	3	ST; PA	PLEXION CREA (sulfacetamide sodium w/ sulfur)	3	
DIFFERIN CREA (adapalene)	7	QL(45 gm per fill retail)	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	3	
DIFFERIN GEL 0.3 % (adapalene)	7	QL(45 gm per fill retail; 135 per fill mail)	RETIN-A MICRO (tretinoin microsphere)	7	Limit 20gms per month; QL(0.67 gm daily)
DIFFERIN GEL 0.1 % (adapalene)	7	QL(45 gm per fill retail); RX/OTC	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	7	Limit 20gms per month; QL(0.67 gm daily)
DIFFERIN LOTN	1	QL(1.97 ml daily)	RETIN-A CREA (tretinoin)	7	
EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	7	QL(1.5 gm daily); PA	RETIN-A GEL (tretinoin)	7	
EPIDUO GEL (adapalene-benzoyl peroxide)	7	Limit 45gms per month; QL(1.5 gm daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3		(Ciclopirox) CICLODAN SOLN	1	
<i>sulfacetamide sodium (acne)</i>	1		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	3		(Ketoconazole (Topical)) KETODAN FOAM	2	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	3		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	3		<i>ciclopirox olamine CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)	<i>ciclopirox olamine SUSP</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>ciclopirox GEL</i>	1	
<i>tretinoin microsphere 0.08 %</i>	2	PA	<i>ciclopirox SHAM</i>	1	
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 gm daily)	<i>ciclopirox SOLN</i>	1	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)
<i>tretinoin GEL 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily)	<i>econazole nitrate CREA</i>	1	
Agents for External Genital and Perianal Warts			ECOZA FOAM	3	Limit 70gms per month; QL(2.34 gm daily)
VEREGEN	3	QL(30 gm per fill retail)	ERTACZO	4	PA
Antibiotics - Topical			EXELDERM CREA (<i>sulconazole nitrate</i>)	2	
CENTANY OINT	2		EXELDERM SOLN	2	
<i>gentamicin sulfate (topical) CREA</i>	1		EXODERM	3	
<i>gentamicin sulfate (topical) OINT</i>	1		<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
<i>mupirocin OINT</i>	1		<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
Antifungals - Topical			<i>ketoconazole (topical) FOAM</i>	2	
			<i>ketoconazole (topical) SHAM 2 %</i>	1	
			LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7	

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LOPROX CREA (<i>ciclopirox olamine</i>)	7	
LOPROX SUSP (<i>ciclopirox olamine</i>)	7	
<i>naftifine hcl</i> CREA 1 %	2	
<i>naftifine hcl</i> CREA 2 %	1	
<i>naftifine hcl</i> GEL 2 %	2	
<i>nystatin (topical)</i> CREA	1	
<i>nystatin (topical)</i> OINT	1	
<i>nystatin (topical)</i> POWD EX	1	
<i>nystatin-triamcinolone</i> CREA	1	
<i>nystatin-triamcinolone</i> OINT	1	
<i>oxiconazole nitrate</i> CREA	2	
OXISTAT LOTN	3	
<i>sulconazole nitrate</i> CREA	2	
<i>sulconazole nitrate</i> SOLN	1	
VYTONE 1.9 %-1 % (<i>iodoquinol-hydrocortisone in aloe vehicle</i>)	7	
Anti-inflammatory Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>diclofenac sodium (topical)</i> GEL EX	1	RX/OTC
<i>diclofenac sodium (topical)</i> SOLN EX 1.5 %	1	QL(5 ml daily)
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	2	
CARAC CREA	4	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses)</i> EX	2	PA
<i>fluorouracil (topical)</i> CREA 0.5 %	4	QL(1 gm daily)
<i>fluorouracil (topical)</i> CREA 5 %	2	

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<i>fluorouracil (topical) SOLN</i>	1		COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
PANRETIN	3	PA			
VALCHLOR	4	ST; PA			
Antipruritics - Topical					
<i>doxepin hcl (antipruritic)</i>	2	QL(3 gm daily)	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA
Antipsoriatics					
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)	<i>methoxsalen rapid</i>	2	
<i>acitretin 17.5 MG</i>	3		SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA
<i>acitretin 25 MG</i>	3	QL(2 ea daily)			
<i>acitretin 10 MG</i>	3	QL(1 ea daily)	SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 day(s) retail); PA
<i>calcipotriene CREA</i>	1	QL(5 gm daily)			
<i>calcipotriene FOAM</i>	4	QL(4 gm daily)	SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA
CALCIPOTRIENE FOAM	4	QL(4 gm daily)			
<i>calcipotriene OINT</i>	1	QL(5 gm daily)	SORILUX FOAM	4	QL(4 gm daily)
<i>calcipotriene SOLN</i>	1		STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.34 gm daily)	STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA			
COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA			
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA			

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

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<i>betamethasone dipropionate (topical) OINT 0.05 %</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	7	
<i>betamethasone dipropionate augmented OINT</i>	1		CLOBEX SHAM (<i>clobetasol propionate</i>)	7	
<i>betamethasone valerate CREA</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone valerate FOAM</i>	2		CLODERM (<i>clocortolone pivalate</i>)	7	
<i>betamethasone valerate LOTN</i>	1		CORDRAN TAPE	3	
<i>betamethasone valerate OINT</i>	1		DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	7	
<i>calcipotriene-betamethasone dipropionate OINT</i>	2	QL(2 gm daily); ST	DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	2	QL(2 gm daily); ST	<i>desonide CREA</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>desonide GEL</i>	3	
<i>clobetasol propionate emulsion</i>	2		<i>desonide LOTN</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>desonide OINT</i>	1	
<i>clobetasol propionate FOAM</i>	2		DESOWEN CREA (<i>desonide</i>)	7	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>desoximetasone CREA</i>	1	
<i>clobetasol propionate LIQD</i>	2		<i>desoximetasone GEL</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>desoximetasone LIQD</i>	2	ST
			<i>desoximetasone OINT 0.05 %</i>	2	
			<i>desoximetasone OINT 0.25 %</i>	1	
			<i>diflorasone diacetate CREA</i>	2	
			<i>diflorasone diacetate OINT</i>	2	
			DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7	
			EPIFOAM FOAM	3	

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<i>fluocinolone acetonide CREA</i>	1		<i>hydrocortisone valerate CREA</i>	1	
<i>fluocinolone acetonide OIL</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide OINT</i>	1		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7	
<i>fluocinolone acetonide SOLN</i>	1		LOCOID LIPOCREAM	2	
<i>fluocinonide emulsified base</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinonide CREA</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinonide GEL</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinonide OINT</i>	1		PRAMOSONE LOTN	3	
<i>fluocinonide SOLN</i>	1		PRAMOSONE OINT 1 %-1 %	3	
<i>fluticasone propionate CREA 0.05 %</i>	1		PRAMOSONE OINT 2.5 %-1 %	2	
<i>fluticasone propionate LOTN</i>	1		<i>prednicarbate OINT</i>	3	
<i>fluticasone propionate OINT</i>	1		SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
<i>halobetasol propionate CREA</i>	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
<i>halobetasol propionate OINT</i>	1		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		TEXACORT SOLN 2.5 %	3	
<i>hydrocortisone (topical) LOTN 2 %</i>	3		TOPICORT CREA (<i>desoximetasone</i>)	7	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1		TOPICORT GEL (<i>desoximetasone</i>)	7	
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		TOPICORT OINT 0.25 % (<i>desoximetasone</i>)	7	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>hydrocortisone butyrate CREA</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>hydrocortisone butyrate LOTN</i>	2	PA	<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>hydrocortisone butyrate OINT</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>hydrocortisone butyrate SOLN</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
ULTRAVATE LOTN	3	ST; PA
VANOS CREA (<i>fluocinonide</i>)	7	
Eczema Agents		
DUPIXENT SOAJ SC 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
DUPIXENT SOSY 100 MG/0.67ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	7	QL(60 gm per fill retail)
<i>pimecrolimus</i>	1	QL(60 gm per fill retail)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox SOLN</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
<i>salicylic acid SOLN 28.5 %</i>	3	PA
<i>salicylic acid SOLN 26 %</i>	2	
SALIMEZ CREA	3	
SALYCIM CREA	3	
ULTRASAL-ER SOLN (<i>salicylic acid</i>)	3	PA
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 ea daily)
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 ea daily)
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
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	2	PA
<i>doxycycline (rosacea)</i>	2	QL(1 ea daily); PA
FINACEA FOAM	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FINACEA GEL (<i>azelaic acid</i>)	7		COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA	COVID-19 FLU A&B 3-IN-1 TEST KIT	5	PV
METROCREAM CREA (<i>metronidazole (topical)</i>)	7		FLOWFLEX PLUS COVID-19/FLU A/B HOME TEST	5	PV
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7		FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ml per fill retail)	FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<i>metronidazole (topical) CREA</i>	1		FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)	FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<i>metronidazole (topical) GEL 1 %</i>	1		KETONE STRP	2	QL(50 ea per fill retail)
<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)	KETOSTIX STRP	2	QL(50 ea per fill retail)
RHOFADE	3	ST; PA	ONETOUCH ULTRA BLUE TESTSTRIP STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
SOOLANTRA (<i>ivermectin (rosacea)</i>)	7	QL(1.5 gm daily); PA	ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
Scabicides & Pediculicides			ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	3		PRECISION XTRA	2	QL(0.36 ea daily)
<i>ivermectin (pediculicide)</i>	3				
<i>malathion</i>	2				
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)			
SKLICE (<i>ivermectin (pediculicide)</i>)	3				
<i>spinosad</i>	2	AL(At least 4 yrs old)			
Wound Care Products					
REGRANEX	3	QL(15 gm per fill retail)			
DIAGNOSTIC PRODUCTS					
Diagnostic Drugs					
METOPIRONE	3				
Diagnostic Tests					

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Drug Name	Drug Tier	Requirements/Limits
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, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>methazolamide TABS</i>	1	
Diuretic Combinations		

Drug Name	Drug Tier	Requirements/Limits
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7	
<i>amiloride & hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
<i>ethacrynic acid</i>	2	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS (<i>furosemide</i>)	7	
SOAANZ TABS 20 MG (<i>toremide</i>)	7	
<i>toremide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>toremide TABS 100 MG</i>	1	QL(2 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	2	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	3	Limit 4 for 28 days; QL(0.15 ea daily)
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	3	Limit 1 per month; QL(0.04 ea daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>calcitonin (salmon) NA 200 UNIT/ACT</i>	1	
<i>calcitonin (salmon) IJ 200 UNIT/ML</i>	4	PA
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	Limit 4 per 28 days; QL(0.15 ea daily)
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ 200 UNIT/ML (<i>calcitonin (salmon)</i>)	4	PA

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>risedronate sodium TABS 150 MG</i>	3	Limit 1 per month; QL(0.04 ea daily)
<i>risedronate sodium TABS 35 MG</i>	3	Limit 4 for 28 days; QL(0.15 ea daily)
TYMLOS	4	PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	QL(15 ea per 30 day(s) retail)
<i>clomiphene citrate TABS</i>	1	QL(15 ea per 30 day(s) retail)
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>		
FENSOLVI SC	3	PA	<i>levocarnitine (metabolic modifiers) TABS</i>	2	
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	MYALEPT	4	PA
SYNAREL	2		<i>nitisinone CAPS</i>	4	PA
Metabolic Modifiers			ORFADIN CAPS (<i>nitisinone</i>)	4	PA
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX	ORFADIN SUSP	4	PA
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX	PALYNZIQ	4	PA
<i>betaine</i>	4	PA	<i>paricalcitol CAPS 4 MCG</i>	3	
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)	<i>paricalcitol CAPS 1 MCG, 2 MCG</i>	1	
<i>calcitriol CAPS 0.25 MCG</i>	1		ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
<i>calcitriol SOLN OR</i>	1		ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	7		ROCALTROL SOLN OR (<i>calcitriol</i>)	7	
CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7		<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
<i>cinacalcet hcl</i>	2	PA	<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
CYSTADANE (<i>betaine</i>)	4	PA	<i>sodium phenylbutyrate POWD</i>	2	PA
<i>doxercalciferol CAPS</i>	3		<i>sodium phenylbutyrate TABS</i>	2	PA
GALAFOLD	4	QL(0.5 ea daily); PA	STRENSIQ	4	PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX	ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX	Posterior Pituitary Hormones		
			DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)
			DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
			<i>desmopressin acetate spray</i>	1	

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<i>desmopressin acetate spray refrigerated</i>	1		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
DESMOPRESSIN ACETATE SOLN NA	3		ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)	ANGELIQ	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1		CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 ea daily)
Progesterone Receptor Antagonists			COMBIPATCH PTTW	3	
MIFEPREX (<i>mifepristone</i>)	5	PV	DUAVEE	3	
<i>mifepristone</i>	5	PV	<i>estradiol & norethindrone acetate TABS</i>	1	
Prolactin Inhibitors			<i>norethindrone acetate-ethinyl estradiol</i>	1	
<i>cabergoline</i>	1		ORIAHNN	4	PA
Somatostatic Agents			PREMPHASE	2	QL(1 ea daily)
<i>octreotide acetate SOLN</i>	4	PA	PREMPRO	2	QL(1 ea daily)
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA	Estrogens		
SIGNIFOR	4	PA	(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
Vasopressin Receptor Antagonists			ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 ea daily)
JYNARQUE TBPB	4	PA	CLIMARA PTWK (<i>estradiol</i>)	7	Limit 4 per 28 days; QL(0.15 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs			DELESTROGEN (<i>estradiol valerate</i>)	7	QL(5 ml per fill retail)
Estrogen Combinations			DIVIGEL GEL (<i>estradiol</i>)	7	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1		ELESTRIN GEL	3	QL(1.74 gm daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		ESTRACE TABS (<i>estradiol</i>)	7	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
			<i>estradiol GEL 0.06 %</i>	3	Limit 50gms per month; QL(1.67 gm daily)

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<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	Limit 4 per 28 days; QL(0.15 ea daily)
<i>estradiol TABS</i>	1	
ESTROGEL GEL (<i>estradiol</i>)	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	QL(0.27 ml daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
MENEST 2.5 MG	2	QL(3 ea daily)
MENOSTAR PTWK	3	Limit 4 per 28 days; QL(0.15 ea daily)
MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
PREMARIN TABS	2	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 400 MG</i>	2	QL(28 ea per 90 day(s) retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
OCALIVA 10 MG	4	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	4	PA
URSO 250 TABS (<i>ursodiol</i>)	7	
URSO FORTE TABS (<i>ursodiol</i>)	7	
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	7	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBP</i>	2	
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 EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 ea daily)
AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily; 280 ea per fill retail)
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	
<i>mesalamine CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPCR</i>	3	QL(8 ea daily); PA
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	2	QL(1 ea daily)
<i>mesalamine TBEC 800 MG</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 ea daily)
PENTASA CPCR (<i>mesalamine</i>)	3	QL(8 ea daily); PA
PENTASA CPCR 250 MG	3	PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; PA
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 ea daily)
VIBERZI	3	PA

Drug Name	Drug Tier	Requirements/Limits
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	4	
ENTEREG (<i>alvimopan</i>)	4	
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 (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 ea daily)
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 ea daily)
<i>lanthanum carbonate CHEW 500 MG</i>	2	
REVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 ea daily)
REVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
REVELA TABS (<i>sevelamer carbonate</i>)	7	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 800 MG</i>	2	QL(16 ea daily); PA
<i>sevelamer hcl 400 MG</i>	1	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; PA
Tryptophan Hydroxylase Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
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	4	PA
PROCYSBI CPDR	4	PA
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
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 0.4 MG (<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)
RAPAFLO 4 MG (<i>silodosin</i>)	7	
<i>silodosin 4 MG</i>	1	
<i>silodosin 8 MG</i>	1	QL(1 ea daily)
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	
<i>tiopronin TBEC</i>	2	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COLCRYS TABS (<i>colchicine</i>)	7		BENEFIX KIT 500 UNIT, 1000 UNIT	4	PA
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)	CORIFACT	4	PA
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)	ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 ea daily)	ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538- 4661; PA
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 ea daily)	FEIBA	4	PA
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)	FIBRYGA	4	PA
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	PA
Uricosurics			HEMOFIL M SOLR 1501 - 2000 UNIT, 1700 UNIT	4	PA
<i>probenecid</i>	1		HUMATE-P SOLR	4	PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			IDELVION	4	PA
Antihemophilic Products			IXINITY SOLR	4	PA
ADVATE	4	PA	JIVI	4	PA
ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA	KCENTRA	4	PA
ADYNOVATE 750 UNIT, 1500 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538- 4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	PA
AFSTYLA	4	PA	KOATE SOLR	3	PA
ALPHANATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	4	PA	KOGENATE FS KIT	4	PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	PA	KOVALTRY	4	PA
ALPROLIX 4000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538- 4661; PA	NOVOEIGHT	4	PA
ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA	NOVOSEVEN RT	4	PA
ALTUVIIIO	4	PA	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Refer to Accredo SP Rx; PA
			NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	4	SP- Acaria Health; PA
			OBIZUR	4	PA
			PROFILNINE	4	PA
			REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	PA
			RECOMBINATE SOLR	4	PA
			RIASTAP	4	PA

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Drug Name	Drug Tier	Requirements/Limits
RIXUBIS SOLR	4	PA
TRETTEN	4	PA
VONVENDI	4	PA
WILATE KIT	4	PA
XYNTHA	4	PA
XYNTHA SOLOFUSE	4	PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	4	PA
<i>icatibant acetate SOLN</i>	4	PA
<i>icatibant acetate SOSY</i>	4	PA
Complement Inhibitors		
FABHALTA	4	PA
HAEGARDA SOLR SC	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 100 MG	4	ST; PA
TAVALISSE 150 MG	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN	4	PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	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	

Drug Name	Drug Tier	Requirements/Limits
EFFIENT (<i>prasugrel hcl</i>)	7	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	4	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	4	ST; AC; PA
SIKLOS TABS 1000 MG	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV

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Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
Hematopoietic Growth Factors		
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT 20000 UNIT/ML	4	PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/2ML, 40000 UNIT/ML	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		

Drug Name	Drug Tier	Requirements/Limits
AMICAR SOLN OR (<i>aminocaproic acid</i>)	3	
AMICAR TABS (<i>aminocaproic acid</i>)	3	
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	3	
<i>aminocaproic acid TABS</i>	3	
LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily; 5 Day(s) limit)
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
DORAL (<i>quazepam</i>)	3	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl 30 MG</i>	3	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	3	QL(2 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)
LUNESTA (<i>eszopiclone</i>)	7	QL(1 ea daily)
<i>midazolam hcl SYRP</i>	3	
<i>quazepam</i>	3	
RESTORIL 22.5 MG, 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 ea daily); ST
ROZEREM (<i>ramelteon</i>)	7	QL(1 ea daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK	5	PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ml per fill retail); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	QL(4000 ml per fill retail); PV

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limited to 510 Gm per month; QL(17.6 gm daily)
<i>lactulose SOLN</i>	1	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	7	Limited to 510 Gm per month; QL(17.6 gm daily)
<i>polyethylene glycol 3350 POWD</i>	1	Limited to 510 Gm per month; QL(17.6 gm daily)
Saline Laxatives		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OSMOPREP	5	PV	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
Stimulant Laxatives			<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX SUPP (<i>bisacodyl</i>)	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DULCOLAX TBEC (bisacodyl)	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	7	
MACROLIDES - Drugs to Treat Bacterial Infections			ERYPED 200 SUSR (erythromycin ethylsuccinate)	7	
Azithromycin			ERYPED 400 SUSR (erythromycin ethylsuccinate)	7	
azithromycin PACK	1		erythromycin base CPEP	2	
azithromycin SUSR	1		erythromycin base TABS	1	
azithromycin TABS 600 MG	1	QL(10 ea per fill retail)	erythromycin base TBEC	1	
azithromycin TABS 250 MG	1	QL(6 ea per fill retail)	erythromycin ethylsuccinate SUSR	1	
azithromycin TABS 500 MG	1	QL(3 ea daily)	erythromycin ethylsuccinate TABS	2	
ZITHROMAX TRI-PAK TABS (azithromycin)	7	QL(3 ea daily)	Fidaxomicin		
ZITHROMAX Z-PAK TABS (azithromycin)	7	QL(6 ea per fill retail)	DIFICID TABS	3	
ZITHROMAX PACK (azithromycin)	7		MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX SUSR (azithromycin)	7		Contraceptives		
ZITHROMAX TABS 500 MG (azithromycin)	7	QL(3 ea daily)	AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
ZITHROMAX TABS 250 MG (azithromycin)	7	QL(6 ea per fill retail)	CAYA DPRH	5	QL(1 ea per 365 day(s) retail); PV
Clarithromycin			CONDOMS	5	PV
clarithromycin SUSR	2		DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
clarithromycin TABS	1		DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
clarithromycin TB24	1	QL(14 ea per fill retail)			
Erythromycins					
(Erythromycin Base) ERY-TAB TBEC	1				

