

# *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 All previous versions are no longer in effect.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](http://www.healthnet.com). Refer to *Plan documents* for specific cost share information.

### California Small and Large Group members

Go to

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

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

### Small Group

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

*Hours of Operation*

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

### Large Group

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

*Hours of Operation*

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

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# *Welcome to Health Net*

## **What If I Have Questions Regarding My Pharmacy Benefit?**

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

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

## **What is the Drug List?**

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

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

***This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.***

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

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

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

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

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

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

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

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

Example:

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

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

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

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

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

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

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

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

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

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

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

**Nonpreferred Generic Drugs**

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

**Tier Descriptions**

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



<i>Tier</i>	<i>Description</i>
1	Tier one consists of most generic drugs and low-cost preferred brand drugs.
2	Tier two consists of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three consists of non-preferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four consists of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	Tier 5 includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
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.
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	<p>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:</p> <p>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.</p> <p>If the drug is approved, we will let you know how to get limited access drugs.</p>
PA	Prior Authorization	<p>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.</p>
PV	Preventive Drugs	<p>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.</p>
QL	Quantity Limit	<p>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.</p>
RX/OTC	Prescription & Over-the-Counter (OTC)	<p>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.</p>
SP	Specialty Drug	<p>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.</p>
ST	Step Therapy	<p>Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.</p>

### **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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN PO	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS PO 5 MG, 10 MG	1	
ADDERALL XR CP24 PO ( <i>amphetamine-dextroamphetamine</i> )	7	QL(2 EA daily; 90 Day(s) limit)
ADDERALL TABS PO ( <i>amphetamine-dextroamphetamine</i> )	7	
<i>amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS PO</i>	1	
DESOXYN PO ( <i>methamphetamine hcl</i> )	7	PA
DEXEDRINE CP24 PO 10 MG, 15 MG ( <i>dextroamphetamine sulfate</i> )	7	
<i>dextroamphetamine sulfate CP24 PO</i>	1	
<i>dextroamphetamine sulfate SOLN PO</i>	1	
<i>dextroamphetamine sulfate TABS PO 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS PO</i>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW</i>	2	QL(1 EA daily)
<i>methamphetamine hcl PO</i>	1	PA
VYVANSE CHEW	3	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Analeptics		
<i>caffeine citrate SOLN PO</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS PO ( <i>phentermine hcl</i> )	4	Check plan documents for coverage; PA
<i>benzphetamine hcl PO 25 MG</i>	4	PA
<i>phentermine hcl CAPS PO</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 EA daily); PA
Anti-Obesity Agents		
CONTRACE PO	4	Check plan documents for coverage; PA
<i>orlistat PO</i>	4	Check plan documents for coverage; PA
SAXENDA	4	QL(0.5 ML daily); PA
XENICAL PO ( <i>orlistat</i> )	4	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl PO 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
<i>atomoxetine hcl PO 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
<i>guanfacine hcl (adhd) PO</i>	1	QL(1 EA daily)
INTUNIV PO ( <i>guanfacine hcl (adhd)</i> )	7	QL(1 EA daily)
STRATTERA PO 10 MG, 18 MG, 25 MG, 40 MG ( <i>atomoxetine hcl</i> )	7	QL(2 EA daily)
STRATTERA PO 60 MG, 80 MG, 100 MG ( <i>atomoxetine hcl</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	Drug Name	Drug Tier	Requirements/Limits
Stimulants - Misc.			<i>methylphenidate hcl TBCR PO 20 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)
<i>APTENSIO XR CP24 PO (methylphenidate hcl)</i>	7	QL(1 EA daily)	<i>methylphenidate hcl TBCR PO 54 MG</i>	1	QL(2 EA daily)
<i>armodafinil PO</i>	1	ST; PA	<i>methylphenidate PTCH</i>	2	QL(1 EA daily)
<i>dexmethylphenidate hcl CP24 PO</i>	1	QL(1 EA daily)	<i>modafinil PO</i>	1	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS PO</i>	1	QL(2 EA daily)	NUVIGIL PO ( <i>armodafinil</i> )	7	ST; PA
<i>FOCALIN XR CP24 PO (dexmethylphenidate hcl)</i>	7	QL(1 EA daily)	PROVIGIL PO ( <i>modafinil</i> )	7	QL(1 EA daily)
<i>FOCALIN TABS PO (dexmethylphenidate hcl)</i>	7	QL(2 EA daily)	QUILLICHEW ER CHER PO 30 MG	3	QL(2 EA daily); PA
<i>METADATE CD CPCR PO (methylphenidate hcl)</i>	7	QL(1 EA daily)	QUILLICHEW ER CHER PO 20 MG, 40 MG	3	QL(1 EA daily); PA
<i>METHYLIN SOLN PO (methylphenidate hcl)</i>	7		QUILLIVANT XR SRER PO	3	QL(12 ML daily); PA
<i>methylphenidate hcl CHEW PO</i>	1		RELEXXII TBCR PO 72 MG	2	QL(1 EA daily)
<i>methylphenidate hcl CP24 PO</i>	1	QL(1 EA daily)	RITALIN LA CP24 PO ( <i>methylphenidate hcl</i> )	7	QL(1 EA daily)
<i>methylphenidate hcl CP24 PO 60 MG</i>	2	QL(1 EA daily; 90 EA per fill retail)	RITALIN TABS PO 20 MG ( <i>methylphenidate hcl</i> )	7	QL(3 EA daily)
<i>methylphenidate hcl CPCR PO</i>	1	QL(1 EA daily)	RITALIN TABS PO 5 MG, 10 MG ( <i>methylphenidate hcl</i> )	7	
<i>methylphenidate hcl SOLN PO</i>	1		<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<i>methylphenidate hcl TABS PO 5 MG, 10 MG</i>	1		Aminoglycosides		
<i>methylphenidate hcl TABS PO 20 MG</i>	1	QL(3 EA daily)	ARIKAYCE	4	PA
<i>methylphenidate hcl TB24 PO 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	BETHKIS NEBU ( <i>tobramycin</i> )	4	PA
<i>methylphenidate hcl TB24 PO 36 MG</i>	1	QL(2 EA daily; 180 EA per fill retail)	HUMATIN PO	2	
<i>methylphenidate hcl TBCR PO 18 MG, 27 MG, 36 MG, 72 MG</i>	1	QL(1 EA daily)	<i>neomycin sulfate TABS PO</i>	1	
<i>methylphenidate hcl TBCR PO 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	<i>paromomycin sulfate PO</i>	1	
			TOBI PODHALER CAPS	4	PA
			TOBI NEBU ( <i>tobramycin</i> )	4	PA
			<i>tobramycin NEBU</i>	4	PA
			<i>tobramycin NEBU</i>	4	SP; PA
			<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		

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  
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antirheumatic - Enzyme Inhibitors			Anti-TNF-alpha - Monoclonal Antibodies		
RINVOQ LQ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	PA
RINVOQ TB24 PO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); PA
XELJANZ XR TB24 PO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	QL(0.143 ML daily); PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA	HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
Antirheumatic Antimetabolites			HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 EA daily); SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	SP; PA	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
RASUVO SOAJ 20 MG/0.4ML	4	SP; PA	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
			HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA

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HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	ARCALYST	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); 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-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); 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-PED>=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA	(Ibuprofen) IBU TABS PO 400 MG, 600 MG, 800 MG	1	
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA	(Indomethacin) INDOCIN SUPP PR	4	
HUMIRA-PSORIASIS/UEVIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	ANAPROX DS TABS PO ( <i>naproxen sodium</i> )	7	
Gold Compounds			ARTHROTEC TBEC PO ( <i>diclofenac w/ misoprostol</i> )	7	
RIDAURA PO	4		CELEBREX PO 400 MG ( <i>celecoxib</i> )	7	QL(2 EA daily); PA
Interleukin-1 Blockers			CELEBREX PO 50 MG, 100 MG, 200 MG ( <i>celecoxib</i> )	7	QL(2 EA daily)
			<i>celecoxib PO 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
			<i>celecoxib PO 400 MG</i>	1	QL(2 EA daily); PA
			DAYPRO TABS PO ( <i>oxaprozin</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium TABS PO 50 MG</i>	1		<i>meloxicam TABS PO 7.5 MG</i>	1	QL(2 EA daily)
<i>diclofenac sodium TB24 PO</i>	1		<i>nabumetone PO 500 MG</i>	1	QL(4 EA daily)
<i>diclofenac sodium TBEC PO</i>	1		<i>nabumetone PO 750 MG</i>	1	QL(3 EA daily)
<i>diclofenac w/ misoprostol TBEC PO</i>	1		NALFON TABS PO ( <i>fenoprofen calcium</i> )	3	
<i>etodolac CAPS PO</i>	1		NAPROSYN SUSP PO ( <i>naproxen</i> )	7	
<i>etodolac TABS PO</i>	1		NAPROSYN TABS PO 500 MG ( <i>naproxen</i> )	7	
<i>etodolac TB24 PO</i>	1	QL(2 EA daily)	<i>naproxen sodium TABS PO 275 MG, 550 MG</i>	1	
FELDENE CAPS PO 10 MG ( <i>piroxicam</i> )	7		<i>naproxen SUSP PO</i>	1	
FELDENE CAPS PO 20 MG ( <i>piroxicam</i> )	7	QL(1 EA daily)	<i>naproxen TABS PO</i>	1	
<i>fenoprofen calcium TABS PO</i>	3		<i>oxaprozin TABS PO</i>	1	
<i>flurbiprofen TABS PO</i>	1		<i>piroxicam CAPS PO 10 MG</i>	1	
<i>ibuprofen TABS PO 400 MG, 600 MG, 800 MG</i>	1		<i>piroxicam CAPS PO 20 MG</i>	1	QL(1 EA daily)
<i>indomethacin CAPS PO 25 MG, 50 MG</i>	1		<i>sulindac TABS PO 150 MG</i>	1	QL(2 EA daily)
<i>indomethacin CPCR PO</i>	1		<i>sulindac TABS PO 200 MG</i>	1	
<i>indomethacin SUPP PR</i>	4		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>indomethacin SUSP PO</i>	2		OTEZLA TABS PO 30 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 EA daily); SP; PA
<i>ketoprofen CP24 PO</i>	2		OTEZLA TABS PO 20 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
<i>ketorolac tromethamine TABS PO</i>	1	QL(20 EA per fill retail)	OTEZLA TBPK PO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
LODINE TABS PO ( <i>etodolac</i> )	7				
<i>meclofenamate sodium CAPS PO</i>	1				
<i>mefenamic acid CAPS PO</i>	2				
<i>meloxicam CAPS PO 5 MG</i>	3	ST; PA			
<i>meloxicam CAPS PO 10 MG</i>	3	PA			
<i>meloxicam TABS PO 15 MG</i>	1	QL(1 EA daily)			

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OTEZLA TBPK PO	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA PO 20 MG ( <i>leflunomide</i> )	7	QL(1 EA daily)
ARAVA PO 10 MG ( <i>leflunomide</i> )	7	QL(2 EA daily)
<i>leflunomide PO 10 MG</i>	1	QL(2 EA daily)
<i>leflunomide PO 20 MG</i>	1	QL(1 EA daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
(Butalbital-Acetaminophen) BUPAP TABS PO 50 MG-300 MG	2	
(Butalbital-Acetaminophen) TENCON TABS PO 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC TABS PO 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS PO 40 MG-50 MG-325 MG	1	
<i>butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen CAPS PO 50 MG-300 MG</i>	2	
<i>butalbital-acetaminophen TABS PO 50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen TABS PO 50 MG-300 MG</i>	2	
<i>butalbital-aspirin-caffeine CAPS PO</i>	1	
ESGIC TABS PO ( <i>butalbital-acetaminophen-caffeine</i> )	7	