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DUREX TROPICAL 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)
FANTASY LUBRICATED/SPERMICIDE MISC	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)
FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	PV	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FEMCAP DEVI	5	PV	KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	5	PV
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO 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)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TROJAN MAGNUM 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)
TROJAN ULTRA THIN 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)
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN-ENZ W/SPERMICIDAL MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUE COVER DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED SPERMICIDE 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)	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA NON-LUBRICATED MISC	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)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV

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WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Diabetic Supplies			BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 day(s) retail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			BD NEEDLE/30G X 1/2"	2	RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC			
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC			

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BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC

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EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Respiratory Therapy Supplies		
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	ADULT MASK DEVI	2	RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC	AEROBIKA DEVI	2	RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER MV MISC	2	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	RX/OTC
			AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	RX/OTC
			AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	RX/OTC
			AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	RX/OTC
			AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	RX/OTC
			AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	RX/OTC

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AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	RX/OTC	BREATHE EASE/LARGE MASK DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	RX/OTC	BREATHE EASE/SMALL MASK DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC	CO MONITOR DEVI	2	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC			
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC			
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC			
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC			

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COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC
EASIVENT/MASK-LARGE MISC	2	RX/OTC	FLEXICHAMBER DEVI	2	RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	2	RX/OTC
EASIVENT/MASK-SMALL MISC	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	2	RX/OTC
EASIVENT MISC	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	2	RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	2	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC	MICROCHAMBER DEVI	2	RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC	MICROCHAMBER MISC	2	RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC	MICROSPACER MISC	2	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC	NEBULIZER CUP/TUBING DEVI	2	RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	2	RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	RX/OTC

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OPTICHAMBER DIAMOND DEVI	2	RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	RX/OTC
PARI MANUAL INTERRUPTER DEVI	2	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC
PARI TREK S COMBO PACK DEVI	2	RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
POCKET CHAMBER DEVI	2	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
POCKET SPACER DEVI	2	RX/OTC	AJOVY SOAJ	2	PA
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	RX/OTC	AJOVY SOSY	2	PA
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	RX/OTC	EMGALITY SOAJ	2	PA
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	RX/OTC	EMGALITY SOSY 120 MG/ML	2	PA
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	RX/OTC	UBRELVY	3	QL(10 ea per 30 day(s) retail); ST
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	RX/OTC	Migraine Combinations		
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	RX/OTC	(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	2	RX/OTC	CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	RX/OTC	<i>ergotamine w/ caffeine</i> TABS	1	
QUAKE DEVI	2	RX/OTC	Migraine Products		
RITEFLO DEVI	2	RX/OTC	<i>dihydroergotamine mesylate</i> SOLN IJ 1 MG/ML	4	PA
SPIRO PD DEVI	2	RX/OTC	<i>dihydroergotamine mesylate</i> SOLN NA 4 MG/ML	2	QL(0.27 ml daily)
THRESHOLD PEP DEVI	2	RX/OTC	ERGOMAR SUBL	4	
VERSAPAP/UNIVERSAL TUBING DEVI	2	RX/OTC	Serotonin Agonists		
VERSAPAP DEVI	2	RX/OTC	(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 ea daily)

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<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)	RELPAK (<i>eletriptan hydrobromide</i>)	3	Limit 6 per month; QL(0.2 ea daily)
<i>eletriptan hydrobromide</i>	3	Limit 6 per month; QL(0.2 ea daily)	<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
FROVA (<i>frovatriptan succinate</i>)	3	Limit 9 per month; QL(0.3 ea daily)	<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 ea daily)
<i>frovatriptan succinate</i>	3	Limit 9 per month; QL(0.3 ea daily)	<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 ea daily)	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	4	PA
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	4	PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	4	Limit 2 per fill, 4 per month; QL(0.14 ml daily; 2 ml per fill retail); PA
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	4	ST; PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	4	PA	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	4	Limit 2 per fill, 4 per month; QL(0.14 ml daily; 2 ml per fill retail); PA	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; QL(2 ml per 30 day(s) retail); PA
IMITREX TABS (<i>sumatriptan succinate</i>)	7	Limit 9 per month; QL(2 ea daily)	<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 ea daily)	<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 ea daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 18 tabs per month; QL(0.6 ea daily)	<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)	<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 ea daily)
			ZOMIG SOLN (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)
			ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
MAGNEBIND 400	3	
Fluoride		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
FLORIVA	3	
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old); PV
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
Iodine Products		
<i>iodine strong (lugol's)</i>	3	
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	

Drug Name	Drug Tier	Requirements/Limits
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, K-LOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 20 MEQ	1	
(Potassium Chloride) K-LOR-CON 10, K-LOR-CON 8 TBCR 10 MEQ	1	
(Potassium Chloride) K-LOR-CON 10, K-LOR-CON 8 TBCR 8 MEQ	1	
(Potassium Chloride) K-LOR-CON PACK OR 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 20 MEQ (<i>potassium chloride</i>)	3	
K-TAB TBCR 10 MEQ (<i>potassium chloride</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride microencapsulated crystals er 10 MEQ, 15 MEQ, 20 MEQ</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
<i>potassium chloride CPCR</i>	1		ASTAGRAF XL CP24	3	PA
<i>potassium chloride PACK OR 20 MEQ</i>	1		<i>azathioprine TABS 75 MG, 100 MG</i>	3	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1		<i>azathioprine TABS 50 MG</i>	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1		CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7	
<i>potassium chloride TBCR 20 MEQ</i>	3		CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7	
Zinc			<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
GALZIN	3		<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
WILZIN	3		<i>cyclosporine CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>everolimus (immunosuppressant)</i>	4	
Chelating Agents			IMURAN TABS (<i>azathioprine</i>)	7	
CUPRIMINE CAPS (<i>penicillamine</i>)	4	PA	<i>mycophenolate mofetil CAPS</i>	1	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	4		<i>mycophenolate mofetil SUSR</i>	2	
<i>penicillamine CAPS</i>	4	PA	<i>mycophenolate mofetil TABS</i>	1	
<i>penicillamine TABS</i>	4		<i>mycophenolate sodium 180 MG, 360 MG</i>	2	
SYPRINE (<i>trientine hcl</i>)	4	PA	NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
<i>trientine hcl 500 MG</i>	4	PA	NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7	
<i>trientine hcl 250 MG</i>	4	PA	PROGRAF PACK	4	PA
Immunomodulators			SANDIMMUNE CAPS (<i>cyclosporine</i>)	7	
<i>lenalidomide</i>	4	QL(1 ea daily); SP; AC; PA	SANDIMMUNE SOLN OR 100 MG/ML	2	
THALOMID	4	SP; AC; PA	<i>sirolimus SOLN</i>	2	
Immunosuppressive Agents			<i>sirolimus TABS</i>	2	
(Azathioprine) AZASAN TABS 75 MG, 100 MG	3		<i>tacrolimus CAPS</i>	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1				

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Drug Name	Drug Tier	Requirements/Limits
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	4	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
BENLYSTA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	7	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Dental Products		
PREVIDENT RINSE SOLN (<i>sodium fluoride (dental)</i>)	3	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	3	
Steroids - Mouth/Throat/Dental		

Drug Name	Drug Tier	Requirements/Limits
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	QL(3 ea daily)
EVOXAC (<i>cevimeline hcl</i>)	7	QL(3 ea daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 ea daily)
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 ea daily)
MULTIVITAMINS		
Ped Multi Vitamins w/FI & FE		
(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
(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

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(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) 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
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-1 MG	1	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-1 MG	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 WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG-600 MCG-4.5 MCG-230 MCG	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC

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POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	ATABEX EC TBEC	2	
POLY-VI-FLOR SUSP	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	
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	2	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
SOLUVITA SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
VITAMINS A/C/D/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL MEDLEY	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			C-NATE DHA CAPS	3	
FLORIVA	3		COMPLETENATE CHEW	2	
Prenatal Vitamins			CONCEPT DHA	2	
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	2	RX/OTC	CONCEPT OB	2	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		CVS WOMENS PRENATAL+DHA MISC	3	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		DUET DHA 400 MISC	3	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		ENBRACE HR	3	
(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	FOLIVANE-OB	2	
			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	
			OB COMPLETE ONE	3	
			OB COMPLETE PETITE	3	

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OB COMPLETE PREMIER	3		PROVIDA OB	2	
OB COMPLETE/DHA	3		RELNATE DHA CAPS	3	
OBSTETRIX DHA MISC	2		SELECT-OB+DHA MISC	3	
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2		SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
PNV-DHA+DOCUSATE	3		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PNV-OMEGA	3		SE-NATAL 19 CHEW	2	
PREMESISRX	3		SE-NATAL 19 TABS	2	RX/OTC
PRENA 1 TRUE	2		THRIVITE RX TABS	2	RX/OTC
PRENA1 PEARL	3		TRINATAL RX 1 TABS	2	
PRENAISSANCE	3		TRISTART DHA	3	
PRENAISSANCE PLUS CAPS	3		VINATE DHA RF	3	
PRENATAL 19 CHEW	2		VIRT-NATE DHA CAPS	3	
PRENATAL 19 TABS	2	RX/OTC	VITAFOL GUMMIES	3	
PRENATAL MULTIVITAMIN PLUS DHA MISC	3		VITAFOL-NANO	3	
PRENATAL+DHA MISC	3		VITAFOL-ONE CAPS	3	
PRENATAL-U CAPS	2		VITAMEDMD ONE RX/QUATREFOLIC	3	
PRENATE	3		VITAPEARL	3	
PRENATE AM	3		VITATRUE	2	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		VIVA DHA CAPS	3	
PRENATE ENHANCE	3		WESCAP-C DHA	2	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		WESNATE DHA CAPS	3	
PRENATE PIXIE	3		WESTGEL DHA	3	
PRENATE RESTORE	3		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Central Muscle Relaxants		
			(Carisoprodol) VANADOM TABS 350 MG	1	

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(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 ea daily)
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 800 MG</i>	2	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
SOMA TABS (<i>carisoprodol</i>)	7	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 2 MG</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	7	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7	
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 bottle per month; QL(0.77 gm daily)

Drug Name	Drug Tier	Requirements/Limits
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	7	Limit 1 bottle per month; QL(0.77 gm daily)
Nasal Antiallergy		
(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	3	
PATANASE (<i>olopatadine hcl (nasal)</i>)	3	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		

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(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, FT 24 HOUR NASAL ALLERGYSPRAY, 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)
			FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC
			FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC	<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC
			<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
			NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
			NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	7	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)

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Drug Name	Drug Tier	Requirements/Limits
XHANCE EXHU	3	QL(1.07 ml daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	4	PA
RADICAVA ORS SUSP	4	PA
RELYVRIO	4	PA
RILUTEK TABS (<i>riluzole</i>)	7	
<i>riluzole</i> TABS	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	4	PA
NUTRIENTS		
Lipids		
DOJOLVI	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	2	
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	7	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	1	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
<i>timolol maleate (ophth) SOLN</i>	2	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN (<i>tropicamide</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	3	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
<i>tropicamide SOLN</i>	1	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	7	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (ophth) SOLN</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>levofloxacin (ophth) 1.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim</i>	1	
POVIDONE IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)
ZIRGAN GEL	3	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	7	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	3	
AKTEN	3	
ALCAINE (<i>proparacaine hcl</i>)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>proparacaine hcl</i>	3	
<i>tetracaine hcl (ophth)</i>	3	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLY-CIN HC	1	QL(4 gm per fill retail)
ALREX SUSP (<i>loteprednol etabonate</i>)	3	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>difluprednate</i>	2	
FLAREX	2	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
LOTEMAX OINT	3	
<i>loteprednol etabonate GEL</i>	2	
<i>loteprednol etabonate SUSP 0.2 %</i>	3	
<i>loteprednol etabonate SUSP 0.5 %</i>	2	QL(0.2 ml daily)
MAXIDEX SUSP OP	2	
MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	7	
MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	7	
<i>neomycin-polymyx-dexameth OINT</i>	1	
<i>neomycin-polymyx-dexameth SUSP</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE PHOSPHATE/MOXIFLOXACIN SOLN	3	
PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
ZYLET	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT 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

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Drug Name	Drug Tier	Requirements/Limits
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	7	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7	
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.34 ml daily)
<i>bepotastine besilate</i>	3	QL(0.34 ml daily); ST
BEPREVE (<i>bepotastine besilate</i>)	3	QL(0.34 ml daily); ST
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.34 ml daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	Limit 4 bottles per month; QL(2.15 ml daily); PA
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	QL(0.34 ml daily)
DORZOLAMIDE HCL	2	QL(0.34 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.2 %</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
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 1 bottle per month; QL(0.084 ml daily); ST
TRUSOPT (<i>dorzolamide hcl</i>)	7	QL(0.34 ml daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ml daily)
ZIOPTAN (<i>tafluprost</i>)	7	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	2	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	7	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine		

Drug Name	Drug Tier	Requirements/Limits
Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	7	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
BASE GELATIN GUMMY TROCHE	3	RX/OTC
GUM BASE GELATIN	3	RX/OTC
KLEAR GUMMY BASE	3	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
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>	2	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)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and		

Drug Name	Drug Tier	Requirements/Limits
Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	2	QL(224 ea per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
ARICEPT TABS (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
EXELON (<i>rivastigmine</i>)	7	
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	2	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	1	PA
<i>memantine hcl SOLN</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	
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7	
NAMENDA XR CP24 (<i>memantine hcl</i>)	7	PA
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA TABS 10 MG <i>(memantine hcl)</i>	7	QL(2 ea daily)
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</i> CAPS	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	3	
<i>olanzapine-fluoxetine hcl</i>	2	
<i>perphenazine-amitriptyline</i>	3	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 ea daily); PA
SAVELLA TABS	4	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	4	QL(1 ea daily); SP; PA
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA
INGREZZA CAPS 40 MG	4	Specialty drug-Health Net will refer to SP Pharmacy; QL(1 ea daily); PA
INGREZZA CAPS 80 MG	4	QL(1 ea daily); PA
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
INGREZZA CPSP	4	QL(1 ea daily); SP; PA
<i>tetrabenazine</i>	2	
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 day(s) retail)
AUBAGIO <i>(teriflunomide)</i>	4	QL(1 ea daily)
AVONEX PEN AJKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
AVONEX PSKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
BETASERON KIT	4	PA
COPAXONE SOSY 40 MG/ML <i>(glatiramer acetate)</i>	7	QL(12 ml per 28 day(s) retail)
COPAXONE SOSY 20 MG/ML <i>(glatiramer acetate)</i>	7	QL(1 ml daily)

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<i>dalfampridine</i>	2	PA
<i>dimethyl fumarate CDPK</i>	4	QL(60 ea per 365 day(s) retail)
<i>dimethyl fumarate CPDR</i>	4	QL(2 ea daily); SP
<i> fingolimod hcl</i>	4	QL(1 ea daily); SP
GILENYA 0.5 MG	4	QL(1 ea daily); SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 day(s) retail)
<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
KESIMPTA	4	QL(0.0143 ml daily); PA
MAYZENT STARTER PACK TBPB	4	PA
MAYZENT STARTER PACK TBPB	4	QL(12 ea per 5 day(s) retail); PA
MAYZENT TABS 2 MG	4	QL(1 ea daily); SP; PA
MAYZENT TABS 0.25 MG	4	QL(4 ea daily); SP; PA
MAYZENT TABS 1 MG	4	SP; PA
PLEGRIDY STARTER PACK SOAJ SC	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PLEGRIDY STARTER PACK SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
PLEGRIDY SOAJ SC	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PLEGRIDY SOSY IM	4	PA
PLEGRIDY SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SOAJ	4	PA
REBIF TITRATION PACK SOSY	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
REBIF SOSY	4	PA
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	4	QL(60 ea per 365 day(s) retail)
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	4	QL(2 ea daily); SP
<i>teriflunomide</i>	4	QL(1 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	2	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	3	
<i>pimozide</i>	1	
Smoking Deterrents		

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AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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

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

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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, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC	5	PV

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMALSYSYSTEM, CVS NICOTINE TRANSDERMALSYSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSYSTEM, GNP NICOTINE TRANSDERMALSYSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMALSYSYSTEM, CVS NICOTINE TRANSDERMALSYSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSYSTEM, GNP NICOTINE TRANSDERMALSYSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR			(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC	5	PV

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Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR		
APO-VARENICLINE TABS	5	QL(2 ea daily); PV
<i>bupropion hcl (smoking deterrent)</i>	5	PV
NICODERM CQ PT24 TD (<i>nicotine</i>)	5	PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	PV
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	PV
<i>nicotine polacrilex GUM</i>	5	PV
<i>nicotine polacrilex LOZG</i>	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
<i>nicotine MISC XX</i>	5	PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
NICOTROL INHALER INHA	5	PV
NICOTROL NS SOLN	5	PV
<i>varenicline tartrate TABS</i>	5	QL(2 ea daily); PV

Drug Name	Drug Tier	Requirements/Limits
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA
KALYDECO TABS	4	PA
ORKAMBI PACK 94 MG-75 MG	4	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); PA
PULMOZYME	4	QL(5 ml daily); PA
SYMDEKO	4	PA
TRIKAFTA TBPK 100 MG-50 MG	4	QL(3 ea daily); PA
TRIKAFTA TBPK 50 MG-25 MG	4	QL(3 ea daily); PA
TRIKAFTA THPK	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	2	QL(3 ea daily); SP; PA
<i>pirfenidone TABS</i>	2	QL(3 ea daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		

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Drug Name	Drug Tier	Requirements/Limits
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
ACTICLATE TABS (<i>doxycycline hyclate</i>)	3	
<i>demeclocycline hcl</i> TABS	1	
<i>doxycycline (monohydrate)</i> CAPS 150 MG	3	ST
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 75 MG, 100 MG	1	
<i>doxycycline (monohydrate)</i> SUSR	1	
<i>doxycycline (monohydrate)</i> TABS 150 MG	1	ST
<i>doxycycline (monohydrate)</i> TABS 50 MG, 75 MG	3	
<i>doxycycline (monohydrate)</i> TABS 100 MG	1	
<i>doxycycline hyclate</i> CAPS 50 MG, 100 MG	1	
<i>doxycycline hyclate</i> TABS 20 MG, 100 MG	1	
<i>doxycycline hyclate</i> TABS 75 MG, 150 MG	3	
<i>minocycline hcl</i> CAPS	1	
<i>minocycline hcl</i> TABS 50 MG, 100 MG	1	PA
<i>minocycline hcl</i> TABS 75 MG	1	PA
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	2	
<i>levothyroxine sodium CAPS 125 MCG</i>	2	QL(1 ea daily)
<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 ea daily)
<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 ea daily)
<i>liothyronine sodium TABS 5 MCG</i>	1	
NIVA THYROID TABS	2	
NP THYROID 120 TABS	2	
NP THYROID 15 TABS	2	
NP THYROID 30 TABS	2	
NP THYROID 60 TABS	2	
NP THYROID 90 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	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
TIROSINT CAPS 75 MCG	3	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
ANASPAZ TBDP 0.125 MG (<i>hyoscyamine sulfate</i>)	7	
BELLADONNA/OPIUM	3	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	PA
CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	7	
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN OR 10 MG/5ML</i>	1	
<i>dicyclomine hcl TABS</i>	1	
GLYCATATE TABS	3	
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	
GLYCOPYRROLATE TABS	3	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	7	
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7		(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	7	PA			
<i>methscopolamine bromide</i>	1				
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	7				
ROBINUL TABS (<i>glycopyrrolate</i>)	7				
H-2 Antagonists			(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
<i>cimetidine hcl OR 300 MG/5ML</i>	1				
<i>cimetidine TABS 300 MG, 800 MG</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)
<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)			
<i>famotidine SUSR</i>	1				
<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)			
<i>nizatidine CAPS</i>	1				
PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 ea daily)			
Misc. Anti-Ulcer					
CARAFATE SUSP (<i>sucralfate</i>)	7				
CARAFATE TABS (<i>sucralfate</i>)	7	QL(4 ea daily)			
<i>sucralfate SUSP</i>	1				
<i>sucralfate TABS</i>	1	QL(4 ea daily)			
Proton Pump Inhibitors					

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Drug Name	Drug Tier	Requirements/Limits
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	3	ST; QL(1 ea daily); PA
<i>lansoprazole CPDR</i>	1	QL(1 ea daily)
<i>lansoprazole TBDD 30 MG</i>	2	QL(1 ea daily); AL(Up to 12 yrs old)
<i>lansoprazole TBDD 15 MG</i>	2	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
<i>pantoprazole sodium PACK</i>	2	QL(1 ea daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 ea daily); RX/OTC
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily)
PRILOSEC PACK	3	PA
PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>rabeprazole sodium TBEC</i>	3	ST; QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	7	
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	2	
DETROL LA CP24 2 MG, 4 MG (<i>tolterodine tartrate</i>)	7	QL(1 ea daily)
DETROL TABS 1 MG, 2 MG (<i>tolterodine tartrate</i>)	7	QL(2 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 TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24 5 MG, 10 MG, 15 MG</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 ea daily)
<i>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 - Cholinergic Agonists		
<i>bethanechol chloride 5 MG, 10 MG, 25 MG, 50 MG</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		

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Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
COVID VACCINES	5	
FLUBLOK 2024-2025 SOSY	5	PV
FLUCELVAX 2024-2025 SUSP	5	PV
FLUMIST NASAL VACCINE 2024-2025	5	PV
FLUMIST QUADRIVALENT	5	PV
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	5	PV
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	5	PV
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily)
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
VCF VAGINAL CONTRACEPTIVEGEL GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	3	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	PA
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 ea per fill retail; 1 per fill mail)
FEMRING	3	Limit 1 per month; QL(0.04 ea daily)
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 ea per fill retail; 4 ea per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
SYMJEPI SOSY 0.3 MG/0.3ML	3	QL(2 ea per fill retail; 4 ea per 30 day(s) retail); PA
SYMJEPI SOSY 0.15 MG/0.3ML	3	QL(2 ea per fill retail); PA
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	4	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	7	PV
<i>ergocalciferol CAPS</i>	1	PV
<i>phytonadione TABS 5 MG</i>	2	

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		(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG
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(Clobetasol Propionate Emulsion) TOVET 62	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG 50	(Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG 50
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(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	70	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	75	(Homatropine Hbr) HOMATROPAIRE	97
(Estradiol Vaginal) YUVAFEM TABS . 117		(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	75	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 54	
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(Indomethacin) INDOCIN SUPP 4	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG . 115	DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 50
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC 59	(Levetiracetam) ROWEEPRA TABS 500 MG 17	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG 50
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG . . 57	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 50	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 51
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG . . 57	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG . . 50	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX 51
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG . . 57	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG . 50	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 113
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG 57	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG . . 50	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG 113
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN 66	(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 53	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 113
(Ketoconazole (Topical)) KETODAN FOAM 59	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 50	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % 65
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 72	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI- DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 2 MG 24	(Lorazepam) LORAZEPAM INTENSOL CONC 12
(Lactulose) CONSTULOSE SOLN 10 GM/15ML 77	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG . 115	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT 17		
(Lamotrigine) SUBVENITE TABS . 17		
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG . 115		

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 107	QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 110	TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 111
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1,	(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE	(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL

STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 112	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR 108	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 109
(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE	(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMAL SYSTEM, GNP

NICOTINE TRANSDERMALSISTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..109	NICOTINE TRANSDERMALSISTEM, GNP NICOTINE TRANSDERMALSISTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..110	FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG51 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 51 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 51 (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS51 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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 51 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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
(Nicotine) CVS NICOTINE TRANSDERMALSISTEM, CVS NICOTINE TRANSDERMALSISTEM STEP 1, CVS NICOTINE TRANSDERMALSISTEM STEP 2, CVS NICOTINE TRANSDERMALSISTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY53 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN	

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(Norethindrone & Eth Estradiol)	Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG70	ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %100
ALYACEN 1/35, BALZIVA, BRIELLYN, 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 .51	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE52	
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 51	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/752	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG116
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 51	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO .52	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG115
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORABE, NORLYROC, SHAROBEL54	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, SPRINTEC 28, VYLIBRA 52	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR115
(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 TABS 1 MG-20 MCG52	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 52	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 9
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG 52	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 59	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .9
(Norethindrone Acetate) GALLIFREY TABS102	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % ... 99	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 9
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 70	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML 91
(Norethindrone Acetate-Ethinyl		

(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ...91	E77 (PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM77 (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK77 (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %97 (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %97 (Phenylephrine-Chlorphen-DM) ED A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML ..55 (Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG19 (Phenytoin) PHENYTOIN INFATABS CHEW19 (Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD77 (Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL89 (Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..89 (Potassium Chloride Microencapsulated Crystals ER)	KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ89 (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ89 (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ89 (Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ89 (Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ89 (Potassium Chloride) KLOR-CON PACK OR 20 MEQ89 (Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK73 (Potassium Citrate-Citric Acid) CYTRA-K SOLN73 (Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS89 (Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS93 (Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS93 (Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .93 (Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT93 (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
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93	NEBUSAL, PULMOSAL NEBU 7 %	(Triamcinolone Acetonide (Nasal))
(Prochlorperazine) COMPRO42	56	ALLERGY NASAL SPRAY 24
(Promethazine Hcl) PROMETHEGAN	(Sodium Fluoride) FLUORITAB	HOUR, CVS NASAL ALLERGY
SUPP 12.5 MG, 25 MG26	SOLN 0.125 MG/DROP89	SPRAY, EQ NASAL ALLERGY
(Promethazine Hcl) PROMETHEGAN	(Sodium Fluoride) NAFRINSE CHEW	SPRAY, FT 24 HOUR NASAL
SUPP 50 MG26	2.2 MG89	ALLERGYSPRAY, GNP 24 HOUR
(Pseudoephed-Bromphen-DM)	(Sodium Polystyrene Sulfonate)	NASAL ALLERGY SPRAY,
BROMFED DM SYRP 10 MG/5ML-	KIONEX, SPS SUSP CO 15	GOODSENSE NASAL ALLERGY
30 MG/5ML-2 MG/5ML55	GM/60ML91	SPRAY, HM 24 HOUR NASAL
(Pseudoephedrine-Guaifenesin)	(Sotalol Hcl) SORINE TABS45	ALLERGYSPRAY, KLS ALLER-
AMBI 40PSE/400GFN, MUCUS	(Sulfacetamide Sodium W/ Sulfur) BP	CORT, NASAL ALLERGY 24 HOUR,
RELIEF D, QC MUCUS SINUS	10-1, SULFAMEZ WASH EMUL 10	NASAL ALLERGY 24 HOUR MULTI-
RELIEF D TABS 400 MG-40 MG ..55	%-1 %57	SYMPTOM, RA NASAL ALLERGY
(Pseudoephedrine-Guaifenesin) CVS	(Sulfacetamide Sodium W/ Sulfur)	SPRAY AERO96
MUCUS D EXTENDED RELEASE,	SSS 10-5 FOAM57	(Triamcinolone Acetonide (Topical))
CVS MUCUS D MAXIMUM	(Sulfacetamide Sodium-Sulfur In	TRIDERM CREA 0.5 %62
STRENGTH ER, EQ MUCUS	Urea Vehicle) BP CLEANSING	(Vigabatrin) VIGADRONE TABS ..19
RELIEF D, EQ MUCUS-D, FT	WASH EMUL 10 %-10 %-4 %57	(Vigabatrin) VIGADRONE,
MUCUS RELIEF D 12 HOUR,	(Sulfamethoxazole-Trimethoprim)	VIGODER PACK19
MUCUS D MAXIMUM STRENGTH,	SULFATRIM PEDIATRIC SUSP ..31	(Warfarin Sodium) JANTOVEN TABS
MUCUS RELIEF D, MUCUS RELIEF	(Tadalafil (Pulmonary Hypertension))15
D 12 HOUR EXTENDED RELEASE,	ALYQ TABS48	(Zolmitriptan) ZOMIG TABS87
MUCUS-D, RA MUCUS RELIEF D,	(Testosterone Cypionate) DEPO-	abacavir sulfat SOLN42
RA MUCUS RELIEF D	TESTOSTERONE SOLN IM 100	abacavir sulfat TABS42
MAXIMUMSTRENGTH, SM	MG/ML, 200 MG/ML11	abacavir sulfat-lamivudine42
GUAIFENESIN/PSEUDOEPHEDRIN	(Tetracaine Hcl (Ophth)) ALTACAINE	ABILIFY TABS 15 MG (aripiprazole) .
E HYDROCHLORIDE TB12 600 MG-98	42
60 MG55	(Theophylline) ELIXOPHYLLIN ELIX .	ABILIFY TABS 2 MG, 5 MG, 10 MG,
(Salicylic Acid) KERALYT SHAM 6 %	15	30 MG (aripiprazole)42
.....65	(Timolol Maleate (Ophth)) TIMOLOL	ABILIFY TABS 20 MG (aripiprazole) .
(Sapropterin Dihydrochloride)	MALEATE IN OCUDOSE SOLN 0.5	42
JAVYGTOR PACK69	%97	abiraterone acetate35
(Sapropterin Dihydrochloride)	(Tretinoin) AVITA CREA 0.025 % .57	ABSORICA 10 MG, 25 MG
JAVYGTOR TABS69	(Tretinoin) AVITA GEL 0.025 % ...57	(isotretinoin)57
(Silver Sulfadiazine) SSD62	(Triamcinolone Acetonide (Mouth))	ABSORICA 20 MG (isotretinoin) ..57
(Sodium Chloride (Inhalant))	KOURZEQ, ORALONE DENTAL	ABSORICA 30 MG (isotretinoin) ..57
NEBUSAL, PULMOSAL NEBU 3 %	PASTE91	ABSORICA 35 MG, 40 MG
56		
(Sodium Chloride (Inhalant))		

(isotretinoin)	57	70	%-0.3 %	57	
acamprosate calcium	102	ACTONEL TABS 150 MG (risedronate sodium)	68	ADCIRCA TABS (tadalafil (pulmonary hypertension))	48
acarbose	22	ACTONEL TABS 35 MG (risedronate sodium)	68	ADDERALL TABS (amphetamine- dextroamphetamine)	1
ACCUPRIL (quinapril hcl)	28	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 22		ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1	
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide)	29	ACTOS 15 MG (pioglitazone hcl) ..24		adefovir dipivoxil	44
ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)	29	ACTOS 30 MG, 45 MG (pioglitazone hcl)	24	ADEMPAS	49
acebutolol hcl CAPS	45	ACULAR (ketorolac tromethamine (ophth))	100	ADIPEX-P CAPS (phentermine hcl) 1	
acetaminophen w/ codeine SOLN ..	9	ACULAR LS (ketorolac tromethamine (ophth))	100	ADTHYZA TABS	113
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	9	ACUVAIL	100	ADULT MASK DEVI	84
acetaminophen w/ codeine TABS 60 MG-300 MG	9	acyclovir CAPS	45	ADVAIR DISKUS AEPB (fluticasone- salmeterol)	14
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	9	acyclovir SUSP	45	ADVATE	74
acetazolamide CP12	67	acyclovir TABS OR 400 MG	45	ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 74	
acetazolamide TABS 125 MG	67	acyclovir TABS OR 800 MG	45	ADYNOVATE 750 UNIT, 1500 UNIT . 74	
acetazolamide TABS 250 MG	67	acyclovir topical CREA	62	AEROBIKA DEVI	84
acetic acid (otic)	101	acyclovir topical OINT	62	AEROCHAMBER HOLDING CHAMBER DEVI	84
acetylcysteine SOLN	56	ACZONE 5 % (dapsone (topical)) .57		AEROCHAMBER MINI	
ACIPHEX TBEC (rabeprazole sodium)	116	ACZONE 7.5 % (dapsone (topical)) 57		AEROSOLCHAMBER DEVI	84
acitretin 10 MG	61	ADALIMUMAB-ADAZ SOAJ	3	AEROCHAMBER MV MISC	84
acitretin 17.5 MG	61	ADALIMUMAB-ADAZ SOSY	3	AEROCHAMBER PLUS FLOW VU MISC	84
acitretin 25 MG	61	adapalene CREA	57	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	84
ACTICLATE TABS (doxycycline hyclate)	113	adapalene GEL 0.1 %	57	AEROCHAMBER PLUS FLOW-VU MISC	85
ACTIMMUNE 100 MCG/0.5ML	39	adapalene GEL 0.3 %	57	AEROCHAMBER PLUS FLOW-VU MISC	85
ACTINEL PEDIATRIC LIQD	55	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	57	AEROCHAMBER PLUS FLOW- VU/INTERMEDIATE MASK DEVI .84	
ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate)		adapalene-benzoyl peroxide GEL 2.5			

AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	84	AIMSCO LUBRICATED MISC	79	85
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	84	AJOVY SOAJ	87	ALL FLOW 2000 PFT FILTER DEVI .
AEROCHAMBER PLUS FLOW-VU/MASK MISC	84	AJOVY SOSY	87	85
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	84	AKTEN	98	ALL FLOW 3000 PFT FILTER DEVI .
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	84	AKYNZEO	25	85
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	85	albendazole	12	ALL FLOW 4000 PFT FILTER DEVI .
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	85	albuterol sulfate AERS	15	85
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	85	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	15	ALL FLOW 5000 PFT FILTER DEVI .
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	85	ALBUTEROL SULFATE NEBU ...	15	85
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	85	albuterol sulfate SYRP	15	ALL FLOW 6000 PFT FILTER DEVI .
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	85	albuterol sulfate TABS	15	85
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	85	ALCAINE (proparacaine hcl)	98	ALL FLOW 7000 PFT FILTER DEVI .
AEROCHAMBER/FLOWSIGNAL MISC	85	alclometasone dipropionate CREA	62	85
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI ..	85	alclometasone dipropionate OINT	62	allopurinol 100 MG
AFINITOR DISPERZ TBSO (everolimus)	36	ALDACTAZIDE (spironolactone & hydrochlorothiazide)	67	73
AFINITOR TABS (everolimus)	36	ALDACTONE TABS (spironolactone)	67	73
AFSTYLA	74	ALECENSA	36	almotriptan malate
AGAMREE	54	alendronate sodium TABS 35 MG, 70 MG	68	88
AGRYLIN 0.5 MG (anagrelide hcl)	75	alendronate sodium TABS 5 MG, 10 MG	68	ALOCRIAL
		ALFERON N	39	100
		alfuzosin hcl	73	alogliptin benzoate 25 MG
		ALINIA SUSR	32	23
		ALINIA TABS (nitazoxanide)	32	alogliptin benzoate 6.25 MG, 12.5 MG
		aliskiren fumarate	31	23
		ALKERAN (melphalan)	33	ALOMIDE
		ALL FLOW 1000 PFT FILTER DEVI .		100
				ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...
				70
				alose tron hcl
				72
				ALPHAGAN P (brimonidine tartrate)
				98
				ALPHANATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT
				74
				ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT
				74
				ALPRAZOLAM INTENSOL CONC 12
				alprazolam TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG
				12

alprazolam TB24	12	AMITIZA (lubiprostone)	71	amoxicillin TABS	101
alprazolam TBDP	12	amitriptyline hcl TABS	22	amoxicillin-clarithromycin w/ lansoprazole THPK	116
ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 74		amlodipine besylate TABS 2.5 MG	46	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
ALPROLIX 4000 UNIT	74	amlodipine besylate TABS 5 MG, 10 MG	46	amphetamine-dextroamphetamine TABS	1
ALREX SUSP (Ioteprednol etabonate)	99	amlodipine besylate-atorvastatin calcium	47	ampicillin CAPS 500 MG	101
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	28	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	30	ANAFRANIL (clomipramine hcl) ..	22
ALTUVIIIO	74	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 29		anagrelide hcl	75
ALUNBRIG TABS	36	amlodipine besylate-valsartan 10 MG-160 MG	30	ANALPRAM-HC LOTN EX	11
ALUNBRIG TBPK	36	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	30	ANAPROX DS TABS (naproxen sodium)	4
alvimopan	72	amlodipine-valsartan- hydrochlorothiazide	30	ANASPAZ TBDP 0.125 MG (hyoscyamine sulfate)	114
amantadine hcl CAPS	40	amoxapine	22	anastrozole	35
amantadine hcl TABS	40	amoxicillin & pot clavulanate CHEW . 101		ANCOBON (flucytosine)	26
AMARYL (glimepiride)	24	amoxicillin & pot clavulanate SUSR 101		ANDEXXA 200 MG	25
AMBIEN CR TBCR (zolpidem tartrate)	76	amoxicillin & pot clavulanate TABS 101		ANDROGEL PUMP GEL TD 1.62 % (testosterone)	11
AMBIEN TABS (zolpidem tartrate)	76	amoxicillin & pot clavulanate TB12 101		ANGELIQ	70
ambrisentan	48	amoxicillin CAPS	101	ANNOVERA	53
amcinonide LOTN	62	amoxicillin CHEW 125 MG, 250 MG . 101		ANORO ELLIPTA	15
amcinonide OINT	62	AMOXICILLIN SUSR (amoxicillin) 101		ANTIVERT TABS 50 MG (meclizine hcl)	25
AMICAR SOLN OR (aminocaproic acid)	76	amoxicillin SUSR	101	ANUSOL-HC EX (hydrocortisone (rectal))	11
AMICAR TABS (aminocaproic acid) 76				ANZEMET TABS 50 MG	25
amiloride & hydrochlorothiazide ..	67			APEXICON E CREA	62
amiloride hcl TABS	68				
aminocaproic acid SOLN OR 0.25 GM/ML	76				
aminocaproic acid TABS	76				
amiodarone hcl TABS	13				

APO-VARENICLINE TABS	112	sodium)	16	atorvastatin calcium TABS	28
apraclonidine hcl	98	armodafinil	2	atovaquone	32
aprepitant CAPS 40 MG	25	ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	113	atovaquone-proguanil hcl	32
aprepitant CAPS 80 MG, 125 MG	25	ARNUIITY ELLIPTA	14	ATRALIN GEL (tretinoin)	57
aprepitant CAPS	25	AROMASIN (exemestane)	35	atropine sulfate (ophthalmic) OINT	97
aprepitant MISC	25	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4	atropine sulfate (ophthalmic) SOLN	97
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	42	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	4	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	97
APRISO CP24 (mesalamine)	71	ASACOL HD TBEC (mesalamine)	71	ATROPINE SULFATE SOLN 1 %	97
APTENSIO XR CP24 (methylphenidate hcl)	2	asenapine maleate	41	ATROVENT HFA	13
APTIOM	17	aspirin CHEW	8	AUBAGIO (teriflunomide)	103
APTIVUS CAPS	42	aspirin TBEC 81 MG	8	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	101
ARAVAL 10 MG (leflunomide)	6	aspirin-dipyridamole	75	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	102
ARAVAL 20 MG (leflunomide)	6	ASTAGRAF XL CP24	90	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	102
ARCALYST	4	ATABEX EC TBEC	93	AURYXIA	72
arformoterol tartrate	15	ATACAND 32 MG (candesartan cilexetil)	29	AUSTEDO PATIENT TITRATION KIT TBPK	103
ARICEPT TABS (donepezil hydrochloride)	102	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	29	AUSTEDO TABS 12 MG	103
ARIKAYCE	2	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	30	AUSTEDO TABS 6 MG	103
ARIMIDEX (anastrozole)	35	atazanavir sulfate CAPS	42	AUSTEDO TABS 9 MG	103
aripiprazole SOLN OR	42	atenolol & chlorthalidone	30	AUSTEDO XR PATIENT TITRATION KIT TEPK	103
aripiprazole TABS 15 MG	42	atenolol TABS 25 MG, 50 MG, 100 MG	45	AUSTEDO XR TB24	103
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	42	ATIVAN TABS (lorazepam)	12	AVALIDE (irbesartan- hydrochlorothiazide)	30
aripiprazole TABS 20 MG	42	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AVAPRO (irbesartan)	29
aripiprazole TBDP	42	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AVODART (dutasteride)	73
ARIXTRA 10 MG/0.8ML (fondaparinux sodium)	16			AVONEX PEN AJKT	103
ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (fondaparinux sodium)	16			AVONEX PSKT	103
ARIXTRA 5 MG/0.4ML (fondaparinux					