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FIORICET CAPS PO ( <i>butalbital-acetaminophen-caffeine</i> )	7		(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, 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 LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW PO	5	PV
Salicylates					
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC PO 81 MG	5	PV	<i>aspirin CHEW PO</i>	5	PV
			<i>aspirin TBEC PO 81 MG</i>	5	PV
			<i>diflunisal TABS PO</i>	1	
			<i>salsalate PO</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>					
<b>Opioid Agonists</b>					
			(Methadone Hcl) METHADONE HCL INTENSOL CONC PO	1	
			(Methadone Hcl) METHADOSE TBSO PO	1	
			<i>codeine sulfate TABS PO</i>	1	
			DILAUDID LIQD PO ( <i>hydromorphone hcl</i> )	7	
			DILAUDID TABS PO ( <i>hydromorphone hcl</i> )	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 EA daily); PA	<i>morphine sulfate beads PO</i>	2	QL(1 EA daily)
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA	<i>morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 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>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate SUPP PR</i>	2	
<i>hydrocodone bitartrate CP12 PO</i>	2	PA	<i>morphine sulfate TABS PO</i>	1	
<i>hydrocodone bitartrate T24A</i>	2	PA	<i>morphine sulfate TBCR PO</i>	1	QL(3 EA daily)
<i>hydromorphone hcl LIQD PO</i>	1		MS CONTIN TBCR PO ( <i>morphine sulfate</i> )	7	QL(3 EA daily)
<i>hydromorphone hcl TABS PO</i>	1		OXAYDO TABS PO 5 MG	2	
<i>hydromorphone hcl TB24 PO 32 MG</i>	2	QL(2 EA daily)	<i>oxycodone hcl CAPS PO</i>	1	
<i>hydromorphone hcl TB24 PO 8 MG, 12 MG, 16 MG</i>	2	QL(4 EA daily)	<i>oxycodone hcl CONC PO 100 MG/5ML</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl SOLN PO</i>	1	
<i>levorphanol tartrate TABS PO</i>	4	PA	<i>oxycodone hcl TABS PO 30 MG</i>	1	QL(4 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2		<i>oxycodone hcl TABS PO 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>meperidine hcl TABS PO 50 MG</i>	1		<i>oxymorphone hcl TABS PO 5 MG</i>	2	
<i>methadone hcl CONC PO</i>	1		<i>oxymorphone hcl TABS PO 10 MG</i>	2	QL(8 EA daily)
<i>methadone hcl SOLN PO</i>	1		<i>oxymorphone hcl TB12 PO</i>	2	QL(2 EA daily)
<i>methadone hcl TABS PO</i>	1	QL(12 EA daily)	ROXICODONE TABS PO 15 MG ( <i>oxycodone hcl</i> )	7	
<i>methadone hcl TBSO PO</i>	1		ROXICODONE TABS PO 30 MG ( <i>oxycodone hcl</i> )	7	QL(4 EA daily)
METHADOSE SUGAR-FREE CONC PO ( <i>methadone hcl</i> )	7		SUBSYS LIQD	4	PA
METHADOSE CONC PO ( <i>methadone hcl</i> )	7		<i>tramadol hcl TABS PO 100 MG</i>	1	
			<i>tramadol hcl TABS PO 50 MG</i>	1	QL(8 EA daily)

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<i>tramadol hcl TB24 PO 200 MG</i>	2	QL(1 EA daily)	<i>hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>tramadol hcl TB24 PO 100 MG</i>	2	QL(3 EA daily)	<i>hydrocodone-acetaminophen TABS PO 300 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>tramadol hcl TB24 PO 300 MG</i>	2		<i>hydrocodone-acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 EA per fill retail)
<b>Opioid Combinations</b>			<i>hydrocodone-acetaminophen TABS PO 300 MG-10 MG, 300 MG-5 MG</i>	1	
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE PO	3		<i>hydrocodone-ibuprofen PO 5 MG-200 MG</i>	2	
(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-5 MG	1	QL(6 EA daily)	<i>hydrocodone-ibuprofen PO 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)	<i>oxycodone w/ acetaminophen TABS PO 325 MG-2.5 MG</i>	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-2.5 MG	1		<i>oxycodone w/ acetaminophen TABS PO 325 MG-5 MG</i>	1	QL(6 EA daily)
<i>acetaminophen w/ codeine SOLN PO</i>	1		<i>oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)
<i>acetaminophen w/ codeine TABS PO 60 MG-300 MG</i>	1	QL(6 EA daily)	OXYCODONE-ACETAMINOPHEN TABS PO 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	
<i>acetaminophen w/ codeine TABS PO 15 MG-300 MG, 30 MG-300 MG</i>	1		PERCOCET TABS PO 325 MG-10 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> )	7	QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine PO</i>	1		PERCOCET TABS PO 325 MG-5 MG ( <i>oxycodone w/ acetaminophen</i> )	7	QL(6 EA daily)
<i>butalbital-aspirin-caffeine w/cod PO</i>	3				
FIORICET/CODEINE PO 30 MG-40 MG-50 MG-300 MG ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> )	7				

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PERCOCET TABS PO 325 MG-2.5 MG ( <i>oxycodone w/ acetaminophen</i> )	7	
PROLATE TABS PO	3	
<i>tramadol-acetaminophen PO</i>	1	QL(8 EA daily)
Opioid Partial Agonists		
<i>buprenorphine hcl- naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<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>buprenorphine hcl- naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>buprenorphine PTWK 15 MCG/HR</i>	1	Limit 4 patches per 28 days; 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 20 MCG/HR</i>	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>buprenorphine PTWK 5 MCG/HR</i>	1	QL(4 EA per 28 day(s) retail)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine w/ naloxone hcl PO</i>	1	
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)
SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl- naloxone hcl dihydrate</i> )	7	QL(2 EA daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
Androgens		
(Methyltestosterone) METHITEST TABS	4	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
ANDROGEL PUMP GEL TD ( <i>testosterone</i> )	7	Limited to 300 gms per month; QL(10 GM daily)
<i>danazol CAPS PO</i>	1	
FORTESTA GEL TD ( <i>testosterone</i> )	7	QL(4 GM daily)
<i>methyltestosterone CAPS PO</i>	4	
TESTIM GEL TD ( <i>testosterone</i> )	7	Limited to 300 gms per month; QL(10 GM daily)
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 1 %</i>	1	Limit 300gms per month; QL(10 GM daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone GEL TD</i>	1	Limited to 300 gms per month; QL(10 GM daily)
VOGELXO GEL TD ( <i>testosterone</i> )	7	Limited to 300 gms per month; QL(10 GM daily)

### ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching

#### Intrarectal Steroids

<i>budesonide (intrarectal)</i>	2	PA
CORTENEMA PR ( <i>hydrocortisone (intrarectal)</i> )	7	QL(60 ML daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal) PR</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) PR</i>	2	
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### ANTHELMINTICS - Drugs to Treat Worm Infections

#### Anthelmintics

<i>albendazole PO</i>	1	QL(4 EA per fill retail)
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Drug Name	Drug Tier	Requirements/Limits
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin PO</i>	1	QL(5 EA per fill retail); PA
<i>praziquantel PO</i>	2	
STROMEKTOL PO ( <i>ivermectin</i> )	7	QL(5 EA per fill retail); PA

### ANTIANGINAL AGENTS - Drugs to Treat Chest Pain

#### Antianginals-Other

<i>ranolazine TB12 PO 500 MG</i>	1	QL(4 EA daily)
<i>ranolazine TB12 PO 1000 MG</i>	1	

#### Nitrates

(Nitroglycerin) NITROLINGUAL SOLN TL 0.4 MG/SPRAY	1	
ISORDIL TITRADOSE TABS PO 5 MG ( <i>isosorbide dinitrate</i> )	7	
<i>isosorbide dinitrate TABS PO 40 MG</i>	2	
<i>isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide mononitrate TABS PO</i>	1	
ISOSORBIDE MONONITRATE TABS PO	2	
<i>isosorbide mononitrate TB24 PO</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 ( <i>nitroglycerin</i> )	7	QL(1 EA daily)
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL ( <i>nitroglycerin</i> )	7	
NITROSTAT SUBL ( <i>nitroglycerin</i> )	7	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl PO</i>	1	
<i>hydroxyzine hcl SYRP PO</i>	1	
<i>hydroxyzine hcl TABS PO</i>	1	
<i>hydroxyzine pamoate CAPS PO</i>	1	
VISTARIL CAPS PO ( <i>hydroxyzine pamoate</i> )	7	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24 PO	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC PO	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS PO</i>	1	
<i>alprazolam TB24 PO</i>	1	
<i>alprazolam TBDP PO</i>	1	
ATIVAN TABS PO ( <i>lorazepam</i> )	7	
<i>chlordiazepoxide hcl CAPS PO</i>	1	
<i>clorazepate dipotassium TABS PO</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS PO 2 MG, 5 MG</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
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	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)

Drug Name	Drug Tier	Requirements/Limits
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 PO</i>	1	QL(1 EA daily)
<i>montelukast sodium PACK PO</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS PO</i>	1	QL(1 EA daily)
SINGULAIR CHEW PO ( <i>montelukast sodium</i> )	7	QL(1 EA daily)
SINGULAIR PACK PO ( <i>montelukast sodium</i> )	7	QL(1 EA daily)
SINGULAIR TABS PO ( <i>montelukast sodium</i> )	7	QL(1 EA daily)
<i>zileuton TB12 PO</i>	4	ST
ZYFLO TABS PO	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP PO ( <i>roflumilast</i> )	7	QL(1 EA daily)
<i>roflumilast PO</i>	1	QL(1 EA daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 EA daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)

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<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)	<i>albuterol sulfate NEBU</i>	1	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)	ALBUTEROL SULFATE NEBU	2	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)	<i>albuterol sulfate SYRP PO</i>	1	
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)	<i>albuterol sulfate TABS PO</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)	ANORO ELLIPTA	2	QL(2 EA daily)
PULMICORT SUSP 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )	7	QL(4 ML daily)	<i>arformoterol tartrate</i>	2	QL(4 ML daily)
PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )	7	QL(2 ML daily)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
PULMICORT SUSP 0.25 MG/2ML ( <i>budesonide (inhalation)</i> )	7	QL(8 ML daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 GM daily)	COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
Sympathomimetics			<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	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)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	7	QL(2 EA daily)	<i>formoterol fumarate NEBU</i>	2	QL(4 ML daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)	<i>ipratropium-albuterol SOLN</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)	<i>levalbuterol hcl</i>	1	
			<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)
			PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
			SEREVENT DISKUS	2	QL(2 EA daily)
			STIOLTO RESPIMAT	2	QL(0.14 GM daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
<b>Heparins And Heparinoid-Like Agents</b>					
SYMBICORT <i>(budesonide-formoterol fumarate dihydrate)</i>	7		ARIXTRA 10 MG/0.8ML <i>(fondaparinux sodium)</i>	4	QL(6 ML per 90 day(s) retail)
<i>terbutaline sulfate TABS PO</i>	1		ARIXTRA 5 MG/0.4ML <i>(fondaparinux sodium)</i>	4	QL(3 ML per 90 day(s) retail)
TRELEGY ELLIPTA	2	QL(2 EA daily)	ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML <i>(fondaparinux sodium)</i>	4	QL(4 ML per 90 day(s) retail)
XOPENEX <i>(levalbuterol hcl)</i>	7		<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ML per 7 day(s) retail)
XOPENEX CONCENTRATE <i>(levalbuterol hcl)</i>	7		<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ML per 7 day(s) retail)
<b>Xanthines</b>					
(Theophylline) ELIXOPHYLLIN ELIX PO	1		<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	
THEO-24 CP24 PO	2		<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ML per 7 day(s) retail)
<i>theophylline ELIX PO</i>	1		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ML per 7 day(s) retail)
<i>theophylline SOLN PO</i>	1		<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(11.2 ML per 7 day(s) retail)
<i>theophylline TB12 PO 450 MG</i>	1	QL(1 EA daily)	<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ML per 90 day(s) retail)
<i>theophylline TB12 PO 300 MG</i>	1	QL(2 EA daily)	<i>fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML</i>	4	QL(4 ML per 90 day(s) retail)
<i>theophylline TB24 PO</i>	1	QL(1 EA daily)	<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ML per 90 day(s) retail)
<b>ANTICOAGULANTS - Blood Thinners</b>					
<b>Coumarin Anticoagulants</b>					
(Warfarin Sodium) JANTOVEN TABS PO	1		FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
<i>warfarin sodium TABS PO</i>	1		FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ML per 90 day(s) retail)
<b>Direct Factor Xa Inhibitors</b>					
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)	FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ML per 90 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)	FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ML per 90 day(s) retail)
XARELTO STARTER PACK TBPK	2	QL(51 EA 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 SUSR	2	QL(900 ML per 30 day(s) retail)			
XARELTO TABS 10 MG	2	QL(2 EA daily)			