AYGESTIN TABS (norethindrone acetate)	102	baclofen TABS 20 MG	95	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	82
AYVAKIT 100 MG, 200 MG, 300 MG 35		baclofen TABS 5 MG	95	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	82
AYVAKIT 25 MG, 50 MG	35	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	32	BD VEO INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 6MM	83
AZASITE	98	BACTRIM TABS (sulfamethoxazole-trimethoprim)	32	BD VEO INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 6MM	83
azathioprine TABS 50 MG	90	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	52	BD VEO INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 6MM	83
azathioprine TABS 75 MG, 100 MG 90		balsalazide disodium CAPS	72		
azelaic acid GEL	65	BALVERSA	36	BD VEO INSULIN SYRINGE ULTRAFINE/1ML/31G X 6MM	83
azelastine hcl (ophth)	100	BARACLUDE TABS (entecavir) ...	44	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64" .	83
azelastine hcl 0.1 %, 137 MCG/SPRAY	95	BASE GELATIN GUMMY TROCHE .	102	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" ...	83
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	95	BD AUTOSHIELD DUO 30G X 5MM	82	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64" .	83
azelastine hcl-fluticasone propionate SUSP	95	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	82	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" .	83
AZELEX	57	BD NEEDLE/30G X 1/2"	82	BELLADONNA/OPIUM	114
AZILECT (rasagiline mesylate) ...	41	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	82	BELSOMRA	77
azithromycin PACK	79	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	82	benazepril & hydrochlorothiazide .	30
azithromycin SUSR	79	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	82	benazepril hcl 5 MG, 10 MG, 20 MG, 40 MG	28
azithromycin TABS 250 MG	79	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	82	BENEFIX KIT 500 UNIT, 1000 UNIT .	74
azithromycin TABS 500 MG	79	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	82	BENICAR 40 MG (olmesartan medoxomil)	29
azithromycin TABS 600 MG	79	BD PEN NEEDLE/NANO/ULTRAFINE/29G X 12.7MM	82	BENICAR 5 MG, 20 MG (olmesartan medoxomil)	29
AZOPT (brinzolamide)	100	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	82	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)	30
AZULFIDINE EN-TABS TBEC (sulfasalazine)	71	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...	82	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)	30
AZULFIDINE TABS (sulfasalazine) 71					
bacitracin (ophthalmic)	98				
bacitracin-polymyxin b (ophth)	98				
bacitracin-poly-neomycin-hc	99				
baclofen TABS 10 MG	95				

BENLYSTA SOAJ	91	betamethasone valerate OINT	63	VALVED HOLDING CHAMBER/ADULT DEVI	85
BENLYSTA SOSY	91	BETAPACE AF (sotalol hcl (afib/af))	46	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	85
BENSAL HP OINT	65	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	46	BREATHE EASE/LARGE MASK DEVI	85
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	57	BETASERON KIT	103	BREATHE EASE/MEDIUM MASK DEVI	85
BENZNIDAZOLE	12	betaxolol hcl (ophth) SOLN	97	BREATHE EASE/SMALL MASK DEVI	85
benzonatate	54	betaxolol hcl	45	BREATHERRITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI ..	85
benzoyl peroxide-erythromycin GEL . 57		bethanechol chloride 5 MG, 10 MG, 25 MG, 50 MG	116	BREATHERRITE VALVED MDI CHAMBER/RIGID DEVI	85
benztropine mesylate TABS	40	BETHKIS NEBU (tobramycin)	2	BREZTRI AEROSPHERE	15
bepotastine besilate	100	BETIMOL	97	BRILINTA	75
BEPREVE (bepotastine besilate) 100		BETOPTIC-S SUSP	97	brimonidine tartrate (topical)	65
BESIVANCE	98	bexarotene (topical)	60	brimonidine tartrate	98
BETADINE OPHTHALMIC PREP ..	98	bexarotene	39	brimonidine tartrate-timolol maleate . 97	
betaine	69	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...	52	brinzolamide	100
betamethasone dipropionate (topical) CREA	62	bicalutamide	35	BRIVIACT SOLN OR 10 MG/ML ..	17
betamethasone dipropionate (topical) LOTN	62	BIDIL (isosorbide dinitrate- hydralazine hcl)	47	BRIVIACT TABS 10 MG	17
betamethasone dipropionate (topical) OINT 0.05 %	63	BIKTARVY	42	BRIVIACT TABS 100 MG	17
betamethasone dipropionate augmented CREA	63	bimatoprost SOLN	100	BRIVIACT TABS 25 MG, 50 MG, 75 MG	17
betamethasone dipropionate augmented GEL 0.05 %	63	bisacodyl SUPP	78	bromfenac sodium (ophth) 0.07 %, 0.075 %	100
betamethasone dipropionate augmented LOTN	63	bisacodyl TBEC	78	bromfenac sodium (ophth) 0.09 % 100	
betamethasone dipropionate augmented OINT	63	bisoprolol & hydrochlorothiazide ..	30	bromocriptine mesylate CAPS	40
betamethasone valerate CREA	63	bisoprolol fumarate	45	bromocriptine mesylate TABS 2.5 MG	40
betamethasone valerate FOAM ...	63	bosentan TABS 125 MG	48		
betamethasone valerate LOTN	63	bosentan TABS 62.5 MG	48		
		BOSULIF CAPS	36		
		BOSULIF TABS	36		
		BRAFTOVI 75 MG	36		
		BREATHE COMFORT ANTI-STATIC			

BRUKINSA	36	bupropion hcl TB12	20	CABOMETYX TABS 40 MG	36
budesonide (inhalation) SUSP 0.25 MG/2ML	14	bupropion hcl TB24 150 MG, 300 MG	20	CAFERGOT TABS (ergotamine w/ caffeine)	87
budesonide (inhalation) SUSP 0.5 MG/2ML	14	bupropion hcl TB24 450 MG	20	caffeine citrate SOLN OR	1
budesonide (inhalation) SUSP 1 MG/2ML	14	buspirone hcl	12	CALAN SR TBCR 120 MG (verapamil hcl)	46
budesonide (intrarectal)	11	butalbital-acetaminophen CAPS 50 MG-300 MG	6	CALAN SR TBCR 180 MG (verapamil hcl)	46
budesonide TB24	54	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	6	CALCIFOL	89
budesonide-formoterol fumarate dihydrate	15	butalbital-acetaminophen TABS 50 MG-325 MG	6	calcipotriene CREA	61
bumetanide TABS 0.5 MG, 1 MG ..	67	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	6	calcipotriene FOAM	61
bumetanide TABS 2 MG	67	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	6	CALCIPOTRIENE FOAM	61
BUMEX TABS 0.5 MG (bumetanide) . 67		butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	6	calcipotriene OINT	61
buprenorphine hcl SUBL 2 MG	10	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	calcipotriene SOLN	61
buprenorphine hcl SUBL 8 MG	10	butalbital-acetaminophen-caffeine w/ codeine	10	calcipotriene-betamethasone dipropionate OINT	63
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	10	butalbital-aspirin-caffeine CAPS	6	calcipotriene-betamethasone dipropionate SUSP	63
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	10	butalbital-aspirin-caffeine w/cod ...	10	calcitonin (salmon) IJ 200 UNIT/ML 68	
buprenorphine hcl-naloxone hcl dihydrate SUBL	10	butorphanol tartrate NA 10 MG/ML 11		calcitonin (salmon) NA 200 UNIT/ACT	68
buprenorphine PTWK 15 MCG/HR 10		BUTRANS PTWK 7.5 MCG/HR (buprenorphine)	11	calcitriol (topical)	61
buprenorphine PTWK 20 MCG/HR 10		BYSTOLIC (nebivolol hcl)	45	calcitriol CAPS 0.25 MCG	69
buprenorphine PTWK 5 MCG/HR .	10	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	42	calcitriol CAPS 0.5 MCG	69
buprenorphine PTWK	10	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	42	calcitriol SOLN OR	69
bupropion hcl (smoking deterrent) 112		cabergoline	70	calcium acetate (phosphate binder) CAPS	72
bupropion hcl TABS 75 MG, 100 MG 20		CABOMETYX TABS 20 MG, 60 MG . 36		calcium acetate (phosphate binder) TABS	72
				CALQUENCE	36
				candesartan cilexetil 32 MG	29
				candesartan cilexetil 4 MG, 8 MG, 16	

MG	29	CARBINOXAMINE MALEATE TABS .	26	cefdinir SUSR	49
candesartan cilexetil-				cefixime CAPS	49
hydrochlorothiazide	30	CARDIZEM CD CP24 (diltiazem hcl		cefixime SUSR	49
CAPCOF SYRP	55	coated beads)	46	cefepodoxime proxetil SUSR	49
capecitabine	33	CARDIZEM LA TB24 (diltiazem hcl)	46	cefepodoxime proxetil TABS	49
CAPRELSA	36			cefprozil SUSR	49
captopril & hydrochlorothiazide ...	30	CARDIZEM TABS 30 MG, 60 MG,		cefprozil TABS	49
captopril	28	120 MG (diltiazem hcl)	46	cefuroxime axetil TABS	49
CARAC CREA	60	CARDURA (doxazosin mesylate) .	29	CELEBREX 400 MG (celecoxib) ...	5
CARAFATE SUSP (sucralfate) ...	115	CARDURA XL	73	CELEBREX 50 MG, 100 MG, 200	
CARAFATE TABS (sucralfate) ...	115	CAREPOINT PRECISION POLYHUB		MG (celecoxib)	5
carbamazepine CHEW	17	NEEDLE/30GX1/2"	83	celecoxib 400 MG	5
carbamazepine CP12	17	carisoprodol TABS	95	celecoxib 50 MG, 100 MG, 200 MG	5
carbamazepine SUSP	17	CARNITOR SF SOLN OR		CELEXA TABS (citalopram	
carbamazepine TABS	17	(levocarnitine (metabolic modifiers))	69	hydrobromide)	20
carbamazepine TB12 100 MG	17	CARNITOR SOLN OR 1 GM/10ML		CELLCEPT CAPS (mycophenolate	
carbamazepine TB12 200 MG	17	(levocarnitine (metabolic modifiers))	69	mofetil)	90
carbamazepine TB12 400 MG	17	carteolol hcl (ophth)	97	CELLCEPT TABS (mycophenolate	
CARBATROL CP12 (carbamazepine)		carvedilol 3.125 MG	45	mofetil)	90
.....	17	carvedilol 6.25 MG, 12.5 MG, 25 MG	45	CELONTIN (methsuximide)	20
carbidopa	40	carvedilol phosphate	45	CENTANY OINT	59
carbidopa-levodopa TABS	40	CASODEX (bicalutamide)	35	cephalexin CAPS	49
carbidopa-levodopa TBCR 100 MG-		CAYA DPRH	79	cephalexin SUSR 125 MG/5ML, 250	
25 MG	40	cefaclor CAPS	49	MG/5ML	49
carbidopa-levodopa TBCR 200 MG-		CEFACLOR ER TB12	49	CEPROTIN	75
50 MG	40	cefaclor SUSR 125 MG/5ML, 375		CERDELGA	75
carbidopa-levodopa TBDP	40	MG/5ML	49	CERVIDIL INST	101
carbidopa-levodopa-entacapone .	40	cefadroxil CAPS	49	cevimeline hcl	91
carbinoxamine maleate SOLN	26	cefadroxil SUSR	49	CHEMET	24
carbinoxamine maleate SUER	26	cefadroxil TABS	49	CHENODAL	71
carbinoxamine maleate TABS 4 MG .		cefdinir CAPS	49	CHLOPHEDIANOL/DEXCHLOPHEN	
26				IRAMINE./PSEUDOEPHEDRINE	55

chlordiazepoxide hcl CAPS	12	cinacalcet hcl	69	26	
chlordiazepoxide hcl-clidinium bromide	114	CIPRO HC	101	CLEOCIN (clindamycin hcl)	32
chlordiazepoxide-amitriptyline ...	103	CIPRO SUSR	71	CLEOCIN CREA (clindamycin phosphate vaginal)	117
chloroquine phosphate TABS	32	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	71	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	32
chlorpromazine hcl TABS	42	CIPRODEX (ciprofloxacin- dexamethasone)	101	CLEOCIN SUPP	117
chlorthalidone 25 MG, 50 MG	68	ciprofloxacin hcl (ophth) SOLN ...	98	CLEOCIN-T LOTN (clindamycin phosphate (topical))	58
chlorzoxazone TABS 250 MG	95	ciprofloxacin hcl (otic)	101	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .	85
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	95	ciprofloxacin hcl TABS	71	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	85
cholestyramine light PACK	27	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	71	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	85
cholestyramine light POWD	27	ciprofloxacin-dexamethasone ...	101	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI	85
cholestyramine PACK	27	citalopram hydrobromide SOLN ...	20	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .	85
cholestyramine POWD	27	citalopram hydrobromide TABS ...	20	CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.3ML/31G X 15/64"	83
choline fenofibrate 135 MG	27	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	93	CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64"	83
choline fenofibrate 45 MG	27	CITRANATAL ASSURE	93	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"	83
CIALIS 2.5 MG (tadalafil)	47	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 93		CLIMARA PRO	70
CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	47	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	93	CLIMARA PTWK (estradiol)	70
ciclopirox GEL	59	CITRANATAL MEDLEY	93	CLINDAGEL GEL (clindamycin	
ciclopirox olamine CREA	59	CLARINEX TABS (desloratadine) .	26		
ciclopirox olamine SUSP	59	clarithromycin SUSR	79		
ciclopirox SHAM	59	clarithromycin TABS	79		
ciclopirox SOLN	59	clarithromycin TB24	79		
cilostazol	75	clemastine fumarate SYRP	26		
CILOXAN OINT	98	clemastine fumarate TABS 2.68 MG .			
CIMDUO	43				
cimetidine hcl OR 300 MG/5ML ..	115				
cimetidine TABS 300 MG, 800 MG 115					
cimetidine TABS 400 MG	115				

phosphate (topical))58	clobetasol propionate OINT 0.05 % 63	CODITUSSIN AC LIQD55
clindamycin hcl32	clobetasol propionate SHAM 63	COLAZAL CAPS (balsalazide disodium)72
clindamycin palmitate hydrochloride . 32	clobetasol propionate SOLN 0.05 % . 63	colchicine CAPS 73
clindamycin phosphate (topical) FOAM58	CLOBEX LOTN 0.05 % (clobetasol propionate)63	colchicine TABS73
clindamycin phosphate (topical) GEL 58	CLOBEX SHAM (clobetasol propionate)63	colchicine w/ probenecid73
clindamycin phosphate (topical) LOTN58	clocortolone pivalate 63	COLCRYS TABS (colchicine)74
clindamycin phosphate (topical) SOLN58	CLODERM (clocortolone pivalate) 63	colesevelam hcl PACK27
clindamycin phosphate (topical) SWAB58	clomiphene citrate TABS68	colesevelam hcl TABS27
clindamycin phosphate vaginal CREA117	clomipramine hcl 22	COLESTID FLAVORED GRAN (colestipol hcl)27
clindamycin phosphate-benzoyl peroxide (refrigerate)58	clonazepam TABS17	COLESTID FLAVORED PACK 5 GM/7.5GM (colestipol hcl)27
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %58	clonazepam TBDP17	COLESTID GRAN (colestipol hcl) .27
clindamycin phosphate-tretinoin ..58	clonidine hcl TABS29	COLESTID PACK (colestipol hcl) .27
CLINDESSE 117	clonidine OR 29	COLESTID TABS (colestipol hcl) .27
clobazam SUSP16	clonidine OR 29	colestipol hcl GRAN27
clobazam TABS 10 MG17	clopidogrel bisulfate75	colestipol hcl PACK27
clobazam TABS 20 MG16	clorazepate dipotassium TABS12	colestipol hcl TABS27
clobetasol propionate CREA 0.05 % . 63	clotrimazole91	COMBIGAN (brimonidine tartrate- timolol maleate)97
clobetasol propionate emollient base 0.05 %63	clotrimazole w/ betamethasone CREA59	COMBIPATCH PTTW70
clobetasol propionate emulsion ...63	clotrimazole w/ betamethasone LOTN59	COMBIVENT RESPIMAT AERS .. 15
clobetasol propionate FOAM 63	clozapine TABS41	COMBIVIR (lamivudine-zidovudine) . 43
clobetasol propionate GEL 0.05 % 63	clozapine TBDP41	COMETRIQ KIT36
clobetasol propionate LIQD63	CLOZARIL TABS (clozapine)41	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ...86
clobetasol propionate LOTN63	C-NATE DHA CAPS93	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI86
	CO MONITOR DEVI85	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM
	COARTEM 32	
	codeine sulfate TABS 8	

MASK DEVI	86	SOAJ	61	cyclophosphamide CAPS	33
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	86	COSENTYX SOSY 150 MG/ML ...	61	CYCLOPHOSPHAMIDE TABS	33
COMPLERA	43	COSENTYX SOSY 75 MG/0.5ML .	61	cycloserine	33
COMPLETENATE CHEW	93	COSENTYX UNOREADY SOAJ ..	61	cyclosporine (ophth) EMUL	98
COMTAN (entacapone)	40	COSOPT (dorzolamide hcl-timolol maleate)	97	cyclosporine CAPS	90
CONCEPT DHA	93	COSOPT PF (dorzolamide hcl- timolol maleate)	97	cyclosporine modified (for microemulsion) CAPS	90
CONCEPT OB	93	COTELLIC	37	cyclosporine modified (for microemulsion) SOLN	90
CONDOMS	79	COVID VACCINES	117	CYMBALTA CPEP (duloxetine hcl) 21	
CONTRACE	1	COVID-19 AT HOME TEST KITS .	66	cyproheptadine hcl SYRP	27
CONZIP CP24 (tramadol hcl)	8	COVID-19 FLU A&B 3-IN-1 TEST KIT	66	cyproheptadine hcl TABS	27
COPAXONE SOSY 20 MG/ML (glatiramer acetate)	103	COZAAR (losartan potassium) ...	29	CYSTADANE (betaine)	69
COPAXONE SOSY 40 MG/ML (glatiramer acetate)	103	CREON CPEP	67	CYSTAGON CAPS	73
COPIKTRA	36	CRESEMBA CAPS OR 186 MG ..	26	CYSTARAN	100
CORDRAN TAPE	63	CRESTOR TABS (rosuvastatin calcium)	28	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	113
COREG 3.125 MG (carvedilol)	45	CRINONE GEL 8 %	117	CYTOMEL TABS 5 MCG (liothyronine sodium)	113
COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)	45	cromolyn sodium (ophth)	100	CYTOTEC (misoprostol)	116
COREG CR (carvedilol phosphate) 45		cromolyn sodium NEBU	13	CYTRA-3 SYRP	73
CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)	46	CUPRIMINE CAPS (penicillamine) 90		dabigatran etexilate mesylate CAPS 110 MG	16
CORIFACT	74	CUVPOSA SOLN OR (glycopyrrolate)	114	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	16
CORLANOR SOLN	49	CVS WOMENS PRENATAL+DHA MISC	93	dalfampridine	104
CORTEF TABS (hydrocortisone) ..	54	cyclobenzaprine hcl TABS 5 MG, 10 MG	95	DALIRESP (roflumilast)	14
CORTENEMA (hydrocortisone (intrarectal))	11	CYCLOGYL (cyclopentolate hcl) ..	97	danazol CAPS	11
CORTIFOAM EX 10 %	11	CYCLOGYL	97	DANTRIUM CAPS 25 MG (dantrolene sodium)	95
CORTISPORIN-TC	101	CYCLOMYDRIL	97	dantrolene sodium CAPS	95
COSENTYX SENSOREADY PEN		cyclopentolate hcl	97	dapagliflozin propanediol	24

dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	22	DEPAKOTE SPRINKLES CSDR 125 MG (divalproex sodium)	20	desonide LOTN	63
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	22	DEPAKOTE TBEC (divalproex sodium)	20	desonide OINT	63
dapsone (topical) 5 %	58	DEPEN TITRATABS TABS (penicillamine)	90	DESOWEN CREA (desonide)	63
dapsone (topical) 7.5 %	58	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PEF SYR)	54	desoximetasone CREA	63
dapsone 100 MG	32	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	63	desoximetasone GEL	63
dapsone 25 MG	32	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	63	desoximetasone LIQD	63
darifenacin hydrobromide	116	DERMOTIC (fluocinolone acetonide (otic))	101	desoximetasone OINT 0.05 %	63
darunavir TABS	43	DESCOVY 200 MG-25 MG	43	desoximetasone OINT 0.25 %	63
dasatinib	37	desipramine hcl TABS	22	DESOXYN (methamphetamine hcl) . 1	
DAURISMO	34	desloratadine TABS	26	desvenlafaxine succinate	21
DAYPRO TABS (oxaprozin)	5	desloratadine TBDP 2.5 MG	26	DETROL LA CP24 2 MG, 4 MG (tolterodine tartrate)	116
DAYTRANA PTCH (methylphenidate)	2	desloratadine TBDP 5 MG	26	DETROL TABS 1 MG, 2 MG (tolterodine tartrate)	116
DDAVP TABS 0.1 MG (desmopressin acetate)	69	DESMOPRESSIN ACETATE SOLN NA	70	dexamethasone ELIX	54
DDAVP TABS 0.2 MG (desmopressin acetate)	69	desmopressin acetate spray	69	DEXAMETHASONE INTENSOL CONC	54
deferasirox PACK	24	desmopressin acetate spray refrigerated	70	dexamethasone sodium phosphate (ophth)	99
deferasirox TABS	24	desmopressin acetate TABS 0.1 MG 70		dexamethasone SOLN	54
deferiprone TABS 500 MG	24	desmopressin acetate TABS 0.2 MG 70		dexamethasone TABS	54
deflazacort SUSP	54	desogestrel & ethinyl estradiol	52	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1
deflazacort TABS	54	desogestrel-ethinyl estradiol (biphasic)	52	dexmethylphenidate hcl CP24	2
DELESTROGEN (estradiol valerate) 70		desonide CREA	63	dexmethylphenidate hcl TABS	2
DELSTRIGO	43	desonide GEL	63	dextroamphetamine sulfate CP24 ...	1
DELZICOL CPDR (mesalamine) ..	72			dextroamphetamine sulfate SOLN ..	1
demeclocycline hcl TABS	113			dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DEMSEER (metyrosine)	29			DHIVY TABS	40
DEPAKOTE ER TB24 (divalproex sodium)	20			DIACOMIT CAPS 250 MG	17

DIACOMIT CAPS 500 MG 17	DIFFERIN CREA (adapalene) 58	diltiazem hcl CP24 46
DIACOMIT PACK 250 MG 17	DIFFERIN GEL 0.1 % (adapalene) 58	diltiazem hcl extended release beads 46
DIACOMIT PACK 500 MG 17	DIFFERIN GEL 0.3 % (adapalene) 58	diltiazem hcl TABS 46
DIASTAT ACUDIAL GEL (diazepam (anticonvulsant)) 17	DIFFERIN LOTN 58	diltiazem hcl TB24 46
DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant)) 17	DIFICID TABS 79	dimethyl fumarate CDPK 104
diazepam (anticonvulsant) GEL ... 17	diflorasone diacetate CREA 63	dimethyl fumarate CPDR 104
diazepam CONC 12	diflorasone diacetate OINT 63	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide) 30
diazepam SOLN OR 5 MG/5ML ... 12	DIFLUCAN SUSR (fluconazole) ... 26	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ... 30
diazepam TABS 10 MG 12	DIFLUCAN TABS 100 MG, 150 MG, 200 MG (fluconazole) 26	DIOVAN TABS 160 MG (valsartan) 29
diazepam TABS 2 MG, 5 MG 13	diflunisal TABS 8	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan) 29
diazoxide 23	difluprednate 99	DIPENTUM 72
DIBENZYLIN (phenoxybenzamine hcl) 29	digoxin SOLN OR 0.05 MG/ML ... 47	diphenoxylate w/ atropine LIQD ... 24
DICLEGIS TBEC (doxylamine-pyridoxine) 25	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG 47	diphenoxylate w/ atropine TABS ... 24
diclofenac potassium TABS 50 MG .5	dihydroergotamine mesylate SOLN IJ 1 MG/ML 87	DIPROLENE OINT (betamethasone dipropionate augmented) 63
diclofenac sodium (actinic keratoses) EX 60	dihydroergotamine mesylate SOLN NA 4 MG/ML 87	dipyridamole 75
diclofenac sodium (ophth) 100	DILANTIN (phenytoin sodium extended) 19	disopyramide phosphate CAPS ... 13
diclofenac sodium (topical) GEL EX 60	DILANTIN 30 MG 19	disulfiram 102
diclofenac sodium (topical) SOLN EX 1.5 % 60	DILANTIN INFATABS CHEW (phenytoin) 20	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride) 116
diclofenac sodium TB24 100 MG ... 5	DILANTIN-125 SUSP (phenytoin) .20	DIURIL SUSP 68
diclofenac sodium TBEC 5	DILAUDID LIQD (hydromorphone hcl) 8	divalproex sodium CSDR 20
diclofenac w/ misoprostol TBEC 5	DILAUDID TABS (hydromorphone hcl) 8	divalproex sodium TB24 20
dicloxacillin sodium 102	diltiazem hcl coated beads CP24 .. 46	divalproex sodium TBEC 20
dicyclomine hcl CAPS 114	diltiazem hcl CP12 46	DIVIGEL GEL (estradiol) 70
dicyclomine hcl SOLN OR 10 MG/5ML 114		dofetilide 13
dicyclomine hcl TABS 114		

DOJOLVI	97	150 MG	113	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	78
donepezil hydrochloride TABS ...	102	doxylamine-pyridoxine TBEC	25	DULCOLAX SUPP (bisacodyl)	78
donepezil hydrochloride TBDP ...	102	DRISDOL CAPS (ergocalciferol) .	118	DULCOLAX TBEC (bisacodyl)	79
DORAL (quazepam)	76	dronabinol CAPS 10 MG	25	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	21
dorzolamide hcl	100	dronabinol CAPS 2.5 MG, 5 MG ...	25	DUOPA SUSP	40
DORZOLAMIDE HCL	100	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64"	83	DUPIXENT SOAJ SC 300 MG/2ML 65	
DORZOLAMIDE HCL/TIMOLOL MALEATE	97	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"	83	DUPIXENT SOSY 100 MG/0.67ML 65	
dorzolamide hcl-timolol maleate ..	97	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	83	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	65
DOVATO	43	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64"	83	DUREX EXTRA SENSITIVE THIN DEVI	79
doxazosin mesylate	29	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	83	DUREX EXTRA SENSITIVE THIN MISC	79
doxepin hcl (antipruritic)	61	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	83	DUREX TROPICAL MISC	80
doxepin hcl CAPS	22	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	83	dutasteride	73
doxepin hcl CONC	22	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	83	dutasteride-tamsulosin hcl	73
doxercalciferol CAPS	69	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	83	DYMISTA SUSP (azelastine hcl- fluticasone propionate)	95
doxycycline (monohydrate) CAPS 150 MG	113	drospirenone-ethinyl estradiol	52	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	79
doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	113	drospirenone-ethinyl estradiol- levomefolate calcium	52	EASIVENT MISC	86
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doxycycline (monohydrate) TABS 150 MG	113	DRYSOL SOLN	65	EASIVENT/MASK-SMALL MISC ..	86
doxycycline (monohydrate) TABS 50 MG, 75 MG	113	DUAVEE	70	EASY FLOW BLACK/BLUE DEVI ..	86
doxycycline (rosacea)	65	DUET DHA 400 MISC	93	EASY FLOW BLACK/ORANGE DEVI	86
doxycycline hyclate CAPS 50 MG, 100 MG	113	DUETACT (pioglitazone hcl- glimepiride)	22	EASY FLOW BLACK/RED DEVI ..	86
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EASY FLOW WHITE/BLUE DEVI . 86	EGRIFTA SV 68	enalapril maleate & hydrochlorothiazide 30
EASY FLOW WHITE/GREEN DEVI 86	ELESTRIN GEL70	enalapril maleate TABS28
EASY FLOW WHITE/PINK DEVI . .86	eletriptan hydrobromide88	ENBRACE HR93
EASY FLOW WHITE/WHITE DEVI 86	ELIDEL (pimecrolimus)65	ENBREL MINI SOCT6
EASY FLOW WHITE/YELLOW DEVI 86	ELIGARD SC35	ENBREL SOLN6
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econazole nitrate CREA59	ELLA53	ENBREL SURECLICK SOAJ6
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EDURANT43	EMEND SUSR25	enoxaparin sodium SOSY 40 MG/0.4ML16
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efavirenz TABS43	EMFLAZA SUSP (deflazacort)54	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML16
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EPIDUO GEL (adapalene-benzoyl peroxide)	58	erythromycin (acne aid) GEL	58	estradiol valerate	70
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EPIVIR TABS (lamivudine)	43	erythromycin base TABS	79	ethambutol hcl TABS	33
eplerenone	31	erythromycin base TBEC	79	ethosuximide CAPS	20
EPZICOM (abacavir sulfate-lamivudine)	43	erythromycin ethylsuccinate SUSR 79		ethosuximide SOLN	20
EQ SPACE CHAMBER ANTI-STATIC DEVI	86	erythromycin ethylsuccinate TABS 79		ethynodiol diacet & eth estrad	52
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	86	escitalopram oxalate SOLN	20	etodolac CAPS	5
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ...	86	escitalopram oxalate TABS 10 MG, 20 MG	20	etodolac TABS	5
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	86	escitalopram oxalate TABS 5 MG ..	21	etodolac TB24 400 MG, 500 MG, 600 MG	5
EQUETRO	41	ESGIC TABS (butalbital-acetaminophen-caffeine)	7	etonogestrel-ethinyl estradiol	53
ergocalciferol CAPS	118	estazolam	76	etoposide CAPS	40
ergoloid mesylates TABS	104	ESTRACE CREA (estradiol vaginal) .	117	etravirine	43
ERGOMAR SUBL	87	ESTRACE TABS (estradiol)	70	EUCRISA	65
ergotamine w/ caffeine TABS	87	estradiol & norethindrone acetate TABS	70	EULEXIN	35
ERIVEDGE	34	estradiol GEL 0.06 %	70	EVAMIST SOLN	71
ERLEADA 240 MG	35	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	71	everolimus (immunosuppressant) .	90
ERLEADA 60 MG	35	estradiol PTTW	71	everolimus TABS	37
erlotinib hcl	34	estradiol PTWK	71	everolimus TBSO	37
ERTACZO	59	estradiol TABS	71	EVISTA (raloxifene hcl)	68
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				EVOTAZ	43
				EVOXAC (cevimeline hcl)	91
				EVRYSDI	97
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(fluticasone propionate (nasal))	96	fluoxetine hcl CAPS 10 MG, 20 MG	21	fluticasone propionate OINT	64
FLORAFOL PEDIATRIC CHEW	92	fluoxetine hcl CAPS 40 MG	21	fluticasone-salmeterol AEPB 100	
FLORIVA	89	fluoxetine hcl CPDR	21	MCG/ACT-50 MCG/ACT, 250	
FLORIVA	93	fluoxetine hcl SOLN	21	MCG/ACT-50 MCG/ACT, 500	
FLORIVA PLUS SOLN	92	fluoxetine hcl TABS 10 MG	21	MCG/ACT-50 MCG/ACT	15
FLOWFLEX PLUS COVID-19/FLU		fluoxetine hcl TABS 20 MG, 60 MG	21	fluticasone-salmeterol AERO	15
A/B HOME TEST	66	21		fluvastatin sodium CAPS	28
FLUBLOK 2024-2025 SOSY	117	fluoxetine hcl TABS 60 MG	21	fluvastatin sodium TB24	28
FLUCELVAX 2024-2025 SUSP	117	fluphenazine hcl CONC	42	fluvoxamine maleate CP24 100 MG	21
fluconazole SUSR	26	fluphenazine hcl ELIX	42	21	
fluconazole TABS	26	fluphenazine hcl TABS	42	fluvoxamine maleate CP24 150 MG	21
flucytosine	26	flurazepam hcl 15 MG	76	21	
fludrocortisone acetate TABS	54	flurazepam hcl 30 MG	76	fluvoxamine maleate TABS 100 MG	21
FLUMIST NASAL VACCINE 2024-		flurbiprofen sodium	100	21	
2025	117	flurbiprofen TABS	5	fluvoxamine maleate TABS 25 MG,	
FLUMIST QUADRIVALENT	117	flutamide	35	50 MG	21
fluocinolone acetonide (otic)	101	fluticasone furoate-vilanterol	15	FML FORTE SUSP	99
fluocinolone acetonide CREA	64	fluticasone propionate (inhalation)		FML LIQUIFILM SUSP	
fluocinolone acetonide OIL	64	AEPB 100 MCG/ACT	14	(fluorometholone (ophth))	99
fluocinolone acetonide OINT	64	fluticasone propionate (inhalation)		FOCALIN TABS	
fluocinolone acetonide SOLN	64	AEPB 250 MCG/ACT	14	(dexmethylphenidate hcl)	2
fluocinonide CREA	64	fluticasone propionate (inhalation)		FOCALIN XR CP24	
fluocinonide emulsified base	64	AEPB 50 MCG/ACT	14	(dexmethylphenidate hcl)	2
fluocinonide GEL	64	fluticasone propionate (nasal) SUSP		folic acid TABS 1 MG	76
fluocinonide OINT	64	96		folic acid TABS 400 MCG, 800 MCG	76
fluocinonide SOLN	64	fluticasone propionate CREA 0.05 %	64	FOLIVANE-OB	93
fluorometholone (ophth) SUSP	99	fluticasone propionate hfa 110		fondaparinux sodium 10 MG/0.8ML	16
fluorouracil (topical) CREA 0.5 %	60	MCG/ACT, 220 MCG/ACT	14	16	
fluorouracil (topical) CREA 5 %	60	fluticasone propionate hfa 44		fondaparinux sodium 2.5 MG/0.5ML,	
fluorouracil (topical) SOLN	61	MCG/ACT	14	7.5 MG/0.6ML	16
fluoxetine hcl (pmd) TABS	104	fluticasone propionate LOTN	64	fondaparinux sodium 5 MG/0.4ML	16
				formoterol fumarate NEBU	15
				FORTESTA GEL TD (testosterone)	11

FOSAMAX TABS 70 MG (alendronate sodium)	68	frovatriptan succinate	88	GEODON 20 MG, 40 MG (ziprasidone hcl)	41
fosamprenavir calcium TABS	43	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	67	GEODON 60 MG, 80 MG (ziprasidone hcl)	41
fosfomycin tromethamine	32	furosemide TABS	67	GILENYA 0.5 MG	104
fosinopril sodium & hydrochlorothiazide	30	FUZEON SOLR	43	GILOTRIF	34
fosinopril sodium	28	FYCOMPA SUSP	16	GILTUSS COUGH & COLD TABS	55
FOSRENOL PACK	72	FYCOMPA TABS 2 MG	16	GILTUSS SINUS & CONGESTION TABS	55
FRAGMIN SOLN 95000 UNIT/3.8ML 16		FYCOMPA TABS 4 MG	16	glatiramer acetate SOSY 20 MG/ML .	104
FRAGMIN SOSY 10000 UNIT/ML .16		FYCOMPA TABS 6 MG	16	glatiramer acetate SOSY 40 MG/ML .	104
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	16	FYCOMPA TABS 8 MG, 10 MG, 12 MG	16	GLENMAX PEB LIQD	55
FRAGMIN SOSY 18000 UNT/0.72ML	16	FYCOMPA TABS 8 MG, 10 MG, 12 MG	16	GLEOSTINE 10 MG, 40 MG, 100 MG	33
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	16	gabapentin CAPS	17	glimepiride 1 MG, 2 MG, 4 MG	24
FRAGMIN SOSY 7500 UNIT/0.3ML 16		gabapentin SOLN	17	glipizide TABS 2.5 MG, 5 MG, 10 MG	24
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	66	gabapentin TABS 600 MG, 800 MG 17		glipizide TB24	24
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	82	GALAFOLD	69	glipizide-metformin hcl	22
FREESTYLE LITE TEST STRIPS STRP	66	galantamine hydrobromide CP24	102	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...	84
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	82	galantamine hydrobromide SOLN 102		GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	84
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	66	galantamine hydrobromide TABS	102	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	84
FREESTYLE TEST STRIPS STRP 66		GALZIN	90	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	23
FROVA (frovatriptan succinate) ...	88	gatifloxacin (ophth)	98	GLUCOTROL XL TB24 (glipizide) .	24
		GATTEX	72	glyburide micronized 1.5 MG, 3 MG, 6 MG	24
		gefitinib	34	glyburide TABS	24
		GELFILM OP	99	glyburide-metformin	22
		gemfibrozil TABS	27		
		GENERESS FE (norethindrone & ethinyl estradiol-fe)	52		
		gentamicin sulfate (ophth) SOLN ..	98		
		gentamicin sulfate (topical) CREA	59		
		gentamicin sulfate (topical) OINT ..	59		
		GENVOYA	43		