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FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ML per 90 day(s) retail)	<i>clobazam TABS PO 10 MG</i>	2	QL(1 EA daily)
LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )	7	QL(42 ML per 7 day(s) retail)	<i>clonazepam TABS PO</i>	1	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> )	7	QL(11.2 ML per 7 day(s) retail)	<i>clonazepam TBDP PO</i>	1	
LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )	7		<i>diazepam (anticonvulsant) GEL PR</i>	2	Limit 4 per month; QL(0.14 EA daily)
LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )	7	QL(5.6 ML per 7 day(s) retail)	KLONOPIN TABS PO ( <i>clonazepam</i> )	7	
LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )	7	QL(8.4 ML per 7 day(s) retail)	NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )	7	QL(14 ML per 7 day(s) retail)	<b>Anticonvulsants - Misc.</b>		
<b>Thrombin Inhibitors</b>			(Carbamazepine) EPITOL TABS PO	1	
<i>dabigatran etexilate mesylate CAPS PO 110 MG</i>	1	QL(4 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT PO	2	
<i>dabigatran etexilate mesylate CAPS PO 75 MG, 150 MG</i>	1	QL(2 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT PO 25 MG	2	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			(Lamotrigine) SUBVENITE TABS PO	1	
<b>AMPA Glutamate Receptor Antagonists</b>			(Levetiracetam) ROWEEPRA TABS PO 500 MG	1	QL(6 EA daily)
FYCOMPA SUSP	4	QL(24 ML daily)	APTiom	3	QL(1 EA daily); ST
FYCOMPA TABS 4 MG	4	QL(3 EA daily)	BRIVIACT SOLN PO 10 MG/ML	4	PA
FYCOMPA TABS 6 MG	4	QL(2 EA daily)	BRIVIACT TABS 10 MG	3	ST; PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)	BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
FYCOMPA TABS 2 MG	4	QL(6 EA daily)	BRIVIACT TABS 100 MG	3	ST; QL(2 EA daily); PA
<b>Anticonvulsants - Benzodiazepines</b>			<i>carbamazepine CHEW PO 100 MG</i>	1	
<i>clobazam SUSP</i>	2		<i>carbamazepine CP12 PO</i>	1	
<i>clobazam TABS PO 20 MG</i>	2	QL(2 EA daily)			

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<i>carbamazepine SUSP PO</i>	1		LAMICTAL TABS PO ( <i>lamotrigine</i> )	7	
<i>carbamazepine TABS PO</i>	1		<i>lamotrigine CHEW PO</i>	1	
<i>carbamazepine TB12 PO 100 MG</i>	1		<i>lamotrigine KIT PO 25 MG</i>	2	
<i>carbamazepine TB12 PO 200 MG</i>	1	QL(8 EA daily)	<i>lamotrigine KIT PO</i>	3	PA
<i>carbamazepine TB12 PO 400 MG</i>	1	QL(4 EA daily)	<i>lamotrigine TABS PO</i>	1	
CARBATROL CP12 PO ( <i>carbamazepine</i> )	7		<i>lamotrigine TB24 PO 250 MG</i>	2	Use Immediate Release Tabs; PA
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA	<i>lamotrigine TB24 PO 25 MG, 50 MG, 100 MG, 200 MG</i>	2	Use Immediate Release Tabs; QL(1 EA daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA	<i>lamotrigine TB24 PO 300 MG</i>	2	Use Immediate Release Tabs; QL(2 EA daily); PA
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA	<i>lamotrigine TBDP PO</i>	3	PA
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	
EPIDIOLEX	4	ST; PA	<i>levetiracetam TABS PO 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)
<i>gabapentin CAPS PO</i>	1		<i>levetiracetam TABS PO 1000 MG</i>	1	QL(3 EA daily)
<i>gabapentin SOLN PO</i>	1		<i>levetiracetam TB24 PO</i>	1	QL(4 EA daily)
<i>gabapentin TABS PO 600 MG, 800 MG</i>	1		LEVETIRACETAM TB3D	3	PA
KEPPRA XR TB24 PO ( <i>levetiracetam</i> )	7	QL(4 EA daily)	LYRICA CAPS PO 225 MG, 300 MG ( <i>pregabalin</i> )	7	QL(2 EA daily)
KEPPRA SOLN PO 100 MG/ML ( <i>levetiracetam</i> )	7		LYRICA CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ( <i>pregabalin</i> )	7	QL(3 EA daily)
KEPPRA TABS PO 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	7	QL(6 EA daily)	LYRICA SOLN ( <i>pregabalin</i> )	7	QL(30 ML daily)
KEPPRA TABS PO 1000 MG ( <i>levetiracetam</i> )	7	QL(3 EA daily)	MYSOLINE PO ( <i>primidone</i> )	7	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)	NEURONTIN CAPS PO ( <i>gabapentin</i> )	7	
<i>lacosamide TABS PO</i>	1	QL(2 EA daily)	NEURONTIN SOLN PO ( <i>gabapentin</i> )	7	
LAMICTAL ODT KIT PO ( <i>lamotrigine</i> )	3	PA	NEURONTIN TABS PO ( <i>gabapentin</i> )	7	
LAMICTAL ODT TBDP PO ( <i>lamotrigine</i> )	3	PA			
LAMICTAL XR KIT PO	3	PA			
LAMICTAL CHEW PO ( <i>lamotrigine</i> )	7				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine SUSP PO</i>	1	QL(40 ML daily)	TOPAMAX TABS PO 100 MG ( <i>topiramate</i> )	7	QL(4 EA daily)
<i>oxcarbazepine TABS PO 300 MG</i>	1	QL(8 EA daily)	TOPAMAX TABS PO 200 MG ( <i>topiramate</i> )	7	QL(2 EA daily)
<i>oxcarbazepine TABS PO 600 MG</i>	1	QL(4 EA daily)	TOPAMAX TABS PO 50 MG ( <i>topiramate</i> )	7	QL(8 EA daily)
<i>oxcarbazepine TABS PO 150 MG</i>	1		<i>topiramate CP24 PO 25 MG, 50 MG, 100 MG</i>	2	PA
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	2		<i>topiramate CP24 PO 200 MG</i>	2	QL(2 EA daily); PA
<i>oxcarbazepine TB24 600 MG</i>	2	QL(4 EA daily)	<i>topiramate CPSP PO 15 MG, 25 MG</i>	1	
<i>pregabalin CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)	<i>topiramate CS24 PO 25 MG, 50 MG</i>	2	QL(2 EA daily); PA
<i>pregabalin CAPS PO 225 MG, 300 MG</i>	1	QL(2 EA daily)	<i>topiramate CS24 PO 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>pregabalin SOLN</i>	1	QL(30 ML daily)	<i>topiramate TABS PO 200 MG</i>	1	QL(2 EA daily)
<i>primidone PO 50 MG, 250 MG</i>	1		<i>topiramate TABS PO 100 MG</i>	1	QL(4 EA daily)
<i>rufinamide SUSP</i>	2		<i>topiramate TABS PO 25 MG</i>	1	
<i>rufinamide TABS PO 200 MG</i>	2		<i>topiramate TABS PO 50 MG</i>	1	QL(8 EA daily)
<i>rufinamide TABS PO 400 MG</i>	2	QL(8 EA daily)	TRILEPTAL SUSP PO ( <i>oxcarbazepine</i> )	7	QL(40 ML daily)
SPRITAM TB3D	3	PA	TRILEPTAL TABS PO 150 MG ( <i>oxcarbazepine</i> )	7	
SPRITAM TB3D	3	PA	TRILEPTAL TABS PO 300 MG ( <i>oxcarbazepine</i> )	7	QL(8 EA daily)
TEGRETOL SUSP PO ( <i>carbamazepine</i> )	7		TRILEPTAL TABS PO 600 MG ( <i>oxcarbazepine</i> )	7	QL(4 EA daily)
TEGRETOL TABS PO ( <i>carbamazepine</i> )	7		VIMPAT SOLN PO 10 MG/ML ( <i>lacosamide</i> )	7	QL(40 ML daily)
TEGRETOL-XR TB12 PO 100 MG ( <i>carbamazepine</i> )	7		VIMPAT TABS PO ( <i>lacosamide</i> )	7	QL(2 EA daily)
TEGRETOL-XR TB12 PO 400 MG ( <i>carbamazepine</i> )	7	QL(4 EA daily)	ZONEGRAN CAPS PO 100 MG ( <i>zonisamide</i> )	7	QL(6 EA daily)
TEGRETOL-XR TB12 PO 200 MG ( <i>carbamazepine</i> )	7	QL(8 EA daily)	ZONEGRAN CAPS PO 25 MG ( <i>zonisamide</i> )	7	
TOPAMAX SPRINKLE CPSP PO ( <i>topiramate</i> )	7		<i>zonisamide CAPS PO 25 MG, 50 MG</i>	1	
TOPAMAX TABS PO 25 MG ( <i>topiramate</i> )	7				