GLYCATE TABS	114	UNIT, 1700 UNIT	74	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC	4
glycopyrrolate SOLN OR 1 MG/5ML . 114		HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	74	HUMIRA PEN-PS/UV STARTER AJKT SC	4
glycopyrrolate TABS 1 MG, 2 MG 114		HUMALOG JUNIOR KWIKPEN SOPN	23	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4
GLYCOPYRROLATE TABS	114	HUMALOG KWIKPEN SOPN 100 UNIT/ML	23	HUMIRA PSKT 40 MG/0.8ML	4
GLYNASE (glyburide micronized)	24	HUMALOG KWIKPEN SOPN 200 UNIT/ML	23	HUMULIN 70/30 KWIKPEN SUPN	23
GLYXAMBI	22	HUMALOG MIX 50/50 KWIKPEN SUPN	23	HUMULIN 70/30 SUSP	23
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfat) ...	77	HUMALOG MIX 50/50 SUSP	23	HUMULIN N KWIKPEN SUPN	23
granisetron hcl TABS	25	HUMALOG MIX 75/25 KWIKPEN SUPN	23	HUMULIN N SUSP	23
griseofulvin microsize SUSP	26	HUMALOG MIX 75/25 SUSP	23	HUMULIN R SOLN IJ	23
griseofulvin microsize TABS	26	HUMALOG SOCT 100 UNIT/ML ..	23	HUMULIN R U-500 (CONCENTRATED) SOLN SC	23
griseofulvin ultramicrosize	26	HUMALOG SOLN IJ	23	HUMULIN R U-500 KWIKPEN SOPN SC	23
guaifenesin TABS 400 MG	56	HUMATE-P SOLR	74	HYCANTIN CAPS	40
guaifenesin-codeine SOLN	55	HUMATIN	2	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	54
guanfacine hcl (adhd)	1	HUMATROPE CART IJ	68	hydralazine hcl TABS	31
guanfacine hcl	29	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	HYDREA (hydroxyurea)	39
GUM BASE GELATIN	102	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3	hydrochlorothiazide CAPS	68
GYNAZOLE-1	117	HUMIRA PEN AJKT SC 40 MG/0.4ML	3	hydrochlorothiazide TABS	68
HADLIMA PUSHTOUCH SOAJ	3	HUMIRA PEN AJKT SC 40 MG/0.8ML	3	hydrocodone bitartrate CP12	8
HADLIMA SOSY	3	HUMIRA PEN AJKT SC 80 MG/0.8ML	3	hydrocodone bitartrate T24A	8
HAEGARDA SOLR SC	75	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML	4	hydrocodone bitartrate-homatropine methylbromide SOLN	55
HALCION 0.25 MG (triazolam)	76	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	4	hydrocodone polistirex- chlorpheniramine polistirex SUER	.55
halobetasol propionate CREA	64			hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	10
halobetasol propionate OINT	64				
haloperidol lactate CONC	41				
haloperidol TABS	41				
HELIDAC THERAPY	116				
HEMANGEOL SOLN OR	46				
HEMOFIL M SOLR 1501 -2000					

hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG10	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG8	icosapent ethyl 27
hydrocodone-acetaminophen TABS 300 MG-7.5 MG10	hydroxychloroquine sulfate 200 MG 32	IDELVION 74
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG10	hydroxyurea 39	IDHIFA 37
hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG10	hydroxyzine hcl SYRP 12	ILEVRO 100
hydrocodone-ibuprofen 5 MG-200 MG 10	hydroxyzine hcl TABS 12	imatinib mesylate 100 MG 37
hydrocortisone (intrarectal)11	hydroxyzine pamoate CAPS12	imatinib mesylate 400 MG 37
hydrocortisone (rectal) EX 2.5 % .. 11	hyoscyamine sulfate SUBL 0.125 MG114	IMBRUVICA CAPS 140 MG 37
hydrocortisone (topical) CREA 2.5 % 64	hyoscyamine sulfate TABS 0.125 MG114	IMBRUVICA CAPS 70 MG 37
hydrocortisone (topical) LOTN 2 % 64	hyoscyamine sulfate TB12 0.375 MG 114	IMBRUVICA SUSP 37
hydrocortisone (topical) LOTN 2.5 % . 64	hyoscyamine sulfate TBDP 0.125 MG114	IMBRUVICA TABS 37
hydrocortisone (topical) OINT 2.5 % . 64	HYPERSAL NEBU (sodium chloride (inhalant)) 56	imipramine hcl TABS 10 MG, 25 MG . 22
hydrocortisone butyrate CREA 64	HYPERSAL NEBU 56	imipramine hcl TABS 50 MG 22
hydrocortisone butyrate hydrophilic lipo base64	HYPODERMIC NEEDLE 30GX1/2" . 84	imipramine pamoate 22
hydrocortisone butyrate LOTN 64	HYSINGLA ER T24A8	imiquimod 5 % 65
hydrocortisone butyrate OINT 64	HYZAAR (losartan potassium & hydrochlorothiazide) 30	IMITREX 20 MG/ACT (sumatriptan) 88
hydrocortisone butyrate SOLN 64	ibandronate sodium TABS 68	IMITREX 5 MG/ACT (sumatriptan) 88
hydrocortisone TABS 54	IBRANCE CAPS 37	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) . 88
hydrocortisone valerate CREA 64	IBRANCE TABS 37	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) . 88
hydrocortisone valerate OINT 64	ibuprofen TABS 400 MG, 600 MG, 800 MG5	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate) 88
hydrocortisone w/acetic acid101	icatibant acetate SOLN 75	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) 88
hydromorphone hcl LIQD 8	icatibant acetate SOSY 75	IMITREX TABS (sumatriptan succinate) 88
hydromorphone hcl TABS8	ICLUSIG 10 MG, 30 MG 37	IMODIUM A-D CAPS (loperamide hcl) 24
hydromorphone hcl TB24 32 MG ... 8	ICLUSIG 15 MG, 45 MG 37	

IMPAVIDO	31	INSPRA (eplerenone)	31	47	
IMURAN TABS (azathioprine)	90	INSULIN LISPRO		isosorbide mononitrate TABS	12
INBRIJA CAPS	40	PROTAMINE/INSULIN LISPRO		isosorbide mononitrate TB24	12
IN-CHECK DIAL		KWIKPEN SUPN	23	isotretinoin 10 MG, 25 MG	58
INSPIRATORYFLOW TRAINER		INTELENCE (etravirine)	43	isotretinoin 20 MG	58
DEVI	86	INTELENCE 25 MG	43	isotretinoin 30 MG	58
IN-CHECK INSPIRATORY		INTRAROSA	117	isotretinoin 35 MG, 40 MG	58
FLOWMETER/NASAL WITH MASK		INTRON A SOLR 10000000 UNIT	39	isradipine CAPS	46
DEVI	86	INTUNIV (guanfacine hcl (adhd))	1	ISTALOL SOLN (timolol maleate	
IN-CHECK INSPIRATORY		INVEGA (paliperidone)	41	(ophth))	97
FLOWMETER/ORAL DEVI	86	iodine strong (lugol's)	89	itraconazole CAPS	26
INCRELEX	68	iodoquinol-hydrocortisone in aloe		itraconazole SOLN	26
INCRUSE ELLIPTA	13	vehicle	59	ivabradine hcl TABS	49
indapamide TABS 1.25 MG, 2.5 MG	68	IOPIDINE	98	ivermectin (pediculicide)	66
INDERAL LA CP24 (propranolol hcl)	46	ipratropium bromide (nasal)	95	ivermectin (rosacea)	66
INDERAL XL	46	ipratropium bromide SOLN 0.02 %	13	ivermectin	12
indomethacin CAPS 25 MG, 50 MG	5	ipratropium-albuterol SOLN	15	IXINITY SOLR	74
indomethacin CPR	5	irbesartan	29	JADENU SPRINKLE PACK	
indomethacin SUPP	5	irbesartan-hydrochlorothiazide	30	(deferasirox)	25
indomethacin SUSP	5	IRESSA (gefitinib)	34	JADENU TABS (deferasirox)	25
INGREZZA CAPS 40 MG	103	ISENTRESS CHEW	43	JAKAFI	37
INGREZZA CAPS 60 MG	103	ISENTRESS HD TABS	43	JALYN (dutasteride-tamsulosin hcl)	
INGREZZA CAPS 80 MG	103	ISENTRESS TABS	43	73	
INGREZZA CPPK	103	isoniazid SYRP	33	JANUMET TABS	22
INGREZZA CPSP	103	isoniazid TABS	33	JANUMET XR TB24 1000 MG-100	
INLYTA	33	ISOPTO ATROPINE SOLN	97	MG	22
INNOPRAN XL	46	ISORDIL TITRADOSE TABS 5 MG		JANUMET XR TB24 1000 MG-50	
INQOVI	36	(isosorbide dinitrate)	12	MG, 500 MG-50 MG	22
INREBIC	37	isosorbide dinitrate TABS 40 MG	12	JANUVIA	23
INSPIREASE DRUG		isosorbide dinitrate TABS 5 MG, 10		JARDIANCE	24
DELIVERYSYSTEM MISC	86	MG, 20 MG, 30 MG	12	JIVI	74
		isosorbide dinitrate-hydralazine hcl		JULUCA	43

JUXTAPID 10 MG, 20 MG, 30 MG	28	KEVZARA SOAJ	4	KLOXXADO LIQD	25
JUXTAPID 5 MG	28	KEVZARA SOSY	4	KOATE SOLR	74
JYNARQUE TBPK	70	KIMONO COLORS DEVI	80	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	74
KALETRA SOLN (lopinavir-ritonavir)	43	KIMONO LUBRICATED MISC	80	KOGENATE FS KIT	74
KALETRA TABS (lopinavir-ritonavir)	43	KIMONO MAXX/LARGE FLARE MISC	80	KOSELUGO	37
KALYDECO PACK	112	KIMONO MICRO THIN MISC	80	KOVALTRY	74
KALYDECO TABS	112	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	80	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	89
KAMELEON LUBRICATED MISC	80	KIMONO PLUS SPERMICIDE LUBRICATED MISC	80	K-PHOS NO 2	73
KARBINAL ER SUER (carbinoxamine maleate)	26	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	80	K-PHOS TABS (potassium phosphate monobasic)	89
KCENTRA	74	KIMONO PS LUBRICATED MISC	80	KRINTAFEL	32
KENALOG AERS (triamcinolone acetoneide (topical))	64	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	80	K-TAB TBCR 10 MEQ (potassium chloride)	89
KEPPRA SOLN OR 100 MG/ML (levetiracetam)	17	KIMONO SENSATION LUBRICATED MISC	80	K-TAB TBCR 20 MEQ (potassium chloride)	89
KEPPRA TABS 1000 MG (levetiracetam)	17	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	80	KUVAN PACK (sapropterin dihydrochloride)	69
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	17	KIMONO SPECIAL DEVI	80	KUVAN TABS (sapropterin dihydrochloride)	69
KEPPRA XR TB24 (levetiracetam)	17	KISQALI	37	K-Y ME & YOU EXTRA LUBRICATED DEVI	80
KESIMPTA	104	KISQALI FEMARA 200 DOSE	36	K-Y ME & YOU INTENSE DEVI	80
ketoconazole (topical) CREA	59	KISQALI FEMARA 400 DOSE	36	labetalol hcl TABS	45
ketoconazole (topical) FOAM	59	KISQALI FEMARA 600 DOSE	36	lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML	17
ketoconazole (topical) SHAM 2 %	59	KLARITY-A	98	lacosamide TABS	17
ketoconazole	26	KLARON (sulfacetamide sodium (acne))	58	lactulose (encephalopathy)	72
KETONE STRP	66	KLEAR GUMMY BASE	102	lactulose SOLN	77
ketoprofen CP24	5	KLONOPIN TABS (clonazepam)	17	LAGEVRIO	45
ketorolac tromethamine (ophth)	100			LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine)	
ketorolac tromethamine TABS	5				
KETOSTIX STRP	66				

MCG, 150 MCG, 175 MCG, 200 MCG	114	27	lopinavir-ritonavir TABS	43
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	114	lisdexamfetamine dimesylate CAPS 1	LOPRESSOR TABS (metoprolol tartrate)	45
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	114	lisdexamfetamine dimesylate CHEW . 1	LOPROX CREA (ciclopirox olamine) . 60	
LEVSIN TABS (hyoscyamine sulfate)	115	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	LOPROX SHAMPOO SHAM (ciclopirox)	59
LEVSIN/SL SUBL (hyoscyamine sulfate)	114	lisinopril & hydrochlorothiazide 25 MG-20 MG	LOPROX SUSP (ciclopirox olamine) . 60	
LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	21	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	lorazepam CONC	13
LEXAPRO TABS 5 MG (escitalopram oxalate)	21	lisinopril TABS 40 MG	lorazepam TABS	13
LEXIVA TABS (fosamprenavir calcium)	43	lithium	LORBRENA	37
LIBRAX (chlordiazepoxide hcl-clidinium bromide)	115	lithium carbonate CAPS 150 MG, 600 MG	losartan potassium & hydrochlorothiazide	30
lidocaine hcl (mouth-throat) 2 % ...	91	lithium carbonate CAPS 300 MG ..	losartan potassium	29
lidocaine PTCH 5 %	65	lithium carbonate TABS	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	53
lidocaine-prilocaine CREA	65	lithium carbonate TBCR	LOTEMAX OINT	99
LIDODERM PTCH (lidocaine)	65	LITHOBID TBCR (lithium carbonate) . 41	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	28
linezolid SUSR	32	LITHOSTAT	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 30	
linezolid TABS	32	LO LOESTRIN FE TABS	loteprednol etabonate GEL	99
LINZESS	72	LOCOID LIPOCREAM	loteprednol etabonate SUSP 0.2 % 99	
liothyronine sodium TABS 25 MCG, 50 MCG	114	LODINE TABS (etodolac)	loteprednol etabonate SUSP 0.5 % 99	
liothyronine sodium TABS 5 MCG 114		lofexidine hcl	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 30	
LIPITOR TABS (atorvastatin calcium)	28	LOHIST-DM SYRP	lovastatin TABS 10 MG, 20 MG ... 28	
LIPOFEN CAPS 50 MG (fenofibrate) .		LOKELMA	lovastatin TABS 40 MG	28
		LOMOTIL TABS (diphenoxylate w/ atropine)	LOVAZA (omega-3-acid ethyl esters)	
		LONSURF		
		loperamide hcl CAPS 2 MG		
		LOPID TABS (gemfibrozil)		
		lopinavir-ritonavir SOLN		

memantine hcl TABS 5 MG	102	methadone hcl TABS	8	methylphenidate hcl TABS 5 MG, 10 MG	2
memantine hcl TABS	102	methadone hcl TBSO	8	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2
M-END PE LIQD	56	METHADOSE CONC (methadone hcl)	9	methylphenidate hcl TB24 36 MG ..	2
MENEST 0.3 MG, 0.625 MG, 1.25 MG	71	METHADOSE SUGAR-FREE CONC (methadone hcl)	9	methylphenidate hcl TBCR 10 MG ..	2
MENEST 2.5 MG	71	methamphetamine hcl	1	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 72 MG	2
MENOSTAR PTWK	71	methazolamide TABS	67	methylphenidate hcl TBCR 20 MG ..	2
meperidine hcl SOLN OR 50 MG/5ML	8	methenamine hippurate	32	methylphenidate hcl TBCR 54 MG ..	2
meperidine hcl TABS 50 MG	8	methenamine mandelate 0.5 GM, 1 GM	32	methylphenidate PTCH	2
mercaptopurine TABS	33	methimazole TABS	113	methylprednisolone TABS	54
mesalamine CP24	72	METHITEST TABS	11	methylprednisolone TBPK 4 MG ..	54
mesalamine CPCR	72	methocarbamol TABS 500 MG, 750 MG	95	methyltestosterone CAPS	11
mesalamine CPDR	72	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	33	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	71
mesalamine ENEM	72	methotrexate sodium TABS 2.5 MG 33		metoclopramide hcl TABS	71
mesalamine SUPP	72	methoxyalen rapid	61	metoclopramide hcl TBDP	71
mesalamine TBEC 1.2 GM	72	methscopolamine bromide	115	metolazone	68
mesalamine TBEC 800 MG	72	methsuximide	20	METOPIRONE	66
MESNEX TABS	40	methylidopa TABS	29	metoprolol & hydrochlorothiazide TABs	30
MESTINON TABS (pyridostigmine bromide)	33	methylergonovine maleate TABS	101	metoprolol succinate TB24	45
METADATE CD CPCR (methylphenidate hcl)	2	METHYLIN SOLN (methylphenidate hcl)	2	metoprolol tartrate TABS	45
metaxalone 800 MG	95	methylphenidate hcl CHEW	2	METROCREAM CREA (metronidazole (topical))	66
metformin hcl SOLN	22	methylphenidate hcl CP24 60 MG ..	2	METROGEL GEL 1 % (metronidazole (topical))	66
metformin hcl TABS 500 MG, 850 MG, 1000 MG	23	methylphenidate hcl CP24	2	METROLOTION LOTN (metronidazole (topical))	66
metformin hcl TB24 500 MG, 750 MG	23	methylphenidate hcl CPCR	2	metronidazole (topical) CREA	66
methadone hcl CONC	8	methylphenidate hcl SOLN	2	metronidazole (topical) GEL 0.75 % 66	
methadone hcl SOLN OR 5 MG/5ML, 10 MG/5ML	8	methylphenidate hcl TABS 20 MG ..	2		

metronidazole (topical) GEL 1 % .. 66	minocycline hcl TABS 75 MG 113	morphine sulfate TABS 9
metronidazole (topical) LOTN 66	minoxidil 2.5 MG, 10 MG 31	morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG, 200 MG 9
metronidazole CAPS 31	MIRALAX POWD (polyethylene glycol 3350) 77	MOVANTIK 72
metronidazole TABS 31	MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) 53	moxifloxacin hcl (ophth) SOLN OP 98
metronidazole vaginal 117	mirtazapine TABS 20	moxifloxacin hcl TABS 71
metyrosine 29	mirtazapine TBDP 20	MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 100 MG, 200 MG (morphine sulfate) 9
mexiletine hcl 13	misoprostol 116	MUCINEX D TB12 (pseudoephedrine-guaifenesin) ... 56
MG217 PSORIASIS MULTI- SYM TOM OINT 65	modafinil 2	MUCOTROL WAFR 91
MIACALCIN IJ 200 UNIT/ML (calcitonin (salmon)) 68	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY . 117	MULPLETA 76
MICARDIS 20 MG, 40 MG (telmisartan) 29	moexipril hcl 28	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG- 400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG- 2500 UNIT-1 MG-15 UNIT 92
MICARDIS 80 MG (telmisartan) ... 29	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) 44	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-1 MG 92
MICARDIS HCT (telmisartan- hydrochlorothiazide) 30	mometasone furoate (nasal) SUSP 96	MULTIVITAMIN WITH FLUORIDE SOLN 92
MICROCHAMBER DEVI 86	mometasone furoate CREA 64	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG- 10 MG-0.5 MG-600 MCG-4.5 MCG- 230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG- 600 MCG-4.5 MCG-230 MCG 92
MICROCHAMBER MISC 86	mometasone furoate OINT 64	mupirocin OINT 59
MICROSPACER MISC 86	mometasone furoate SOLN 64	MYALEPT 69
midazolam hcl SYRP 76	montelukast sodium CHEW 14	MYAMBUTOL TABS 400 MG
midodrine hcl 118	montelukast sodium PACK 14	
MIFEPREX (mifepristone) 70	montelukast sodium TABS 14	
mifepristone 70	MONUROL (fosfomycin tromethamine) 32	
miglitol 22	morphine sulfate beads 9	
miglustat 75	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 9	
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) 53	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML 9	
MINIPRESS CAPS (prazosin hcl) . 29	morphine sulfate SUPP 9	
MINIVELLE PTTW (estradiol) 71		
minocycline hcl CAPS 113		
minocycline hcl TABS 50 MG, 100 MG 113		

(ethambutol hcl)	33	NAMZARIC CP24 7 MG-10 MG ..	103	neomycin-polymy-dexameth OINT	99
mycophenolate mofetil CAPS	90	NAPROSYN SUSP (naproxen)	5	neomycin-polymy-dexameth SUSP	99
mycophenolate mofetil SUSR	90	NAPROSYN TABS 500 MG		neomycin-polymyxin-gramicidin ..	98
mycophenolate mofetil TABS	90	(naproxen)	5	neomycin-polymyxin-hc (ophth) ..	99
mycophenolate sodium 180 MG, 360		naproxen sodium TABS 275 MG, 550		neomycin-polymyxin-hc (otic) SOLN .	
MG	90	MG	5	neomycin-polymyxin-hc (otic) SOLN .	101
MYDRIACYL SOLN (tropicamide) .	97	naproxen SUSP	5	neomycin-polymyxin-hc (otic) SUSP .	101
MYLERAN TABS	33	naproxen TABS	5	NEORAL CAPS (cyclosporine	
MYSOLINE (primidone)	18	naratriptan hcl	88	modified (for microemulsion))	90
MYTESI	24	NARCAN LIQD (naloxone hcl)	25	NEORAL SOLN (cyclosporine	
nabumetone 500 MG	5	NARDIL (phenelzine sulfate)	20	modified (for microemulsion))	90
nabumetone 750 MG	5	NASACORT ALLERGY 24HR AERO		NEOTUSS PLUS LIQD	56
nadolol TABS 20 MG, 40 MG, 80 MG		(triamcinolone acetonide (nasal)) .	96	NERLYNX	38
.....	46	NASONEX 24HR SUSP		NESTABS	93
naftifine hcl CREA 1 %	60	(mometasone furoate (nasal))	96	NESTABS DHA	93
naftifine hcl CREA 2 %	60	NATACHEW CHEW 120 MG-10 MG-		NESTABS ONE	93
naftifine hcl GEL 2 %	60	20 UNIT-1 MG-400 UNIT-12 MCG-3		NEUPRO	40
NALFON TABS (fenoprofen calcium)		MG-20 MG-2 MG-2700 UNIT-28 MG		NEURONTIN CAPS (gabapentin) .	18
5		93		NEURONTIN SOLN (gabapentin) .	18
naloxone hcl LIQD	25	NATACYN	98	NEURONTIN TABS (gabapentin) .	18
naloxone hcl SOSY 2 MG/2ML	25	NATAZIA	53	NEVANAC	100
naltrexone hcl	25	nateglinide	24	nevirapine SUSP	43
NAMENDA TABS 10 MG		NAYZILAM	17	nevirapine TABS	43
(memantine hcl)	103	nebivolol hcl	45	nevirapine TB24	43
NAMENDA TABS 5 MG (memantine		NEBULIZER CUP/TUBING DEVI .	86	NEXAVAR (sorafenib tosylate) ...	38
hcl)	102	NEBUSAL NEBU	56	NEXICLON XR OR (clonidine)	29
NAMENDA TITRATION PAK TABS		NEEVO DHA 85 MG-25 MG-15 MG-		NEXTSTELLIS	53
(memantine hcl)	102	5 MCG-1.4 MG-18 MG-27 MG-110		niacin (antihyperlipidemic) TABS ..	28
NAMENDA XR CP24 (memantine		MG-1.4 MG-60 MG-220 MCG-60		niacin (antihyperlipidemic) TBCR ..	28
hcl)	102	MCG-1 MG-1.13 MG	93	nicardipine hcl CAPS	46
NAMZARIC C4PK	103	nefazodone hcl	21		
NAMZARIC CP24 14 MG-10 MG, 21		neomycin sulfate TABS	2		
MG-10 MG, 28 MG-10 MG	103	neomycin-bacitracin zn-polymyxin	98		

NICODERM CQ PT24 TD (nicotine) . 112	NITRO-DUR PT24 12	norgestimate-ethinyl estradiol (triphasic)53
NICORETTE GUM (nicotine polacrilex)112	nitrofurantoin 32	norgestimate-ethinyl estradiol53
NICORETTE LOZG (nicotine polacrilex)112	nitrofurantoin macrocrystal 25 MG, 50 MG, 100 MG32	NORPACE CAPS (disopyramide phosphate) 13
NICORETTE MINI LOZG (nicotine polacrilex)112	nitrofurantoin monohyd macro 100 MG 32	NORPACE CR CP12 13
NICORETTE STARTER KIT GUM (nicotine polacrilex)112	nitroglycerin (intra-anal) 11	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) 22
nicotine MISC XX112	nitroglycerin PT2412	NORTHERA (droxidopa)118
nicotine polacrilex GUM 112	nitroglycerin SOLN TL 0.4 MG/SPRAY 12	nortriptyline hcl CAPS 22
nicotine polacrilex LOZG 112	nitroglycerin SUBL 12	nortriptyline hcl SOLN 22
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR112	NITROLINGUAL SOLN TL (nitroglycerin)12	NORVASC TABS 2.5 MG (amlodipine besylate)47
NICOTINE TRANSDERMAL SYSTEM KIT 112	NITROSTAT SUBL (nitroglycerin) . 12	NORVASC TABS 5 MG, 10 MG (amlodipine besylate) 47
NICOTROL INHALER INHA112	NIVA THYROID TABS114	NORVIR PACK 43
NICOTROL NS SOLN112	nizatidine CAPS 115	NORVIR TABS (ritonavir)43
nifedipine CAPS46	NORDITROPIN FLEXPPO SOPN .68	NOVAVAX COVID-19 VACCINE/2024-25 SUSY 117
nifedipine TB24 30 MG, 60 MG, 90 MG 46	norelgestromin-ethinyl estradiol ... 53	NOVOEIGHT74
nifedipine TB24 30 MG, 60 MG ...46	norethin acet & estrad-fe CAPS ... 53	NOVOSEVEN RT 74
NILANDRON (nilutamide)35	norethin acet & estrad-fe CHEW ...53	NP THYROID 120 TABS 114
nilutamide35	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG53	NP THYROID 15 TABS114
nimodipine CAPS46	norethindrone & ethinyl estradiol-fe 53	NP THYROID 30 TABS114
NINJACOF-XG LIQD 56	norethindrone (contraceptive)54	NP THYROID 60 TABS114
NINLARO38	norethindrone acet & eth estra TABS 53	NP THYROID 90 TABS114
nisoldipine46	norethindrone acetate TABS 102	NUBEQA 35
nitazoxanide TABS32	norethindrone acetate-ethinyl estradiol 70	NUCALA SOAJ 13
nitisinone CAPS69	norethindrone acetate-ethinyl estradiol-fe53	NUCALA SOLR 13
NITRO-BID OINT 12		NUCALA SOSY13
NITRO-DUR PT24 (nitroglycerin) ..12		NUEDEXTA104
		NUPLAZID CAPS41

NUPLAZID TABS 10 MG	41	OCUFLOX (ofloxacin (ophth))	98	OMNIFLEX DIAPHRAGM	80
NUVARING (etonogestrel-ethinyl estradiol)	53	ODEFSEY	43	ondansetron hcl SOLN OR 4 MG/5ML	25
NUVESSA	117	ODOMZO	34	ondansetron hcl TABS 4 MG, 8 MG 25	
NUVIGIL (armodafinil)	2	OFEV	112	ondansetron TBDP 4 MG, 8 MG ..	25
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	74	ofloxacin (ophth)	98	ONE FLOW FVC MONITORING SPIROMETER DEVI	86
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	74	ofloxacin (otic)	101	ONETOUCH ULTRA 2 KIT	82
NYSTATIN (nystatin (mouth-throat)) .	91	ofloxacin 300 MG	71	ONETOUCH ULTRA BLUE TESTSTRIP STRP	66
nystatin (mouth-throat)	91	ofloxacin 400 MG	71	ONETOUCH ULTRA STRP	66
nystatin (topical) CREA	60	olanzapine TABS 15 MG, 20 MG ..	41	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	82
nystatin (topical) OINT	60	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	41	ONETOUCH VERIO REFLECT KIT 82	
nystatin (topical) POWD EX	60	olanzapine TBDP	41	ONETOUCH VERIO TEST STRIPS STRP	66
nystatin TABS	26	olanzapine-fluoxetine hcl	103	ONUREG TABS	33
nystatin-triamcinolone CREA	60	olmesartan medoxomil 40 MG	29	OPILL	54
nystatin-triamcinolone OINT	60	olmesartan medoxomil 5 MG, 20 MG 29		OPSUMIT	48
NYVEPRIA	76	olmesartan medoxomil-amlodipine-hydrochlorothiazide	30	OPTICHAMBER DIAMOND DEVI .	87
OB COMPLETE ONE	93	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG .	31	OPTICHAMBER DIAMOND MISC .	87
OB COMPLETE PETITE	93	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	31	OPTICHAMBER DIAMOND/LARFACE MASK DEVI	86
OB COMPLETE PREMIER	94	olopatadine hcl (nasal)	95	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	86
OB COMPLETE/DHA	94	olopatadine hcl 0.1 %	100	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	86
OBIZUR	74	olopatadine hcl 0.2 %	100	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	117
OBSTETRIX DHA MISC	94	OMBRA TABLE TOP COMPRESSOR DEVI	86		
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	94	omega-3-acid ethyl esters	27		
OALIVA 10 MG	71	omeprazole CPDR 20 MG, 40 MG 116			
OALIVA 5 MG	71	omeprazole magnesium CPDR ..	116		
octreotide acetate SOLN	70				

ORACIT	73	OVACE PLUS WASH LIQD (sulfacetamide sodium)	62	325 MG-10 MG, 325 MG-7.5 MG ..	10
ORAL CITRATE	73	OVACE WASH LIQD (sulfacetamide sodium)	62	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	10
ORAPRED ODT TBDP (prednisolone sodium phosphate)	54	oxaprozin TABS	5	oxycodone w/ acetaminophen TABS 325 MG-5 MG	10
ORAVIG	91	OXAYDO TABS 5 MG	9	OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG	10
ORENITRAM TBCR	48	oxazepam CAPS 10 MG, 15 MG ..	13	oxymorphone hcl TABS 10 MG	9
ORENITRAM TITRATION KIT MONTH 1 TEPK	48	oxazepam CAPS 30 MG	13	oxymorphone hcl TABS 5 MG	9
ORENITRAM TITRATION KIT MONTH 2 TEPK	48	oxcarbazepine SUSP	18	oxymorphone hcl TB12	9
ORENITRAM TITRATION KIT MONTH 3 TEPK	48	oxcarbazepine TABS 150 MG	18	OZEMPIC SOPN	23
ORFADIN CAPS (nitisinone)	69	oxcarbazepine TABS 300 MG	18	paliperidone	41
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OTEZLA TABS 20 MG	5	oxycodone hcl CONC 100 MG/5ML	9		
OTEZLA TABS 30 MG	5	oxycodone hcl SOLN	9		
OTEZLA TBPK	5	oxycodone hcl TABS 30 MG	9		
OTEZLA TBPK	6	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	9		
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	oxycodone w/ acetaminophen TABS			

PARLODEL TABS (bromocriptine mesylate)	40	penicillin v potassium TABS	101	phytonadione TABS 5 MG	118
paroxetine hcl SUSP	21	pentamidine isethionate IN	31	PIFELTRO	43
paroxetine hcl TABS	21	PENTASA CPCR (mesalamine) ...	72	pilocarpine hcl (oral) 5 MG	91
paroxetine hcl TB24	21	PENTASA CPCR 250 MG	72	pilocarpine hcl (oral) 7.5 MG	91
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PATADAY 0.2 % (olopatadine hcl) 100		pentoxifylline	75	pimecrolimus	65
PATADAY EXTRA STRENGTH .	100	PEPCID TABS 40 MG (famotidine) 115		pimozide	104
PATANASE (olopatadine hcl (nasal))	95	PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	10	pindolol TABS	46
PAXIL CR TB24 (paroxetine hcl) ..	21	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	10	pioglitazone hcl 15 MG	24
PAXIL SUSP (paroxetine hcl)	21	PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ...	10	pioglitazone hcl 30 MG, 45 MG	24
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peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	77	phenobarbital TABS	76	pirfenidone TABS	112
peg 3350-potassium chloride-sod bicarbonate-sod chloride	77	phenoxybenzamine hcl	29	piroxicam CAPS 10 MG	5
PEGASYS SOLN	44	phentermine hcl CAPS	1	piroxicam CAPS 20 MG	5
PEG-PREP	77	phenylephrine hcl (mydriatic) SOLN 10 %	98	PLAN B ONE-STEP (levonorgestrel (emergency oc))	53
penicillamine CAPS	90	phenylephrine hcl (mydriatic) SOLN 2.5 %	98	PLAVIX 75 MG (clopidogrel bisulfate)	75
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penicillin v potassium SOLR	101	phenytoin sodium extended 100 MG, 200 MG, 300 MG	20	PLEGRIDY SOSY IM	104
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MG/0.6ML	3	REMERON SOLTAB TBDP (mirtazapine)	20	RIASTAP	74
RAZADYNE ER CP24 (galantamine hydrobromide)	103	REMERON TABS 15 MG, 30 MG (mirtazapine)	20	RIDAURA	4
REALITY LATEX CONDOMS/LUBRICATED MISC ..	80	REVELA PACK 0.8 GM (sevelamer carbonate)	72	rifabutin	33
REALITY LATEX/ULTRA TEXTURED DEVI	80	REVELA PACK 2.4 GM (sevelamer carbonate)	72	rifampin CAPS	33
REALITY LATEX/ULTRA THIN DEVI 80		REVELA TABS (sevelamer carbonate)	72	RILUTEK TABS (riluzole)	97
REBIF REBIDOSE SOAJ	104	repaglinide	24	riluzole TABS	97
REBIF REBIDOSE TITRATIONPACK SOAJ	104	RESTORIL 15 MG (temazepam) ..	76	rimantadine hydrochloride TABS ..	45
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REGRANEX	66	RETEVMO CAPS	38	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	41
RELENZA DISKHALER	45	RETIN-A CREA (tretinoin)	58	RISPERDAL TABS 3 MG (risperidone)	41
RELEXII TBCR 72 MG	2	RETIN-A GEL (tretinoin)	58	risperidone SOLN	41
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	84	RETIN-A MICRO (tretinoin microsphere)	58	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	41
RELION INSULIN SYRINGE 1ML/31GX15/64"	84	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	58	risperidone TABS 3 MG	41
RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	84	RETROVIR CAPS (zidovudine) ...	43	risperidone TBDP 0.25 MG	41
RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	84	RETROVIR SYRP (zidovudine) ...	43	risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	41
RELNATE DHA CAPS	94	REXULTI	42	RITALIN LA CP24 (methylphenidate hcl)	2
RELPAK (eletriptan hydrobromide) 88		REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	43	RITALIN TABS 20 MG (methylphenidate hcl)	2
RELYVRIO	97	REYATAZ PACK	43	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	2
		RHOFADE	66	RITEFLO DEVI	87
				ritonavir TABS	44
				rivastigmine	103

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ROCALTROL CAPS 0.25 MCG (calcitriol)	69	SABRIL TABS (vigabatrin)	19	scopolamine 25
ROCALTROL CAPS 0.5 MCG (calcitriol)	69	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium)	53	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) 53
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ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	40	salicylic acid SOLN 26 %	65	selegiline hcl TABS 41
rosuvastatin calcium TABS	28	salicylic acid SOLN 28.5 %	65	selenium sulfide LOTN 2.5 % 62
ROXICODONE TABS 15 MG (oxycodone hcl)	9	SALIMEZ CREA	65	SELZENTRY SOLN 44
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RUBRACA	38	SANDIMMUNE SOLN OR 100 MG/ML	90	SEROQUEL TABS 200 MG (quetiapine fumarate) 42
rufinamide SUSP	18	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	70	SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate) 42
rufinamide TABS 200 MG	18	SANTYL OINT	65	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate) 42
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fumarate)	42	SINGULAIR PACK (montelukast sodium)	14	91
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sertraline hcl CONC	21	sirolimus SOLN	90	SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL
sertraline hcl TABS	21	sirolimus TABS	90	59
SERTRALINE HYDROCHLORIDE CAPS	21	SITAVIG TABS BU	45	sodium sulfate-potassium sulfate-magnesium sulfate
sevelamer carbonate PACK 0.8 GM . 72		SIVEXTRO TABS	32	77
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SFROWASA ENEM	72	SKYRIZI SOSY	61	SOLUVITA SOLN
SIGNIFOR	70	SLYND	54	89
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SIKLOS TABS 1000 MG	75	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	56	93
sildenafil citrate (pulmonary hypertension) SUSR	48	sodium fluoride (dental) SOLN 0.2 % 91		SOMA TABS (carisoprodol)
sildenafil citrate (pulmonary hypertension) TABS	48	sodium fluoride CHEW 0.25 MG, 0.5 MG	89	95
sildenafil citrate	47	sodium fluoride CHEW 1 MG, 2.2 MG	89	SOMAVERT
silodosin 4 MG	73	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	89	68
silodosin 8 MG	73	sodium fluoride TABS 0.5 MG	89	SOOLANTRA (ivermectin (rosacea))
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simvastatin TABS	28	sodium phenylbutyrate POWD	69	38
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	41	sodium phenylbutyrate TABS	69	SORILUX FOAM
SINGULAIR CHEW (montelukast sodium)	14	sodium polystyrene sulfonate POWD		61

SPRITAM TB3D	18	sulfacetamide sodium (ophth) SOLN .	MG/0.5ML	88
SPRYCEL (dasatinib)	38	98	sumatriptan succinate TABS	88
SSKI SOLN (potassium iodide		sulfacetamide sodium LIQD	62	
(expectorant))	56	sulfacetamide sodium w/ sulfur		sunitinib malate 12.5 MG, 37.5 MG,
STELARA SOLN 45 MG/0.5ML ...	61	CREA 9.8 %-4.8 %	59	50 MG
STELARA SOSY 45 MG/0.5ML ...	61	sulfacetamide sodium w/ sulfur LIQD		sunitinib malate 25 MG
STELARA SOSY 90 MG/ML	62	9.8 %-4.8 %	59	38
STIOLTO RESPIMAT	15	sulfacetamide sodium w/ sulfur LOTN		SUPREP BOWEL PREP KIT
STIVARGA	38	10 %-5 %	59	(sodium sulfate-potassium sulfate-
STRATTERA 10 MG, 18 MG, 25 MG,		sulfacetamide sodium w/ sulfur LOTN		magnesium sulfate)
40 MG (atomoxetine hcl)	2	9.8 %-4.8 %	59	77
STRATTERA 60 MG, 80 MG, 100		sulfacetamide sod-prednisolone		SUSTIVA CAPS (efavirenz)
MG (atomoxetine hcl)	2	SOLN	99	44
STRENSIQ	69	sulfadiazine TABS	112	SYMBICORT (budesonide-
STRIBILD	44	sulfamethoxazole-trimethoprim SUSP		formoterol fumarate dihydrate)
STRIVERDI RESPIMAT	15	32	15
STROMECTOL (ivermectin)	12	sulfamethoxazole-trimethoprim TABS		SYMDEKO
SUBOXONE FILM SL 0.5 MG-2 MG,		32	112
1 MG-4 MG, 2 MG-8 MG		SULFAMYLON CREA	62	SYMFI (efavirenz-lamivudine-
(buprenorphine hcl-naloxone hcl		sulfasalazine TABS	72	tenofovir disoproxil fumarate)
dihydrate)	11	sulfasalazine TBEC	72	44
SUBOXONE FILM SL 3 MG-12 MG		sulindac TABS 150 MG	5	SYMFI LO (efavirenz-lamivudine-
(buprenorphine hcl-naloxone hcl		sulindac TABS 200 MG	5	tenofovir disoproxil fumarate)
dihydrate)	11	sumatriptan 20 MG/ACT	88	44
SUBSYS LIQD 1200 MCG, 1600		sumatriptan 5 MG/ACT	88	SYMJEPI SOSY 0.15 MG/0.3ML .
MCG	9	sumatriptan succinate SOAJ 4		118
sucralfate SUSP	115	MG/0.5ML	88	SYMJEPI SOSY 0.3 MG/0.3ML ..
sucralfate TABS	115	sumatriptan succinate SOAJ 6		118
sulconazole nitrate CREA	60	MG/0.5ML	88	SYMTUZA
sulconazole nitrate SOLN	60	sumatriptan succinate SOCT 4		44
sulfacetamide sodium (acne)	59	MG/0.5ML	88	SYNALAR CREA (fluocinolone
sulfacetamide sodium (ophth) OINT		sumatriptan succinate SOCT 6		acetamide)
98		MG/0.5ML	88	64
		sumatriptan succinate SOLN 6		SYNALAR OINT (fluocinolone
				acetamide)
				64
				SYNAREL
				69
				SYNJARDY TABS
				22
				SYNJARDY XR TB24 1000 MG-10
				MG, 1000 MG-25 MG
				22
				SYNJARDY XR TB24 1000 MG-12.5
				MG, 1000 MG-5 MG
				22
				SYNTHROID TABS 112 MCG, 125
				MCG, 175 MCG, 200 MCG
				(levothyroxine sodium)
				114

SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	114	TAYTULLA CAPS (norethin acet & estrad-fe)	53	temazepam 15 MG	76
SYPRINE (trientine hcl)	90	tazarotene CREA	62	temazepam 22.5 MG, 30 MG	77
TABLOID	33	TAZAROTENE FOAM	59	temazepam 7.5 MG	76
TABRECTA	38	tazarotene GEL	62	temozolomide CAPS	33
tacrolimus (topical) OINT 0.03 % ..	65	TAZORAC CREA (tazarotene)	62	tenofovir disoproxil fumarate TABS	44
tacrolimus (topical) OINT 0.1 % ..	65	TAZORAC GEL (tazarotene)	62	TENORETIC 100 (atenolol & chlorthalidone)	31
tacrolimus CAPS	90	TAZVERIK	39	TENORETIC 50 (atenolol & chlorthalidone)	31
tadalafil (pulmonary hypertension) TABS	49	TECFIDERA CPDR (dimethyl fumarate)	104	TENORMIN TABS (atenolol)	45
tadalafil 2.5 MG	47	TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	104	terazosin hcl 1 MG, 2 MG, 5 MG ..	29
tadalafil 5 MG, 10 MG, 20 MG	47	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	84	terazosin hcl 10 MG	29
TAFINLAR CAPS	38	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	84	terbinafine hcl TABS	26
TAFINLAR TBSO	39	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	84	terbutaline sulfate TABS	15
tafluprost	100	TEGRETOL SUSP (carbamazepine) .	19	terconazole vaginal CREA	117
TAGRISSE	34	TEGRETOL TABS (carbamazepine) .	19	terconazole vaginal SUPP	117
TALZENNA	39	TEGRETOL-XR TB12 100 MG (carbamazepine)	19	teriflunomide	104
TAMIFLU CAPS (oseltamivir phosphate)	45	TEGRETOL-XR TB12 200 MG (carbamazepine)	19	TESTIM GEL TD (testosterone) ...	11
TAMIFLU SUSR (oseltamivir phosphate)	45	TEGRETOL-XR TB12 400 MG (carbamazepine)	19	testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML	11
tamoxifen citrate TABS	35	TEGSEDI	112	testosterone enanthate SOLN IM ..	11
tamsulosin hcl	73	TEKTURNA (aliskiren fumarate) ..	31	testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	11
TARCEVA 100 MG, 150 MG (erlotinib hcl)	34	telmisartan 20 MG, 40 MG	29	testosterone GEL TD 1 %, 50 MG/5GM	11
TARGRETIN (bexarotene)	39	telmisartan 80 MG	29	testosterone GEL TD 10 MG/ACT .	11
TASIGNA	39	telmisartan-amlodipine	31	tetrabenazine	103
TASMAR (tolcapone)	40	telmisartan-hydrochlorothiazide ...	31	tetracaine hcl (ophth)	99
TAVALISSE 100 MG	75			tetracycline hcl CAPS	113
TAVALISSE 150 MG	75			TEXACORT SOLN 2.5 %	64