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin SUSP PO</i>	1	
Succinimides		
CELONTIN ( <i>methsuximide</i> )	7	
<i>ethosuximide CAPS PO</i>	1	
<i>ethosuximide SOLN PO</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS PO ( <i>ethosuximide</i> )	7	
ZARONTIN SOLN PO ( <i>ethosuximide</i> )	7	
Valproic Acid		
DEPAKOTE ER TB24 PO ( <i>divalproex sodium</i> )	7	
DEPAKOTE SPRINKLES CSDR PO ( <i>divalproex sodium</i> )	7	
DEPAKOTE TBEC PO ( <i>divalproex sodium</i> )	7	
<i>divalproex sodium CSDR PO</i>	1	
<i>divalproex sodium TB24 PO</i>	1	
<i>divalproex sodium TBEC PO</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS PO</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS PO</i>	1	
<i>mirtazapine TBDP PO</i>	1	
REMERON SOLTAB TBDP PO ( <i>mirtazapine</i> )	7	
REMERON TABS PO 15 MG, 30 MG ( <i>mirtazapine</i> )	7	
Antidepressants - Misc.		
<i>bupropion hcl TABS PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl TB12 PO</i>	1		<i>fluoxetine hcl CPDR PO</i>	1	
<i>bupropion hcl TB24 PO 450 MG</i>	2		<i>fluoxetine hcl SOLN PO</i>	1	QL(15 ML daily)
<i>bupropion hcl TB24 PO 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluoxetine hcl TABS PO 10 MG</i>	1	
WELLBUTRIN SR TB12 PO ( <i>bupropion hcl</i> )	7		<i>fluoxetine hcl TABS PO 20 MG, 60 MG</i>	1	QL(1 EA daily)
WELLBUTRIN XL TB24 PO ( <i>bupropion hcl</i> )	7	QL(1 EA daily)	FLUOXETINE HCL TABS PO ( <i>fluoxetine hcl</i> )	7	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluvoxamine maleate CP24 PO 150 MG</i>	1	
EMSAM	3	QL(1 EA daily)	<i>fluvoxamine maleate CP24 PO 100 MG</i>	1	QL(3 EA daily)
MARPLAN PO	3		<i>fluvoxamine maleate TABS PO 25 MG, 50 MG</i>	1	
NARDIL PO ( <i>phenelzine sulfate</i> )	7		<i>fluvoxamine maleate TABS PO 100 MG</i>	1	QL(3 EA daily)
<i>phenelzine sulfate PO</i>	1		LEXAPRO TABS PO 5 MG ( <i>escitalopram oxalate</i> )	7	QL(2 EA daily)
<i>tranylcypromine sulfate PO</i>	2		LEXAPRO TABS PO 10 MG, 20 MG ( <i>escitalopram oxalate</i> )	7	QL(1 EA daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>paroxetine hcl SUSP PO</i>	1	
SPRAVATO (56 MG DOSE)	4	PA	<i>paroxetine hcl TABS PO</i>	1	
SPRAVATO (84 MG DOSE)	4	PA	<i>paroxetine hcl TB24 PO</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			PAXIL CR TB24 PO ( <i>paroxetine hcl</i> )	7	
CELEXA TABS PO ( <i>citalopram hydrobromide</i> )	7	QL(1 EA daily)	PAXIL SUSP PO ( <i>paroxetine hcl</i> )	7	
<i>citalopram hydrobromide SOLN PO</i>	1	QL(20 ML daily)	PAXIL TABS PO ( <i>paroxetine hcl</i> )	7	
<i>citalopram hydrobromide TABS PO</i>	1	QL(1 EA daily)	PROZAC CAPS PO 10 MG, 20 MG ( <i>fluoxetine hcl</i> )	7	
<i>escitalopram oxalate SOLN PO</i>	1		PROZAC CAPS PO 40 MG ( <i>fluoxetine hcl</i> )	7	QL(1 EA daily)
<i>escitalopram oxalate TABS PO 5 MG</i>	1	QL(2 EA daily)	SERTRALINE HCL CAPS	2	
<i>escitalopram oxalate TABS PO 10 MG, 20 MG</i>	1	QL(1 EA daily)	<i>sertraline hcl CONC PO</i>	1	
<i>fluoxetine hcl CAPS PO 10 MG, 20 MG</i>	1		<i>sertraline hcl TABS PO</i>	1	QL(2 EA daily)
<i>fluoxetine hcl CAPS PO 40 MG</i>	1	QL(1 EA daily)	ZOLOFT CONC PO ( <i>sertraline hcl</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
ZOLOFT TABS PO ( <i>sertraline hcl</i> )	7	QL(2 EA daily)
Serotonin Modulators		
<i>nefazodone hcl PO</i>	1	
<i>trazodone hcl TABS PO</i>	1	
TRINTELLIX PO	3	ST
VIIBRYD STARTER PACK KIT PO	3	
VIIBRYD TABS 10 MG, 40 MG ( <i>vilazodone hcl</i> )	7	
VIIBRYD TABS 20 MG ( <i>vilazodone hcl</i> )	7	QL(2 EA daily)
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP PO ( <i>duloxetine hcl</i> )	7	QL(2 EA daily)
<i>desvenlafaxine succinate PO</i>	1	QL(1 EA daily)
<i>duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)
EFFEXOR XR CP24 PO 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )	7	QL(1 EA daily)
EFFEXOR XR CP24 PO 150 MG ( <i>venlafaxine hcl</i> )	7	QL(2 EA daily)
FETZIMA TITRATION C4PK	3	ST
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
PRISTIQ PO ( <i>desvenlafaxine succinate</i> )	7	QL(1 EA daily)
<i>venlafaxine hcl CP24 PO 37.5 MG, 75 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl CP24 PO 150 MG</i>	1	QL(2 EA daily)
<i>venlafaxine hcl TABS PO</i>	1	
<i>venlafaxine hcl TB24 PO 225 MG</i>	1	
<i>venlafaxine hcl TB24 PO 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS PO</i>	1	
<i>amoxapine PO</i>	1	
ANAFRANIL PO ( <i>clomipramine hcl</i> )	7	
<i>clomipramine hcl PO</i>	1	
<i>desipramine hcl TABS PO</i>	1	
<i>doxepin hcl CAPS PO</i>	1	
<i>doxepin hcl CONC PO</i>	1	
<i>imipramine hcl TABS PO 50 MG</i>	1	QL(4 EA daily)
<i>imipramine hcl TABS PO 10 MG, 25 MG</i>	1	
<i>imipramine pamoate PO</i>	2	
NORPRAMIN TABS PO 10 MG, 25 MG ( <i>desipramine hcl</i> )	7	
<i>nortriptyline hcl CAPS PO</i>	1	
<i>nortriptyline hcl SOLN PO</i>	1	
PAMELOR CAPS PO ( <i>nortriptyline hcl</i> )	7	
<i>protriptyline hcl PO</i>	1	
<i>trimipramine maleate CAPS PO</i>	1	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
Alpha-Glucosidase Inhibitors		
<i>acarbose PO</i>	1	
<i>miglitol PO</i>	3	
Antidiabetic Combinations		
ACTOPLUS MET TABS PO ( <i>pioglitazone hcl- metformin hcl</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG</i>	1	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG</i>	1	QL(2 EA daily)
DUETACT ( <i>pioglitazone hcl-glimepiride</i> )	7	
<i>glipizide-metformin hcl PO</i>	1	
<i>glyburide-metformin PO</i>	1	
GLYXAMBI PO	2	
JANUMET XR TB24 PO 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 PO 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS PO	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS PO</i>	1	
<i>saxagliptin-metformin hcl PO</i>	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR PO 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR PO 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
Biguanides		
<i>metformin hcl SOLN PO</i>	2	
<i>metformin hcl TABS PO 500 MG, 850 MG, 1000 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TB24 PO 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY	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 PO	2	QL(1 EA daily)
<i>saxagliptin hcl PO</i>	1	QL(1 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	2	Not available through mail order; SP; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order.; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through Mail Order.; PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through Mail Order.; PA
RYBELSUS TABS PO	2	Not available through mail order; PA
TRULICITY	2	Not available through mail order; PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA SOLN	2	QL(1.5 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	<b>Insulin Sensitizing Agents</b>		
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	ACTOS PO 15 MG ( <i>pioglitazone hcl</i> )	7	
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	ACTOS PO 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	7	QL(1 EA daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>pioglitazone hcl</i> PO 15 MG	1	
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl</i> PO 30 MG, 45 MG	1	QL(1 EA daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<b>Meglitinide Analogues</b>		
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>nateglinide</i> PO	1	
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	<i>repaglinide</i> PO	1	
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>dapagliflozin propanediol</i> PO	1	QL(1 EA daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	FARXIGA PO	2	QL(1 EA daily)
			JARDIANCE PO	2	QL(1 EA daily)
			<b>Sulfonylureas</b>		
			(Glipizide) GLIPIZIDE XL TB24 PO	1	
			AMARYL PO ( <i>glimepiride</i> )	7	
			<i>glimepiride</i> PO 1 MG, 2 MG, 4 MG	1	
			<i>glipizide</i> TABS PO	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide TB24 PO</i>	1	
GLUCOTROL XL TB24 PO ( <i>glipizide</i> )	7	
<i>glyburide micronized PO 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS PO</i>	1	
GLYNASE PO ( <i>glyburide micronized</i> )	7	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI PO	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 PO	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD PO</i>	1	
<i>diphenoxylate w/ atropine TABS PO</i>	1	
IMODIUM A-D CAPS PO ( <i>loperamide hcl</i> )	7	RX/OTC
LOMOTIL TABS PO ( <i>diphenoxylate w/ atropine</i> )	7	
<i>loperamide hcl CAPS PO</i>	1	RX/OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET PO	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS PO</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	

Drug Name	Drug Tier	Requirements/Limits
FERRIPROX SOLN	4	Not available through mail order
FERRIPROX TABS 500 MG ( <i>deferiprone</i> )	4	
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	4	PA
JADENU TABS PO ( <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>	3	
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl PO</i>	1	
NARCAN LIQD ( <i>naloxone hcl</i> )	7	QL(4 EA per 30 day(s) retail); RX/OTC
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
ANZEMET TABS PO 50 MG	3	ST; QL(2 EA per fill retail); PA
<i>granisetron hcl TABS PO</i>	1	Limit 2 per month; QL(2 EA daily); PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)
<i>ondansetron hcl TABS PO 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)
<i>ondansetron TBDP PO 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
SANCUSO PTCH	4	QL(1 EA per 21 day(s) retail); PA
Antiemetics - Anticholinergic		
ANTIVERT TABS PO 50 MG ( <i>meclizine hcl</i> )	7	
<i>meclizine hcl TABS PO 50 MG</i>	1	
<i>scopolamine</i>	1	
TRANSDERM-SCOP ( <i>scopolamine</i> )	7	
<i>trimethobenzamide hcl CAPS PO</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO PO	3	QL(2 EA per 28 day(s) retail)
DICLEGIS TBEC PO ( <i>doxylamine-pyridoxine</i> )	7	QL(4 EA daily)
<i>doxylamine-pyridoxine TBEC PO</i>	1	QL(4 EA daily)
<i>dronabinol CAPS PO 10 MG</i>	2	PA
<i>dronabinol CAPS PO 2.5 MG, 5 MG</i>	1	PA
MARINOL CAPS PO 2.5 MG, 5 MG ( <i>dronabinol</i> )	7	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS PO 80 MG, 125 MG</i>	1	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
<i>aprepitant CAPS PO 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant CAPS PO</i>	2	Limit 3 per month; QL(0.1 EA daily)
<i>aprepitant MISC PO</i>	2	Limit 3 per month; QL(0.1 EA daily)
EMEND CAPS PO 80 MG ( <i>aprepitant</i> )	7	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK PO	3	QL(4 EA per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungals		
ANCOBON PO ( <i>flucytosine</i> )	4	SP
<i>flucytosine PO</i>	4	SP
<i>griseofulvin microsize SUSP PO</i>	1	
<i>griseofulvin microsize TABS PO</i>	1	
<i>griseofulvin ultramicrosize PO</i>	1	
<i>nystatin TABS PO</i>	1	
<i>terbinafine hcl TABS PO</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
DIFLUCAN SUSR PO ( <i>fluconazole</i> )	7	
DIFLUCAN TABS PO 100 MG, 150 MG, 200 MG ( <i>fluconazole</i> )	7	
<i>fluconazole SUSR PO</i>	1	
<i>fluconazole TABS PO</i>	1	
<i>itraconazole CAPS PO</i>	1	ST; PA
<i>itraconazole SOLN</i>	2	PA
<i>ketoconazole PO</i>	1	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	
SPORANOX CAPS PO ( <i>itraconazole</i> )	7	ST; PA
VFEND TABS PO ( <i>voriconazole</i> )	7	QL(2 EA daily)
<i>voriconazole SUSR PO</i>	2	
<i>voriconazole TABS PO</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN PO</i>	1	
<i>carbinoxamine maleate SUER PO</i>	2	
<i>carbinoxamine maleate TABS PO 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS PO	3	
<i>clemastine fumarate SYRP PO</i>	1	
<i>clemastine fumarate TABS PO 2.68 MG</i>	1	
RYVENT TABS PO	3	
Antihistamines - Non-Sedating		
CLARINEX TABS PO ( <i>desloratadine</i> )	3	ST; QL(1 EA daily); PA
<i>desloratadine TABS PO</i>	3	ST; QL(1 EA daily); PA
<i>desloratadine TBDP PO 2.5 MG</i>	3	ST; PA
<i>desloratadine TBDP PO 5 MG</i>	3	PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP PR 50 MG	2	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP PR 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	1	
<i>promethazine hcl SUPP PR 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl TABS PO 25 MG</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS PO 12.5 MG</i>	1	
<i>promethazine hcl TABS PO 50 MG</i>	1	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP PO</i>	1	
<i>cyproheptadine hcl TABS PO</i>	1	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin PO</i>	1	QL(1 EA daily)
VYTORIN PO ( <i>ezetimibe-simvastatin</i> )	7	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
LOVAZA PO ( <i>omega-3-acid ethyl esters</i> )	7	QL(4 EA daily)
<i>omega-3-acid ethyl esters PO</i>	1	QL(4 EA daily)
VASCEPA ( <i>icosapent ethyl</i> )	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK PO	1	
(Cholestyramine Light) PREVALITE POWD PO	1	
<i>cholestyramine light PACK PO</i>	1	
<i>cholestyramine light POWD PO</i>	1	
<i>cholestyramine PACK PO</i>	1	
<i>cholestyramine POWD PO</i>	1	
<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)
<i>colesevelam hcl TABS PO</i>	2	QL(7 EA daily)
COLESTID FLAVORED GRAN PO ( <i>colestipol hcl</i> )	7	
COLESTID FLAVORED PACK PO ( <i>colestipol hcl</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COLESTID GRAN PO ( <i>colestipol hcl</i> )	7		TRICOR TABS PO 48 MG ( <i>fenofibrate</i> )	7	
COLESTID PACK PO ( <i>colestipol hcl</i> )	7		TRICOR TABS PO 145 MG ( <i>fenofibrate</i> )	7	QL(1 EA daily)
COLESTID TABS PO ( <i>colestipol hcl</i> )	7		TRILIPIX PO 135 MG ( <i>choline fenofibrate</i> )	7	QL(1 EA daily)
<i>colestipol hcl GRAN PO</i>	1		TRILIPIX PO 45 MG ( <i>choline fenofibrate</i> )	7	
<i>colestipol hcl PACK PO</i>	1		HMG CoA Reductase Inhibitors		
<i>colestipol hcl TABS PO</i>	1		<i>atorvastatin calcium TABS PO</i>	1	QL(1 EA daily)
QUESTRAN LIGHT POWD PO ( <i>cholestyramine light</i> )	7		CRESTOR TABS PO ( <i>rosuvastatin calcium</i> )	7	QL(1 EA daily)
QUESTRAN PACK PO ( <i>cholestyramine</i> )	7		<i>fluvastatin sodium CAPS PO</i>	1	QL(1 EA daily)
QUESTRAN POWD PO ( <i>cholestyramine</i> )	7		<i>fluvastatin sodium TB24 PO</i>	1	QL(1 EA daily)
Fibric Acid Derivatives			LESCOL XL TB24 PO ( <i>fluvastatin sodium</i> )	7	QL(1 EA daily)
<i>choline fenofibrate PO 45 MG</i>	1		LIPITOR TABS PO ( <i>atorvastatin calcium</i> )	7	QL(1 EA daily)
<i>choline fenofibrate PO 135 MG</i>	1	QL(1 EA daily)	<i>lovastatin TABS PO 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>fenofibrate micronized PO 130 MG, 200 MG</i>	1	QL(1 EA daily)	<i>lovastatin TABS PO 40 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(2 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>fenofibrate micronized PO 43 MG, 67 MG, 134 MG</i>	1		<i>pravastatin sodium PO 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
<i>fenofibrate CAPS PO</i>	1		<i>pravastatin sodium PO 40 MG</i>	1	QL(2 EA daily)
<i>fenofibrate TABS PO 54 MG</i>	1	QL(2 EA daily)	<i>rosuvastatin calcium TABS PO</i>	1	QL(1 EA daily)
<i>fenofibrate TABS PO 48 MG</i>	1		<i>simvastatin TABS PO</i>	1	QL(1 EA daily)
<i>fenofibrate TABS PO 145 MG, 160 MG</i>	1	QL(1 EA daily)			
<i>fenofibric acid PO 105 MG</i>	1				
FIBRICOR PO 105 MG ( <i>fenofibric acid</i> )	7				
<i>gemfibrozil TABS PO</i>	1				
LIPOFEN CAPS PO ( <i>fenofibrate</i> )	7				
LOPID TABS PO ( <i>gemfibrozil</i> )	7				