THALITONE	68	tiotropium bromide monohydrate CAPS	14	TOPAMAX TABS 50 MG (topiramate)	19
THALOMID	90	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	114	TOPICORT CREA (desoximetasone)	64
THEO-24 CP24	15	TIROSINT CAPS 75 MCG	114	TOPICORT GEL (desoximetasone) 64	
theophylline ELIX	15	TIVICAY TABS 50 MG	44	TOPICORT OINT 0.25 % (desoximetasone)	64
theophylline SOLN	15	tizanidine hcl CAPS	95	topiramate CP24 200 MG	19
theophylline TB12 300 MG	15	tizanidine hcl TABS 2 MG	95	topiramate CP24 25 MG, 50 MG, 100 MG	19
theophylline TB12 450 MG	15	tizanidine hcl TABS 4 MG	95	topiramate CPSP	19
theophylline TB24	15	TOBI NEBU (tobramycin)	2	topiramate CS24 100 MG, 150 MG, 200 MG	19
thioridazine hcl 10 MG, 25 MG, 100 MG	42	TOBI PODHALER CAPS	2	topiramate CS24 25 MG, 50 MG ..	19
thioridazine hcl 50 MG	42	TOBRADEX OINT	99	topiramate TABS 100 MG	19
thiothixene	42	TOBRADEX ST SUSP	99	topiramate TABS 200 MG	19
THRESHOLD PEP DEVI	87	TOBRADEX SUSP (tobramycin-dexamethasone)	99	topiramate TABS 25 MG	19
THRIVITE RX TABS	94	tobramycin (ophth) SOLN	98	topiramate TABS 50 MG	19
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	114	tobramycin NEBU 300 MG/5ML	3	TOPROL XL TB24 (metoprolol succinate)	45
tiagabine hcl	19	tobramycin NEBU	2	toremifene citrate	35
TIAZAC (diltiazem hcl extended release beads)	47	tobramycin-dexamethasone SUSP 99		torsemide TABS 100 MG	67
TIBSOVO	39	TOBREX OINT	98	torsemide TABS 5 MG, 10 MG, 20 MG	67
timolol maleate (ophth) SOLG	97	TODAY SPONGE MISC	117	TOUJEO MAX SOLOSTAR SOPN 24	
timolol maleate (ophth) SOLN	97	tolcapone	40	TOUJEO SOLOSTAR SOPN	24
timolol maleate TABS 10 MG	46	tolterodine tartrate CP24	116	TOVIAZ (fesoterodine fumarate) 116	
timolol maleate TABS 5 MG, 20 MG . 46		tolterodine tartrate TABS	116	TPOXX (TECOVIRIMAT CAP 200 MG)	45
TIMOPTIC SOLN (timolol maleate (ophth))	97	TOPAMAX SPRINKLE CPSP (topiramate)	19	TPOXX CAPS	45
TIMOPTIC-XE SOLG (timolol maleate (ophth))	97	TOPAMAX TABS 100 MG (topiramate)	19	TPOXX SOLN	45
tinidazole	31	TOPAMAX TABS 200 MG (topiramate)	19		
tiopronin TABS	73	TOPAMAX TABS 25 MG (topiramate)	19		
tiopronin TBEC	73				

TRACLEER TABS 125 MG (bosentan)	48	%	59	TRICOR TABS 48 MG (fenofibrate) 27
TRACLEER TABS 62.5 MG (bosentan)	48	tretinoin GEL 0.01 %, 0.025 %	59	TRIDESILON CREA 0.05 % (desonide)
TRACLEER TBSO	48	tretinoin GEL 0.05 %	59	trientine hcl 250 MG
tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	tretinoin microsphere 0.04 %, 0.1 % 59		trientine hcl 500 MG
tramadol hcl TABS 100 MG	9	tretinoin microsphere 0.08 %	59	trifluoperazine hcl TABS
tramadol hcl TABS 50 MG	9	TRETEN	75	trifluridine
tramadol hcl TB24 100 MG	9	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	33	trihexyphenidyl hcl SOLN
tramadol hcl TB24 200 MG	9	triamcinolone acetonide (mouth) ..	91	trihexyphenidyl hcl TABS
tramadol hcl TB24	9	triamcinolone acetonide (nasal) AERO	96	TRIJARDY XR
tramadol-acetaminophen	10	triamcinolone acetonide (topical) AERS	64	TRIKAFTA TBPk 100 MG-50 MG 112
trandolapril	28	triamcinolone acetonide (topical) CREA	64	TRIKAFTA TBPk 50 MG-25 MG .112
trandolapril-verapamil hcl	31	triamcinolone acetonide (topical) LOTN	64	TRIKAFTA THPK
tranexamic acid TABS	76	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	64	TRILEPTAL SUSP (oxcarbazepine) 19
TRANSDERM-SCOP (scopolamine) 25		triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	67	TRILEPTAL TABS 150 MG (oxcarbazepine)
TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	13	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	67	TRILEPTAL TABS 300 MG (oxcarbazepine)
tranylcypromine sulfate	20	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	67	TRILEPTAL TABS 600 MG (oxcarbazepine)
TRAVATAN Z SOLN (travoprost) 101		triamterene CAPS	68	TRILIPIX 135 MG (choline fenofibrate)
travoprost SOLN	101	triazolam 0.125 MG	77	TRILIPIX 45 MG (choline fenofibrate)
trazodone hcl TABS	21	triazolam 0.25 MG	77	trimethobenzamide hcl CAPS
TRECTOR	33	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	31	trimethoprim TABS
TRELEGY ELLIPTA	15	TRICOR TABS 145 MG (fenofibrate) . 27		trimipramine maleate CAPS
TREMFYA SOAJ 100 MG/ML	62			TRINATAL RX 1 TABS
TREMFYA SOSY 100 MG/ML	62			TRINTELLIX
TRESIBA FLEXTOUCH SOPN	24			TRISTART DHA
TRESIBA SOLN	24			
tretinoin (chemotherapy)	39			
tretinoin CREA 0.025 %, 0.05 %, 0.1				

TRIUMEQ PD TBSO	44	LUBRICATED/SPERMICIDE MISC 81	TYVASO DPI INSTITUTIONALKIT POWD	48
TRIUMEQ TABS	44	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	TYVASO DPI MAINTENANCE KIT POWD	48
TROJAN MAGNUM MISC	81	TRUSTEX NON-LUBRICATED MISC	TYVASO DPI TITRATION KIT POWD	48
TROJAN ULTRA THIN LUBRICATED MISC	81	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC	TYVASO REFILL KIT SOLN IN ...	48
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	81	TRUSTEX/RIA LUBRICATED MISC . 81	TYVASO SOLN IN	48
TROJAN-ENZ LUBRICATED MISC 81		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	TYVASO STARTER KIT SOLN IN	48
TROJAN-ENZ W/SPERMICIDAL MISC	81	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 81	UBRELVY	87
tropicamide SOLN	98	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 81	UDENYCA ONBODY SOSY	76
tropium chloride CP24	116	TRUSTEX/RIA NON-LUBRICATED MISC	UDENYCA SOAJ	76
tropium chloride TABS	116	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	UDENYCA SOSY	76
TRUE COVER DEVI	81	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	ULORIC 40 MG (febuxostat)	74
TRULICITY SC	23	TUKYSA	ULORIC 80 MG (febuxostat)	74
TRUSOPT (dorzolamide hcl)	100	TURALIO	ULTRASAL-ER SOLN (salicylic acid) 65	
TRUSTEX COLOR CONDOMS + LUBE MISC	81	TUSNEL C SYRP	ULTRAVATE LOTN	65
TRUSTEX LUBRICATED EXTRALARGE MISC	81	TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML ..	UPTRAVI TABS 200 MCG	49
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	81	TUSNEL TABS	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	49
TRUSTEX LUBRICATED MISC ...	81	TWIRLA	UPTRAVI TITRATION PACK TBPK 49	
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	81	TYBLUME CHEW	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	73
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	81	TYBOST	UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	73
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	81	TYKERB (lapatinib ditosylate)	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	73
TRUSTEX		TYMLOS	UROXATRAL (alfuzosin hcl)	73

ursodiol CAPS	71	VANOS CREA (fluocinonide)	65	verapamil hcl CP24 180 MG	47
ursodiol TABS	71	varenicline tartrate TABS	112	verapamil hcl CP24 360 MG	47
VAGIFEM TABS (estradiol vaginal) 117		VARUBI TBPK	26	verapamil hcl TABS	47
valacyclovir hcl 1 GM, 1000 MG ...	45	VASCEPA (icosapent ethyl)	27	verapamil hcl TBCR 120 MG	47
valacyclovir hcl 500 MG	45	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...	31	verapamil hcl TBCR 180 MG, 240 MG	47
VALCHLOR	61	VASOTEC TABS (enalapril maleate) .	28	VEREGEN	59
VALCYTE SOLR (valganciclovir hcl) .	44	VCF VAGINAL CONTRACEPTIVE FILM FILM	117	VERELAN CP24 120 MG, 240 MG (verapamil hcl)	47
VALCYTE TABS (valganciclovir hcl) .	44	VCF VAGINAL CONTRACEPTIVEGEL GEL	117	VERELAN CP24 180 MG (verapamil hcl)	47
valganciclovir hcl SOLR	44	VECAMEYL	31	VERSACLOZ SUSP	42
valganciclovir hcl TABS	44	VECTICAL (calcitriol (topical))	62	VERSAPAP DEVI	87
VALIUM TABS 10 MG (diazepam) 13		VEMLIDY	44	VERSAPAP/UNIVERSAL TUBING DEVI	87
VALIUM TABS 2 MG, 5 MG (diazepam)	13	VENCLEXTA STARTING PACK TBPK	34	VERZENIO	39
valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	20	VENCLEXTA TABS 10 MG	34	VESICARE TABS 10 MG (solifenacin succinate)	116
valproic acid CAPS	20	VENCLEXTA TABS 100 MG	34	VESICARE TABS 5 MG (solifenacin succinate)	116
valsartan TABS 160 MG	29	VENCLEXTA TABS 50 MG	34	VFEND TABS (voriconazole)	26
valsartan TABS 40 MG, 80 MG, 320 MG	29	venlafaxine hcl CP24 150 MG	22	VIAGRA (sildenafil citrate)	48
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	31	venlafaxine hcl CP24 37.5 MG, 75 MG	22	VIBERZI	72
valsartan-hydrochlorothiazide 25 MG- 160 MG	31	venlafaxine hcl TABS	22	VIBRAMYCIN CAPS (doxycycline hyclate)	113
VALTREX 1 GM (valacyclovir hcl) .45		venlafaxine hcl TB24 225 MG	22	VIBRAMYCIN SUSR (doxycycline (monohydrate))	113
VALTREX 500 MG (valacyclovir hcl) .	45	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	22	VICTOZA (liraglutide)	23
VANACOF	56	VENTAVIS	48	vigabatrin PACK	19
VANCOCIN CAPS (vancomycin hcl) .	32	verapamil hcl CP24 100 MG, 200 MG, 300 MG	47	vigabatrin TABS	19
vancomycin hcl CAPS	32	verapamil hcl CP24 120 MG, 240 MG	47	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	98
				VIIBRYD STARTER PACK KIT	21

VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	21	VIVELLE-DOT PTTW (estradiol) ..	71	WESNATE DHA CAPS	94
VIIBRYD TABS 20 MG (vilazodone hcl)	21	VIZIMPRO	34	WESTGEL DHA	94
vilazodone hcl TABS 10 MG, 40 MG . 21		VOGELXO GEL TD (testosterone) 11		WIDE-SEAL SILICONE DIAPHRAGM KIT 60	81
vilazodone hcl TABS 20 MG	21	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	60	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	81
VIMPAT SOLN OR 10 MG/ML (lacosamide)	19	VONVENDI	75	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	81
VIMPAT TABS (lacosamide)	19	voriconazole SUSR	26	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	81
VINATE DHA RF	94	voriconazole TABS	26	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	81
VIRACEPT TABS	44	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	87	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	82
VIREAD POWD	44	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	87	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	82
VIREAD TABS (tenofovir disoproxil fumarate)	44	VORTEX VALVED HOLDING CHAMBER DEVI	87	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	82
VIREAD TABS 150 MG, 200 MG, 250 MG	44	VOSEVI	45	WILATE KIT	75
VIRT-NATE DHA CAPS	94	VOTRIENT (pazopanib hcl)	39	WILZIN	90
VISTARIL CAPS (hydroxyzine pamoate)	12	VRAYLAR CAPS	41	XALATAN SOLN (latanoprost) ...	101
VISTOGARD	25	VRAYLAR CPPK	41	XALKORI CAPS	39
VITAFOL GUMMIES	94	VYNDAMAX	49	XALKORI CPSP	39
VITAFOL-NANO	94	VYNDALCEL	49	XANAX TABS (alprazolam)	13
VITAFOL-ONE CAPS	94	VYTORIN 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle)	60	XANAX XR TB24 (alprazolam)	13
VITAMEDMD ONE RX/QUATREFOLIC	94	VYTORIN (ezetimibe-simvastatin) 27		XARELTO STARTER PACK TBPK 15	
VITAMINS A/C/D/FLUORIDE SOLN . 93		VYVANSE CAPS	1	XARELTO SUSR	16
VITAPEARL	94	VYVANSE CHEW	1	XARELTO TABS 10 MG	16
VITATRUE	94	warfarin sodium TABS	15	XARELTO TABS 2.5 MG, 15 MG, 20 MG	16
VITRAKVI CAPS	39	WELLBUTRIN SR TB12 (bupropion hcl)	20	XATMEP SOLN	33
VITRAKVI SOLN	39	WELLBUTRIN XL TB24 (bupropion hcl)	20	XELJANZ SOLN	3
VIVA DHA CAPS	94	WESCAP-C DHA	94		

XELJANZ TABS	3	hcl)	95	zidovudine TABS	44
XELJANZ XR TB24	3	ZARONTIN CAPS (ethosuximide) .	20	zileuton TB12	14
XENICAL (orlistat)	1	ZARONTIN SOLN (ethosuximide) .	20	ZIOPTAN (tafluprost)	101
XERAC AC	65	ZARXIO	76	ziprasidone hcl 20 MG, 40 MG	41
XERMELO	73	ZAVESCA (miglustat)	75	ziprasidone hcl 60 MG, 80 MG	41
XHANCE EXHU	97	ZEJULA TABS	39	ZIRGAN GEL	98
XIFAXAN 200 MG	31	ZELAPAR TBDP	41	ZITHROMAX PACK (azithromycin)	79
XIFAXAN 550 MG	31	ZELBORAF	39	ZITHROMAX SUSR (azithromycin)	79
XIGDUO XR 1000 MG-10 MG, 500		ZEMPLAR CAPS 1 MCG, 2 MCG		ZITHROMAX TABS 250 MG	
MG-10 MG	22	(paricalcitol)	69	(azithromycin)	79
XIGDUO XR 1000 MG-2.5 MG, 1000		ZENPEP CPEP 105000 UNIT-79000		ZITHROMAX TABS 500 MG	
MG-5 MG, 500 MG-5 MG	22	UNIT-25000 UNIT, 14000 UNIT-		(azithromycin)	79
XOPENEX (levalbuterol hcl)	15	10000 UNIT-3000 UNIT, 168000		ZITHROMAX TABS 500 MG	
XOPENEX CONCENTRATE		UNIT-126000 UNIT-40000 UNIT,		(azithromycin)	79
(levalbuterol hcl)	15	24000 UNIT-17000 UNIT-5000 UNIT,		ZITHROMAX TRI-PAK TABS	
XOSPATA	39	252600 UNIT-189600 UNIT-60000		(azithromycin)	79
XPOVIO	35	UNIT, 42000 UNIT-32000 UNIT-		ZITHROMAX Z-PAK TABS	
XPOVIO 80 MG TWICE WEEKLY		10000 UNIT, 63000 UNIT-47000		(azithromycin)	79
35		UNIT-15000 UNIT, 84000 UNIT-		ZOCOR TABS 10 MG, 20 MG, 40	
XTANDI CAPS	35	63000 UNIT-20000 UNIT	67	MG (simvastatin)	28
XTANDI TABS	35	ZESTORETIC 12.5 MG-10 MG, 12.5		ZOLINZA	39
XYNTHA	75	MG-20 MG (lisinopril &		zolmitriptan SOLN	88
XYNTHA SOLOFUSE	75	hydrochlorothiazide)	31	zolmitriptan TABS	88
XYREM SOLN	102	ZESTORETIC 25 MG-20 MG		zolmitriptan TBDP	88
YASMIN 28 (drospirenone-ethinyl		(lisinopril & hydrochlorothiazide) ...	31	ZOLOFT CONC (sertraline hcl)	21
estradiol)	53	ZESTRIL TABS 2.5 MG, 5 MG, 10		ZOLOFT TABS (sertraline hcl)	21
YAZ (drospirenone-ethinyl estradiol)		MG, 20 MG, 30 MG (lisinopril)	29	zolpidem tartrate TABS	77
53		ZESTRIL TABS 40 MG (lisinopril) .	29	zolpidem tartrate TBCR	77
YONSA	35	ZETIA (ezetimibe)	28	ZOMIG SOLN (zolmitriptan)	88
zaleplon	77	ZIAC (bisoprolol &		ZOMIG TABS 2.5 MG, 5 MG	
ZANAFLEX CAPS (tizanidine hcl) .	95	hydrochlorothiazide)	31	(zolmitriptan)	88
ZANAFLEX TABS 4 MG (tizanidine		ZIAGEN SOLN (abacavir sulfata) .	44	ZONEGRAN CAPS 100 MG	
zidovudine CAPS	44	ZIAGEN TABS (abacavir sulfata) .	44	(zonisamide)	19
zidovudine SYRP	44	zidovudine CAPS	44		

ZONEGRAN CAPS 25 MG (zonisamide)	19
zonisamide CAPS 100 MG	19
zonisamide CAPS 25 MG, 50 MG .	19
ZORBTIVE SC	68
ZORTRESS (everolimus (immunosuppressant))	91
ZOVIRAX CREA (acyclovir topical) 62	
ZOVIRAX OINT (acyclovir topical) .	62
ZOVIRAX SUSP (acyclovir)	45
ZYDELIG	39
ZYFLO TABS	14
ZYKADIA TABS	39
ZYLET	99
ZYLOPRIM 100 MG (allopurinol) ..	74
ZYLOPRIM 300 MG (allopurinol) ..	74
ZYMAXID (gatifloxacin (ophth)) ...	98
ZYPREXA TABS 15 MG, 20 MG (olanzapine)	42
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	42
ZYPREXA ZYDIS TBDP (olanzapine)	42
ZYTIGA (abiraterone acetate)	35
ZYVOX SUSR (linezolid)	32
ZYVOX TABS (linezolid)	32