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ZOCOR TABS PO 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )	7	QL(1 EA daily)	<i>lisinopril</i> TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	1	
Intestinal Cholesterol Absorption Inhibitors			LOTENSIN PO 10 MG, 20 MG, 40 MG ( <i>benazepril hcl</i> )	7	
<i>ezetimibe</i> PO	1		<i>moexipril hcl</i> PO	1	
ZETIA PO ( <i>ezetimibe</i> )	7		<i>perindopril erbumine</i> PO	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			QBRELIS SOLN	3	QL(5 ML daily)
JUXTAPID PO 5 MG	4	ST; PA	<i>quinapril hcl</i> PO	1	
JUXTAPID PO 10 MG, 20 MG, 30 MG	4	PA	<i>ramipril CAPS</i> PO	1	QL(2 EA daily)
Nicotinic Acid Derivatives			<i>trandolapril</i> PO	1	
(Niacin (Antihyperlipidemic)) NIACOR TABS PO	1		VASOTEC TABS PO ( <i>enalapril maleate</i> )	7	QL(2 EA daily)
<i>niacin (antihyperlipidemic)</i> TABS PO	1		ZESTRIL TABS PO 40 MG ( <i>lisinopril</i> )	7	QL(2 EA daily)
<i>niacin (antihyperlipidemic)</i> TBCR PO	1		ZESTRIL TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG ( <i>lisinopril</i> )	7	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			Agents for Pheochromocytoma		
PRALUENT SOAJ	4	PA	DEMSEER PO ( <i>metyrosine</i> )	4	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>			DIBENZYLIN PO ( <i>phenoxybenzamine hcl</i> )	7	Not available through mail
ACE Inhibitors			<i>metyrosine</i> PO	4	
ACCUPRIL PO ( <i>quinapril hcl</i> )	7		<i>phenoxybenzamine hcl</i> PO	1	Not available through mail
ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG ( <i>ramipril</i> )	7	QL(2 EA daily)	Angiotensin II Receptor Antagonists		
<i>benazepril hcl</i> PO	1		ATACAND PO 32 MG ( <i>candesartan cilexetil</i> )	7	QL(1 EA daily)
<i>captopril</i> PO	1		ATACAND PO 4 MG, 8 MG, 16 MG ( <i>candesartan cilexetil</i> )	7	
<i>enalapril maleate</i> TABS PO	1	QL(2 EA daily)	AVAPRO PO ( <i>irbesartan</i> )	7	
<i>fosinopril sodium</i> PO	1		BENICAR PO 5 MG, 20 MG ( <i>olmesartan medoxomil</i> )	7	
<i>lisinopril</i> TABS PO 40 MG	1	QL(2 EA daily)	BENICAR PO 40 MG ( <i>olmesartan medoxomil</i> )	7	QL(1 EA daily)
			<i>candesartan cilexetil</i> PO 4 MG, 8 MG, 16 MG	1	

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<i>candesartan cilexetil PO 32 MG</i>	1	QL(1 EA daily)	<i>prazosin hcl CAPS PO</i>	1	
COZAAR PO ( <i>losartan potassium</i> )	7		<i>terazosin hcl PO 10 MG</i>	1	QL(2 EA daily)
DIOVAN TABS PO 160 MG ( <i>valsartan</i> )	7	QL(2 EA daily)	<i>terazosin hcl PO 1 MG, 2 MG, 5 MG</i>	1	
DIOVAN TABS PO 40 MG, 80 MG, 320 MG ( <i>valsartan</i> )	7		Antihypertensive Combinations		
EDARBI PO 80 MG	3	QL(1 EA daily)	ACCURETIC PO 25 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	7	QL(1 EA daily)
EDARBI PO 40 MG	3		ACCURETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	7	
<i>irbesartan PO</i>	1		<i>amlodipine besylate-benazepril hcl PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)
<i>losartan potassium PO</i>	1		<i>amlodipine besylate-benazepril hcl PO 10 MG-2.5 MG</i>	1	
MICARDIS PO 20 MG, 40 MG ( <i>telmisartan</i> )	7		<i>amlodipine besylate-valsartan PO 10 MG-160 MG</i>	1	QL(1 EA daily)
MICARDIS PO 80 MG ( <i>telmisartan</i> )	7	QL(1 EA daily)	<i>amlodipine besylate-valsartan PO 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>olmesartan medoxomil PO 5 MG, 20 MG</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide PO</i>	1	
<i>olmesartan medoxomil PO 40 MG</i>	1	QL(1 EA daily)	ATACAND HCT PO ( <i>candesartan cilexetil-hydrochlorothiazide</i> )	7	
<i>telmisartan PO 20 MG, 40 MG</i>	1		<i>atenolol &amp; chlorthalidone PO</i>	1	
<i>telmisartan PO 80 MG</i>	1	QL(1 EA daily)	AVALIDE PO ( <i>irbesartan-hydrochlorothiazide</i> )	7	
<i>valsartan TABS PO 40 MG, 80 MG, 320 MG</i>	1		<i>benazepril &amp; hydrochlorothiazide PO</i>	1	
<i>valsartan TABS PO 160 MG</i>	1	QL(2 EA daily)	BENICAR HCT PO 12.5 MG-20 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	7	
Antiadrenergic Antihypertensives					
CARDURA PO ( <i>doxazosin mesylate</i> )	7				
<i>clonidine hcl TABS PO</i>	1				
<i>clonidine TB24</i>	3				
<i>doxazosin mesylate PO</i>	1				
<i>guanfacine hcl PO</i>	1				
<i>methyl dopa TABS PO</i>	1				
MINIPRESS CAPS PO ( <i>prazosin hcl</i> )	7				
NEXICLON XR TB24 ( <i>clonidine</i> )	3				

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BENICAR HCT PO 12.5 MG-40 MG, 25 MG-40 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	7	QL(1 EA daily)	<i>lisinopril &amp; hydrochlorothiazide PO</i> 12.5 MG-10 MG, 12.5 MG-20 MG	1	
<i>bisoprolol &amp; hydrochlorothiazide PO</i>	1		<i>losartan potassium &amp; hydrochlorothiazide PO</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide PO</i>	1		LOTENSIN HCT PO 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	7	
<i>captopril &amp; hydrochlorothiazide PO</i>	1		LOTREL PO 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)
DIOVAN HCT PO 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG ( <i>valsartan-hydrochlorothiazide</i> )	7		<i>metoprolol &amp; hydrochlorothiazide TABS PO</i>	1	
DIOVAN HCT PO 25 MG-160 MG ( <i>valsartan-hydrochlorothiazide</i> )	7	QL(1 EA daily)	MICARDIS HCT PO ( <i>telmisartan-hydrochlorothiazide</i> )	7	
EDARBYCLOR PO	3	QL(1 EA daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide PO</i>	1	ST
<i>enalapril maleate &amp; hydrochlorothiazide PO</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide PO</i> 12.5 MG-40 MG, 25 MG-40 MG	1	QL(1 EA daily)
EXFORGE PO 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG ( <i>amlodipine besylate-valsartan</i> )	7		<i>olmesartan medoxomil-hydrochlorothiazide PO</i> 12.5 MG-20 MG	1	
EXFORGE PO 10 MG-160 MG ( <i>amlodipine besylate-valsartan</i> )	7	QL(1 EA daily)	<i>quinapril-hydrochlorothiazide PO</i> 25 MG-20 MG	1	QL(1 EA daily)
EXFORGE HCT PO ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	7		<i>quinapril-hydrochlorothiazide PO</i> 12.5 MG-10 MG, 12.5 MG-20 MG	1	
<i>fosinopril sodium &amp; hydrochlorothiazide PO</i>	1		<i>telmisartan-amlodipine PO</i>	1	
HYZAAR PO ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	7		<i>telmisartan-hydrochlorothiazide PO</i>	1	
<i>irbesartan-hydrochlorothiazide PO</i>	1		TENORETIC 100 PO ( <i>atenolol &amp; chlorthalidone</i> )	7	
<i>lisinopril &amp; hydrochlorothiazide PO</i> 25 MG-20 MG	1	QL(2 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits
TENORETIC 50 PO (atenolol & chlorthalidone)	7	
trandolapril-verapamil hcl PO	1	
TRIBENZOR PO (olmesartan medoxomil- amlodipine- hydrochlorothiazide)	7	ST
valsartan- hydrochlorothiazide PO 25 MG-160 MG	1	QL(1 EA daily)
valsartan- hydrochlorothiazide PO 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	1	
VASERETIC PO 25 MG- 10 MG (enalapril maleate & hydrochlorothiazide)	7	
ZESTORETIC PO 25 MG- 20 MG (lisinopril & hydrochlorothiazide)	7	QL(2 EA daily)
ZESTORETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	7	
ZIAC PO (bisoprolol & hydrochlorothiazide)	7	
Antihypertensives - Misc.		
VECAMYL PO	4	PA
Direct Renin Inhibitors		
aliskiren fumarate PO	1	
TEKTURNA PO (aliskiren fumarate)	7	
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone PO	1	
INSPIRA PO (eplerenone)	7	
Vasodilators		
hydralazine hcl TABS PO	1	

Drug Name	Drug Tier	Requirements/Limits
minoxidil PO 2.5 MG, 10 MG	1	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
Anti-infective Agents - Misc.		
IMPAVIDO	4	
metronidazole CAPS PO	2	
metronidazole TABS PO	1	
pentamidine isethionate IN	2	
tinidazole PO	1	
trimethoprim TABS PO	1	
XIFAXAN PO 200 MG	3	Limit 9 per month; QL(9 EA per fill retail); PA
XIFAXAN PO 550 MG	3	QL(2 EA daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole- Trimethoprim) SULFATRIM PEDIATRIC SUSP PO	1	
BACTRIM DS TABS PO (sulfamethoxazole- trimethoprim)	7	
BACTRIM TABS PO (sulfamethoxazole- trimethoprim)	7	
sulfamethoxazole- trimethoprim SUSP PO	1	
sulfamethoxazole- trimethoprim TABS PO	1	
Antiprotozoal Agents		
ALINIA SUSP PO	3	
atovaquone PO	2	
nitazoxanide TABS PO	2	
Glycopeptides		
VANCOCIN CAPS PO (vancomycin hcl)	7	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl CAPS PO</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone PO 100 MG</i>	1	QL(4 EA daily)
<i>dapsone PO 25 MG</i>	1	
Lincosamides		
CLEOCIN PO ( <i>clindamycin hcl</i> )	7	
CLEOCIN PO ( <i>clindamycin palmitate hydrochloride</i> )	7	
<i>clindamycin hcl PO</i>	1	
<i>clindamycin palmitate hydrochloride PO</i>	1	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS PO</i>	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
ZYVOX SUSR ( <i>linezolid</i> )	7	QL(210 ML per 90 day(s) retail)
ZYVOX TABS PO ( <i>linezolid</i> )	7	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	3	
MACROBID PO ( <i>nitrofurantoin monohyd macro</i> )	7	
MACRODANTIN PO ( <i>nitrofurantoin macrocrystal</i> )	7	
<i>methenamine hippurate PO</i>	2	
<i>methenamine mandelate</i>	1	
MONUROL ( <i>fosfomycin tromethamine</i> )	3	
<i>nitrofurantoin PO</i>	1	
<i>nitrofurantoin macrocrystal PO</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro PO</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl PO</i>	1	
COARTEM	2	Limit 24 per month; QL(0.8 EA daily)
MALARONE PO ( <i>atovaquone-proguanil hcl</i> )	7	
Antimalarials		
<i>chloroquine phosphate TABS PO</i>	1	
<i>hydroxychloroquine sulfate PO 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl PO</i>	1	QL(6 EA per fill retail)
<i>primaquine phosphate TABS PO</i>	1	
PRIMAQUINE PHOSPHATE TABS PO ( <i>primaquine phosphate</i> )	7	
QUALAQUIN CAPS PO ( <i>quinine sulfate</i> )	7	QL(2 EA daily); PA
<i>quinine sulfate CAPS PO 324 MG</i>	1	QL(2 EA daily); PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON TABS PO ( <i>pyridostigmine bromide</i> )	7	
<i>pyridostigmine bromide SOLN PO</i>	2	PA
<i>pyridostigmine bromide TABS PO 60 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide</i> <i>TBCR PO</i>	2	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>cycloserine PO</i>	4	SP
<i>ethambutol hcl TABS PO</i>	1	
<i>isoniazid SYRP PO</i>	1	
<i>isoniazid TABS PO</i>	1	
MYAMBUTOL TABS PO 400 MG ( <i>ethambutol hcl</i> )	7	
PRIFTIN PO	3	
<i>pyrazinamide PO</i>	1	
<i>rifabutin PO</i>	2	
<i>rifampin CAPS PO</i>	1	
TRECTOR PO	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
ALKERAN PO ( <i>melphalan</i> )	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS PO	2	
GLEOSTINE PO 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN PO	2	AC
<i>melphalan PO</i>	1	AC
MYLERAN TABS PO	2	AC
<i>temozolomide CAPS PO</i>	2	SP; AC
Antimetabolites		
<i>capecitabine PO</i>	2	SP; AC
<i>mercaptopurine TABS PO</i>	1	AC
<i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	

Drug Name	Drug Tier	Requirements/Limits
METHOTREXATE SODIUM SOLN 50 MG/2ML	2	
<i>methotrexate sodium</i> TABS PO 2.5 MG	1	AC
ONUREG TABS	4	AC; PA
PURIXAN SUSP	2	AC
TABLOID PO	2	AC
TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	Must use AcariaHlth SP pharmacy 1- 844-538-4661; SP; AC; PA
LENVIMA (10 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1- 844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1- 844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1- 844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1- 844-538-4661; QL(1 EA daily); SP; AC; PA

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LENVIMA (20 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	IRESSA ( <i>gefitinib</i> )	4	AC; AC
LENVIMA (24 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	TAGRISSE	4	SP; AC; PA
LENVIMA (4 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	TARCEVA ( <i>erlotinib hcl</i> )	4	SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VIZIMPRO	4	PA; AC; AC; PA
Antineoplastic - Anti-HER2 Agents			Antineoplastic - Hedgehog Pathway Inhibitors		
TUKYSA	4	PA; AC; AC; PA	DAURISMO	4	PA
Antineoplastic - BCL-2 Inhibitors			ERIVEDGE	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
VENCLEXTA STARTING PACK TBPK	4	PA; AC; AC; PA	ODOMZO PO	4	AC
VENCLEXTA TABS 100 MG	4	PA; AC; QL(4 EA daily); AC; PA	Antineoplastic - Hormonal and Related Agents		
VENCLEXTA TABS 50 MG	4	PA; AC; AC; PA	<i>abiraterone acetate</i>	4	SP; AC; PA
VENCLEXTA TABS 10 MG	4	PA; AC; QL(2 EA daily); AC; PA	<i>anastrozole PO</i>	5	QL(1 EA daily); PV; AC
Antineoplastic - EGFR Inhibitors			ARIMIDEX PO ( <i>anastrozole</i> )	5	QL(1 EA daily); PV; AC
<i>erlotinib hcl</i>	4	SP; AC; PA	AROMASIN PO ( <i>exemestane</i> )	7	PV; AC
<i>gefitinib</i>	4	AC; AC	<i>bicalutamide PO</i>	1	QL(1 EA daily); AC
GILOTRIF	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	CASODEX PO ( <i>bicalutamide</i> )	7	QL(1 EA daily); AC
			ELIGARD SC	3	PA
			EMCYT PO	2	AC
			ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
			ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			EULEXIN PO	2	AC
			<i>exemestane PO</i>	1	PV; AC
			FEMARA PO ( <i>letrozole</i> )	7	AC
			<i>flutamide PO</i>	1	AC

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<i>letrozole PO</i>	1	AC	AYVAKIT 25 MG, 50 MG	4	QL(1 EA daily); SP; AC; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	covered w-gender transformation diagnosis; PA required for other diagnosis	AYVAKIT 100 MG, 200 MG, 300 MG	4	PA; AC; QL(1 EA daily); SP; PA
LYSODREN PO	2	AC	<b>Antineoplastic - XPO1 Inhibitors</b>		
<i>megestrol acetate SUSP PO</i>	1	AC	XPOVIO (100 MG ONCE WEEKLY) PO 50 MG	4	AC; PA
<i>megestrol acetate TABS PO</i>	1	AC	XPOVIO (40 MG ONCE WEEKLY) PO 40 MG	4	AC; PA
NILANDRON PO ( <i>nilutamide</i> )	4	SP; AC	XPOVIO (40 MG TWICE WEEKLY) PO 40 MG	4	AC; PA
<i>nilutamide PO</i>	4	SP; AC	XPOVIO (60 MG ONCE WEEKLY) PO 60 MG	4	AC; PA
NUBEQA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XPOVIO (60 MG TWICE WEEKLY) PO	4	SP; AC; PA
SOLTAMOX SOLN PO	5	PV; AC	XPOVIO (80 MG ONCE WEEKLY) PO 40 MG	4	AC; PA
<i>tamoxifen citrate TABS PO</i>	5	PV; AC	XPOVIO (80 MG TWICE WEEKLY) PO	4	SP; AC; PA
<i>toremifene citrate PO</i>	2	AC	<b>Antineoplastic Combinations</b>		
XTANDI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	INQOVI	4	PA
XTANDI TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI FEMARA (200 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA
YONSA	4	PA; AC; AC; PA	KISQALI FEMARA (400 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA
ZYTIGA ( <i>abiraterone acetate</i> )	4	SP; AC; PA	KISQALI FEMARA (600 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA
<b>Antineoplastic - Immunomodulators</b>			LONSURF	4	SP; AC; PA
POMALYST	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<b>Antineoplastic Enzyme Inhibitors</b>		
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>			(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA

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AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA	CALQUENCE	4	QL(2 EA daily); SP; AC; PA
AFINITOR TABS ( <i>everolimus</i> )	4	QL(1 EA daily); SP; AC; PA	CALQUENCE	4	QL(2 EA daily); SP; AC; PA
ALECENSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	CAPRELSA PO	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ALUNBRIG TABS PO	4	PA; AC; AC; PA	COMETRIQ (100 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ALUNBRIG TBPK	4	PA; AC; AC; PA	COMETRIQ (140 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BALVERSA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	COMETRIQ (60 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	COPIKTRA PO	4	PA; AC; AC; PA
BOSULIF TABS 500 MG	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	COTELLIC	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
BOSULIF TABS 100 MG, 400 MG	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>dasatinib</i>	4	SP; AC; PA
BRAFTOVI PO 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA
BRUKINSA	4	PA; AC; AC; PA	<i>everolimus TBSO</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
CABOMETYX TABS PO 20 MG, 60 MG	4	QL(1 EA daily); AC; PA	IBRANCE CAPS	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
CABOMETYX TABS PO 40 MG	4	QL(2 EA daily); AC; PA	IBRANCE TABS	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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ICLUSIG PO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	LORBRENA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IDHIFA	4	PA; AC; AC; PA	LYNPARZA TABS PO	4	QL(4 EA daily); SP; AC; PA
<i>imatinib mesylate</i> TABS PO 100 MG	2	QL(3 EA daily); AC; PA	MEKINIST SOLR	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate</i> TABS PO 400 MG	2	QL(2 EA daily); AC; PA	MEKINIST TABS PO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA	MEKTOVI	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA	NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA	NEXAVAR PO ( <i>sorafenib tosylate</i> )	4	SP; AC; PA
IMBRUVICA TABS	4	QL(1 EA daily); SP; AC; PA	NINLARO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(0.1 EA daily); SP; AC; PA
INREBIC	4	PA; AC; AC; PA	<i>pazopanib hcl</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
JAKAFI	4	PA; AC; QL(2 EA daily); AC; PA	PIQRAY (200 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
KISQALI (200 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA			
KISQALI (400 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA			
KISQALI (600 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA			
KOSELUGO	4	PA; AC; PA			
<i>lapatinib ditosylate</i>	4	SP; AC; PA			

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PIQRAY (250 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TAFINLAR CAPS PO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
PIQRAY (300 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TAFINLAR TBSO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
QINLOCK	3	PA; AC; AC; PA	TALZENNA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
RETEVMO CAPS	4	AC; PA	TASIGNA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ROZLYTREK CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TAZVERIK	4	SP; AC; PA
ROZLYTREK PACK	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TIBSOVO	4	SP; AC; PA
RUBRACA	4	PA; AC; AC; PA	TURALIO PO	4	SP; AC; PA
RYDAPT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TYKERB ( <i>lapatinib ditosylate</i> )	4	SP; AC; PA
<i>sorafenib tosylate PO</i>	4	SP; AC; PA	VERZENIO	4	QL(2 EA daily); AC; PA
SPRYCEL ( <i>dasatinib</i> )	4	SP; AC; PA	VITRAKVI CAPS PO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
STIVARGA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	VITRAKVI SOLN	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>sunitinib malate PO 25 MG</i>	2	SP; AC; PA	VOTRIENT ( <i>pazopanib hcl</i> )	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>sunitinib malate PO 12.5 MG, 37.5 MG, 50 MG</i>	2	QL(1 EA daily); SP; AC; PA	XALKORI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TABRECTA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			

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XALKORI CPSP	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Mitotic Inhibitors		
XOSPATA	4	PA; AC; AC; PA	<i>etoposide CAPS PO</i>	2	SP; AC; PA
ZEJULA TABS	4	SP; AC; PA	Topoisomerase I Inhibitors		
ZELBORAF PO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	HYCANTIN CAPS PO	4	AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC
ZOLINZA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
ZYDELIG	3	PA; AC; AC; PA	Antiparkinson Adjunctive Therapy		
ZYKADIA TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>carbidopa PO</i>	2	
Antineoplastics Misc.			Antiparkinson Anticholinergics		
ACTIMMUNE 100 MCG/0.5ML	4	PA	<i>benztropine mesylate TABS PO</i>	1	
ALFERON N	4	PA	<i>trihexyphenidyl hcl SOLN</i>	1	
<i>bexarotene PO</i>	4	SP; AC; PA	<i>trihexyphenidyl hcl TABS PO</i>	1	
HYDREA PO ( <i>hydroxyurea</i> )	7	AC	Antiparkinson COMT Inhibitors		
<i>hydroxyurea PO</i>	1	AC	<i>entacapone PO</i>	2	
MATULANE PO	4	AC	TASMAR PO ( <i>tolcapone</i> )	4	
TARGRETIN PO ( <i>bexarotene</i> )	4	SP; AC; PA	<i>tolcapone PO</i>	4	
<i>tretinoin (chemotherapy) PO</i>	2	AC	Antiparkinson Dopaminergics		
Chemotherapy Rescue/Antidote/Protective Agents			<i>amantadine hcl CAPS PO</i>	1	
<i>leucovorin calcium TABS PO</i>	1	AC	<i>amantadine hcl TABS PO</i>	1	
<i>mesna TABS PO</i>	3	AC	<i>bromocriptine mesylate CAPS PO</i>	1	
MESNEX TABS PO	3	AC	<i>bromocriptine mesylate TABS PO 2.5 MG</i>	1	
			<i>carbidopa-levodopa-entacapone PO</i>	2	
			<i>carbidopa-levodopa TABS PO</i>	1	
			<i>carbidopa-levodopa TBCR PO 100 MG-25 MG</i>	1	QL(8 EA daily)
			<i>carbidopa-levodopa TBCR PO 200 MG-50 MG</i>	1	

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<b>carbidopa-levodopa TBDP PO</b>	2	
DHIVY TABS PO	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
PARLODEL CAPS PO ( <i>bromocriptine mesylate</i> )	7	
PARLODEL TABS PO ( <i>bromocriptine mesylate</i> )	7	
<b>pramipexole dihydrochloride TABS PO 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</b>	1	
<b>pramipexole dihydrochloride TABS PO 1 MG</b>	1	QL(4 EA daily)
<b>pramipexole dihydrochloride TABS PO 1.5 MG</b>	1	QL(3 EA daily)
<b>pramipexole dihydrochloride TB24 PO 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</b>	2	
<b>pramipexole dihydrochloride TB24 PO 3 MG</b>	2	QL(1 EA daily)
<b>ropinirole hydrochloride TABS PO</b>	1	
<b>ropinirole hydrochloride TB24 PO 2 MG, 4 MG, 6 MG, 8 MG</b>	1	
<b>ropinirole hydrochloride TB24 PO 12 MG</b>	1	QL(2 EA daily)
RYTARY CPCR PO 95 MG-23.75 MG	3	ST; QL(10 EA daily); PA
RYTARY CPCR PO 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 EA daily); PA
SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG ( <i>carbidopa-levodopa</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT PO ( <i>rasagiline mesylate</i> )	7	
<i>rasagiline mesylate PO</i>	1	
<i>selegiline hcl CAPS PO</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS PO</i>	1	QL(2 EA daily)
ZELAPAR TBDP	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium PO</i>	1	
<i>lithium carbonate CAPS PO 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS PO 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate TABS PO</i>	1	
<i>lithium carbonate TBCR PO</i>	1	
LITHOBID TBCR PO ( <i>lithium carbonate</i> )	7	
<b>Antipsychotics - Misc.</b>		
EQUETRO PO	3	
GEODON PO 20 MG, 40 MG ( <i>ziprasidone hcl</i> )	7	
GEODON PO 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	7	QL(2 EA daily)
<i>lurasidone hcl PO</i>	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS PO 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
<i>ziprasidone hcl PO 60 MG, 80 MG</i>	1	QL(2 EA daily)
<i>ziprasidone hcl PO 20 MG, 40 MG</i>	1	
<b>Benzisoxazoles</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA PO ( <i>paliperidone</i> )	3		<i>quetiapine fumarate</i> TABS PO 25 MG, 50 MG, 100 MG, 150 MG	1	
<i>paliperidone</i> PO	3		<i>quetiapine fumarate</i> TABS PO 200 MG	1	QL(4 EA daily)
RISPERDAL SOLN PO ( <i>risperidone</i> )	7		<i>quetiapine fumarate</i> TB24 PO	1	
RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 4 MG ( <i>risperidone</i> )	7		SEROQUEL XR TB24 PO ( <i>quetiapine fumarate</i> )	7	
RISPERDAL TABS PO 3 MG ( <i>risperidone</i> )	7	QL(2 EA daily)	SEROQUEL TABS PO 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	7	QL(2 EA daily)
<i>risperidone</i> SOLN PO	1		SEROQUEL TABS PO 200 MG ( <i>quetiapine</i> <i>fumarate</i> )	7	QL(4 EA daily)
<i>risperidone</i> TABS PO 3 MG	1	QL(2 EA daily)	SEROQUEL TABS PO 25 MG, 50 MG, 100 MG ( <i>quetiapine fumarate</i> )	7	
<i>risperidone</i> TABS PO 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1		VERSACLOZ SUSP PO	4	QL(18 ML daily)
<i>risperidone</i> TBDP PO 0.25 MG	3		ZYPREXA ZYDIS TBDP PO ( <i>olanzapine</i> )	7	
<i>risperidone</i> TBDP PO 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1		ZYPREXA TABS PO 15 MG, 20 MG ( <i>olanzapine</i> )	7	QL(1 EA daily)
Butyrophenones			ZYPREXA TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG ( <i>olanzapine</i> )	7	
<i>haloperidol lactate</i> CONC PO	1		Phenothiazines		
<i>haloperidol</i> TABS PO	1		(Prochlorperazine) COMPRO PR	1	QL(2 EA daily)
Dibenzapines			<i>chlorpromazine hcl</i> TABS PO	1	
<i>asenapine maleate</i>	2		<i>fluphenazine hcl</i> CONC PO	3	
<i>clozapine</i> TABS PO	1		<i>fluphenazine hcl</i> ELIX PO	2	
<i>clozapine</i> TBDP PO	2		<i>fluphenazine hcl</i> TABS PO	1	
CLOZARIL TABS PO ( <i>clozapine</i> )	7		<i>perphenazine</i> TABS PO	1	
<i>loxapine succinate</i> PO	1		<i>prochlorperazine</i> PR	1	QL(2 EA daily)
<i>olanzapine</i> TABS PO 15 MG, 20 MG	1	QL(1 EA daily)	<i>prochlorperazine maleate</i> TABS PO	1	
<i>olanzapine</i> TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG	1		<i>thioridazine hcl</i> PO 50 MG	1	QL(4 EA daily)
<i>olanzapine</i> TBDP PO	1				
<i>quetiapine fumarate</i> TABS PO 300 MG, 400 MG	1	QL(2 EA daily)			

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<i>thioridazine hcl PO 10 MG, 25 MG, 100 MG</i>	1		CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
<i>trifluoperazine hcl TABS PO</i>	1		CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
Quinolinone Derivatives			CIMDUO	2	
ABILIFY TABS PO 2 MG, 5 MG, 10 MG, 30 MG ( <i>aripiprazole</i> )	7		COMBIVIR PO ( <i>lamivudine-zidovudine</i> )	7	
ABILIFY TABS PO 20 MG ( <i>aripiprazole</i> )	7	QL(1 EA daily)	COMPLERA	2	
ABILIFY TABS PO 15 MG ( <i>aripiprazole</i> )	7	QL(2 EA daily)	<i>darunavir TABS</i>	1	
<i>aripiprazole SOLN PO</i>	1		DELSTRIGO	2	
<i>aripiprazole TABS PO 2 MG, 5 MG, 10 MG, 30 MG</i>	1		DESCOVY 200 MG-25 MG	5	PV
<i>aripiprazole TABS PO 15 MG</i>	1	QL(2 EA daily)	DOVATO	2	
<i>aripiprazole TABS PO 20 MG</i>	1	QL(1 EA daily)	EDURANT	2	
REXULTI	3		<i>efavirenz CAPS PO</i>	1	
Thioxanthenes			<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate PO</i>	1	QL(1 EA daily)
<i>thiothixene PO</i>	1		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			<i>efavirenz TABS PO</i>	1	
Antiretrovirals			<i>emtricitabine CAPS PO</i>	1	
<i>abacavir sulfate-lamivudine PO</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)
<i>abacavir sulfate SOLN PO</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate PO 200 MG-300 MG</i>	5	QL(1 EA daily); PV
<i>abacavir sulfate TABS PO</i>	1		EMTRIVA CAPS PO ( <i>emtricitabine</i> )	7	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	EMTRIVA SOLN	2	
APTIVUS CAPS	2		EPIVIR SOLN PO ( <i>lamivudine</i> )	7	
<i>atazanavir sulfate CAPS PO</i>	1				
ATRIPLA PO ( <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	7	QL(1 EA daily)			
BIKTARVY	2				

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EPIVIR TABS PO <i>(lamivudine)</i>	7		PREZCOBIX	2	
EPZICOM PO <i>(abacavir sulfate-lamivudine)</i>	7		PREZISTA SUSP	2	
<i>etravirine PO</i>	1		PREZISTA TABS 75 MG, 150 MG	2	
EVOTAZ	2		PREZISTA TABS <i>(darunavir)</i>	7	
<i>fosamprenavir calcium TABS PO</i>	1		RETROVIR CAPS PO <i>(zidovudine)</i>	7	
FUZEON SOLR	4	ST; PA	RETROVIR SYRP PO <i>(zidovudine)</i>	7	
GENVOYA	2		REYATAZ CAPS PO 200 MG, 300 MG <i>(atazanavir sulfate)</i>	7	
INTELENCE PO 25 MG	2		REYATAZ PACK	2	
INTELENCE PO <i>(etravirine)</i>	7		<i>ritonavir TABS PO</i>	1	
ISENTRESS HD TABS PO	2		RUKOBIA	4	
ISENTRESS CHEW	2		SELZENTRY SOLN	2	
ISENTRESS TABS PO	2		SELZENTRY TABS PO <i>(maraviroc)</i>	7	
JULUCA	2		STRIBILD	2	
KALETRA SOLN PO <i>(lopinavir-ritonavir)</i>	7		SUSTIVA CAPS PO <i>(efavirenz)</i>	7	
KALETRA TABS PO <i>(lopinavir-ritonavir)</i>	7		SYMFI <i>(efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	7	
<i>lamivudine SOLN PO</i>	1		SYMFI LO <i>(efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	7	
<i>lamivudine TABS PO</i>	1		SYMTUZA	2	
<i>lamivudine-zidovudine PO</i>	1		<i>tenofovir disoproxil fumarate TABS PO</i>	1	
LEXIVA TABS PO <i>(fosamprenavir calcium)</i>	7		TIVICAY TABS 50 MG	2	
<i>lopinavir-ritonavir SOLN PO</i>	1		TRIUMEQ PD TBSO	2	
<i>lopinavir-ritonavir TABS PO</i>	1		TRIUMEQ TABS	2	
<i>maraviroc TABS PO</i>	1		TRUVADA PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG <i>(emtricitabine-tenofovir disoproxil fumarate)</i>	7	QL(1 EA daily)
<i>nevirapine SUSP PO</i>	1				
<i>nevirapine TABS PO</i>	1				
<i>nevirapine TB24 PO</i>	1				
NORVIR PACK	2				
NORVIR TABS PO <i>(ritonavir)</i>	7				
ODEFSEY	2				
PIFELTRO	2				

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TRUVADA PO 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	5	QL(1 EA daily); PV	<i>valganciclovir hcl TABS PO</i>	1	
TYBOST	2		Hepatitis Agents		
VIRACEPT TABS PO	2		<i>adefovir dipivoxil PO</i>	1	
VIREAD POWD	2		BARACLUDGE TABS PO ( <i>entecavir</i> )	7	
VIREAD TABS PO 150 MG, 200 MG, 250 MG	2		<i>entecavir TABS PO</i>	1	
VIREAD TABS PO ( <i>tenofovir disoproxil fumarate</i> )	7		EPCLUSA PACK	2	SP; PA
ZIAGEN SOLN PO ( <i>abacavir sulfate</i> )	7		EPCLUSA TABS 50 MG-200 MG	2	SP; PA
ZIAGEN TABS PO ( <i>abacavir sulfate</i> )	7		EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplclusa; SP; PA
<i>zidovudine CAPS PO</i>	1		<i>lamivudine (hbv) TABS PO</i>	2	
<i>zidovudine SYRP PO</i>	1		MAVYRET TABS PO	4	PA: Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>zidovudine TABS PO</i>	1		PEGASYS SOLN	4	PA
Antiviral Combinations			VEMLIDY	4	SP; ST
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)	VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV	Herpes Agents		
PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV	<i>acyclovir CAPS PO</i>	1	
CMV Agents			<i>acyclovir SUSP PO</i>	1	
VALCYTE SOLR ( <i>valganciclovir hcl</i> )	7	QL(21 ML daily)	<i>acyclovir TABS PO 400 MG</i>	1	
VALCYTE TABS PO ( <i>valganciclovir hcl</i> )	7		<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)	<i>famciclovir PO</i>	1	
			SITAVIG TABS BU	3	PA
			<i>valacyclovir hcl PO 1 GM</i>	1	QL(4 EA daily)
			<i>valacyclovir hcl PO 500 MG</i>	1	QL(8 EA daily)
			VALTREX PO 1 GM ( <i>valacyclovir hcl</i> )	7	QL(4 EA daily)

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VALTREX PO 500 MG ( <i>valacyclovir hcl</i> )	7	QL(8 EA daily)	<i>labetalol hcl TABS PO</i> 100 MG, 200 MG, 300 MG	1	
ZOVIRAX SUSP PO ( <i>acyclovir</i> )	7		Beta Blockers Cardio-Selective		
Influenza Agents			<i>acebutolol hcl CAPS PO</i>	1	
<i>oseltamivir phosphate CAPS PO</i>	1	QL(10 EA per fill retail)	<i>atenolol TABS PO</i>	1	
<i>oseltamivir phosphate SUSR PO</i>	1	QL(75 ML daily; 5 Day(s) limit)	<i>betaxolol hcl PO</i>	1	
RELENZA DISKHALER	3	QL(20 EA per fill retail)	<i>bisoprolol fumarate PO</i>	1	QL(1 EA daily)
<i>rimantadine hydrochloride TABS PO</i>	1		BYSTOLIC PO ( <i>nebivolol hcl</i> )	7	
TAMIFLU CAPS PO ( <i>oseltamivir phosphate</i> )	7	QL(10 EA per fill retail)	LOPRESSOR TABS PO ( <i>metoprolol tartrate</i> )	7	
TAMIFLU SUSR PO ( <i>oseltamivir phosphate</i> )	7	QL(75 ML daily; 5 Day(s) limit)	<i>metoprolol succinate TB24 PO</i>	1	
Misc. Antivirals			<i>metoprolol tartrate TABS PO</i>	1	
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV	<i>nebivolol hcl PO</i>	1	
TPOXX (TECOVIRIMAT CAP 200 MG)	5		TENORMIN TABS PO ( <i>atenolol</i> )	7	
TPOXX CAPS	5	PV	TOPROL XL TB24 PO ( <i>metoprolol succinate</i> )	7	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>			Beta Blockers Non-Selective		
Alpha-Beta Blockers			(Sotalol Hcl) SORINE TABS PO	1	
<i>carvedilol PO 3.125 MG</i>	1	QL(2 EA daily)	BETAPACE AF PO ( <i>sotalol hcl (afib/afI)</i> )	7	
<i>carvedilol PO 6.25 MG, 12.5 MG, 25 MG</i>	1		BETAPACE TABS PO 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )	7	
<i>carvedilol phosphate PO</i>	1		CORGARD TABS PO 20 MG, 40 MG ( <i>nadolol</i> )	7	
COREG PO 3.125 MG ( <i>carvedilol</i> )	7	QL(2 EA daily)	HEMANGEOL SOLN PO	3	PA
COREG PO 6.25 MG, 12.5 MG, 25 MG ( <i>carvedilol</i> )	7		INDERAL LA CP24 PO ( <i>propranolol hcl</i> )	7	
COREG CR PO ( <i>carvedilol phosphate</i> )	7		INDERAL XL PO	3	
			INNOPRAN XL PO	3	
			<i>nadolol TABS PO 20 MG, 40 MG, 80 MG</i>	1	
			<i>pindolol TABS PO</i>	1	
			<i>propranolol hcl CP24 PO</i>	1	

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<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1		CARDIZEM LA TB24 ( <i>diltiazem hcl</i> )	7	
<i>propranolol hcl TABS PO</i>	1		CARDIZEM TABS PO 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> )	7	
<i>sotalol hcl (afib/af) PO</i>	1		<i>diltiazem hcl coated beads CP24 PO</i>	1	QL(1 EA daily)
<i>sotalol hcl TABS PO</i>	1		<i>diltiazem hcl extended release beads PO</i>	1	
<i>timolol maleate TABS PO 5 MG, 20 MG</i>	1	QL(2 EA daily)	<i>diltiazem hcl CP12 PO</i>	1	
<i>timolol maleate TABS PO 10 MG</i>	1	QL(6 EA daily)	<i>diltiazem hcl CP24 PO</i>	1	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>			<i>diltiazem hcl TABS PO</i>	1	
Calcium Channel Blockers			<i>diltiazem hcl TB24</i>	1	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 PO 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)	<i>felodipine PO 10 MG</i>	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER PO	1		<i>felodipine PO 2.5 MG, 5 MG</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER PO 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>isradipine CAPS PO</i>	1	
(Diltiazem Hcl) DILT-XR CP24 PO	1		<i>nicardipine hcl CAPS PO</i>	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>nifedipine CAPS PO</i>	1	
<i>amlodipine besylate TABS PO 5 MG, 10 MG</i>	1	QL(1 EA daily)	<i>nifedipine TB24 PO 30 MG, 60 MG</i>	1	
<i>amlodipine besylate TABS PO 2.5 MG</i>	1	QL(2 EA daily)	<i>nifedipine TB24 PO</i>	1	QL(1 EA daily)
CALAN SR TBCR PO 180 MG, 240 MG ( <i>verapamil hcl</i> )	7	QL(2 EA daily)	<i>nimodipine CAPS PO</i>	2	
CALAN SR TBCR PO 120 MG ( <i>verapamil hcl</i> )	7		<i>nimodipine SOLN PO</i>	3	
CARDIZEM CD CP24 PO ( <i>diltiazem hcl coated beads</i> )	7	QL(1 EA daily)	<i>nisoldipine PO</i>	2	
			NORVASC TABS PO 5 MG, 10 MG ( <i>amlodipine besylate</i> )	7	QL(1 EA daily)
			NORVASC TABS PO 2.5 MG ( <i>amlodipine besylate</i> )	7	QL(2 EA daily)
			PROCARDIA XL TB24 PO ( <i>nifedipine</i> )	7	QL(1 EA daily)
			TIAZAC PO ( <i>diltiazem hcl extended release beads</i> )	7	
			<i>verapamil hcl CP24 PO 360 MG</i>	2	QL(1 EA daily)
			<i>verapamil hcl CP24 PO 180 MG</i>	1	QL(2 EA daily)
			<i>verapamil hcl CP24 PO 100 MG, 200 MG, 300 MG</i>	2	

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<i>verapamil hcl CP24 PO 120 MG, 240 MG</i>	1	
<i>verapamil hcl TABS PO</i>	1	
<i>verapamil hcl TBCR PO 120 MG</i>	1	
<i>verapamil hcl TBCR PO 180 MG, 240 MG</i>	1	QL(2 EA daily)
VERELAN CP24 PO 180 MG ( <i>verapamil hcl</i> )	7	QL(2 EA daily)
VERELAN CP24 PO 120 MG, 240 MG ( <i>verapamil hcl</i> )	7	

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

Cardiac Glycosides		
(Digoxin) DIGITEK TABS PO 250 MCG	1	
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS PO 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS PO 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )	7	

### CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium PO</i>	2	PA
BIDIL PO ( <i>isosorbide dinitrate-hydralazine hcl</i> )	7	
ENTRESTO CPSP	3	QL(2 EA daily); PA
ENTRESTO TABS PO	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl PO</i>	1	
<i>sacubitril-valsartan TABS PO</i>	3	QL(2 EA daily); PA

### Impotence Agents

Drug Name	Drug Tier	Requirements/Limits
CIALIS PO 2.5 MG ( <i>tadalafil</i> )	7	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
CIALIS PO 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 PO</i>	1	Check Plan Documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil PO 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
<i>tadalafil PO 2.5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
VIAGRA PO ( <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
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	4	SP; PA
ORENITRAM MONTH 2 TEPK	4	SP; PA
ORENITRAM MONTH 3 TEPK	4	SP; PA
ORENITRAM TBCR	4	PA
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 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 TITRATION KIT POWD	4	QL(7 EA daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS PO	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 PO ( <i>tadalafil (pulmonary hypertension)</i> )	4	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA
TYVASO REFILL KIT SOLN IN	4	PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
TYVASO STARTER KIT SOLN IN	4	PA	<i>sildenafil citrate (pulmonary hypertension) TABS PO</i>	2	QL(3 EA daily); PA
TYVASO SOLN IN	4	PA	<i>tadalafil (pulmonary hypertension) TABS PO</i>	4	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA
VENTAVIS IN	4	PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
Pulmonary Hypertension - Endothelin Receptor Antagonists			UPTRAVI TITRATION TBPK	4	ST; PA
<i>ambrisentan PO</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
<i>bosentan TABS 62.5 MG</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	UPTRAVI TABS 200 MCG	4	ST; PA
<i>bosentan TABS 125 MG</i>	4	ST; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
LETAIRIS PO ( <i>ambrisentan</i> )	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA	ADEMPAS PO	4	PA
OPSUMIT	4	ST; PA			
TRACLEER TABS 62.5 MG ( <i>bosentan</i> )	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			
TRACLEER TABS 125 MG ( <i>bosentan</i> )	4	ST; PA			

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Drug Name	Drug Tier	Requirements/Limits
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN	3	QL(15 ML daily); ST
<i>ivabradine hcl TABS PO</i>	2	QL(2 EA daily); ST
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	4	QL(1 EA daily); PA
VYNDAQEL	4	QL(4 EA daily); PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil CAPS PO</i>	1	
<i>cefadroxil SUSR PO</i>	1	
<i>cefadroxil TABS PO</i>	1	
<i>cephalexin CAPS PO</i>	1	
<i>cephalexin SUSR PO</i>	1	
<b>Cephalosporins - 2nd Generation</b>		
CEFACTOR ER TB12 PO	3	
<i>cefaclor CAPS PO</i>	1	
<i>cefaclor SUSR PO 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR PO</i>	1	
<i>cefprozil TABS PO</i>	1	
<i>cefuroxime axetil TABS PO</i>	1	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir CAPS PO</i>	1	
<i>cefdinir SUSR PO</i>	1	
<i>cefixime CAPS PO</i>	1	
<i>cefixime SUSR PO</i>	1	
<i>cefpodoxime proxetil SUSR PO</i>	1	
<i>cefpodoxime proxetil TABS PO</i>	1	
SUPRAX CAPS PO ( <i>cefixime</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CHEW PO	3	
SUPRAX SUSR PO 500 MG/5ML	3	
SUPRAX SUSR PO 200 MG/5ML ( <i>cefixime</i> )	7	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN PO 30 MCG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN PO 0.03 MG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA PO	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET PO	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE PO 0.02 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE PO 0.03 MG-3 MG	5	PV

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(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY PO 0.03 MG-3 MG-0.451 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, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS PO 30 MCG-0.15 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOZIA 1/35 (28) PO 35 MCG-1 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) PO	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOZIA 1/35 (28) PO 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 PO 0.03 MG-0.15 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, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS PO 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA PO	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, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS PO 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE PO	5	PV
			(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA PO	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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 PO 1 MG-20 MCG-75 MG	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 PO 1 MG-20 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 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 PO 1.5 MG-30 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-0.5 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW PO	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-0.4 MG	5	PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE PO 25 MCG-0.8 MG-75 MG	5	PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE PO 35 MCG-0.4 MG	5	PV

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

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

Drug Name	Drug Tier	Requirements/Limits
YAZ PO ( <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 PO 1.5 MG	5	PV
ELLA PO	5	PV
<i>levonorgestrel (emergency oc) PO 1.5 MG</i>	5	PV
PLAN B ONE-STEP PO ( <i>levonorgestrel (emergency oc)</i> )	5	PV
Progestin Contraceptives - Injectable		

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Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PEF SYR)	5	Available through the Medical Benefit
<b>Progestin Contraceptives - Oral</b>		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL PO	5	PV
<i>norethindrone (contraceptive) PO</i>	5	PV
OPILL PO	5	PV
SLYND PO	5	PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
AGAMREE	4	SP; PA
<i>budesonide TB24 PO</i>	2	PA
CORTEF TABS PO ( <i>hydrocortisone</i> )	7	
<i>deflazacort SUSP PO</i>	4	PA
<i>deflazacort TABS PO</i>	4	PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX PO</i>	1	
<i>dexamethasone SOLN PO</i>	1	
<i>dexamethasone TABS PO</i>	1	
EMFLAZA SUSP PO ( <i>deflazacort</i> )	4	PA
EMFLAZA TABS PO ( <i>deflazacort</i> )	4	PA
<i>hydrocortisone TABS PO</i>	1	
MEDROL TABS PO	2	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS PO 4 MG, 8 MG, 16 MG ( <i>methylprednisolone</i> )	7	
MEDROL TBPK PO ( <i>methylprednisolone</i> )	7	
<i>methylprednisolone TABS PO</i>	1	
<i>methylprednisolone TBPK PO</i>	1	
PEDIAPRED SOLN PO ( <i>prednisolone sodium phosphate</i> )	7	
<i>prednisolone sodium phosphate SOLN PO 25 MG/5ML</i>	2	
<i>prednisolone sodium phosphate SOLN PO</i>	1	
<i>prednisolone sodium phosphate TBDP PO</i>	2	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN PO</i>	1	
<i>prednisone TABS PO</i>	1	
<i>prednisone TABS PO</i>	1	
<i>prednisone TBPK PO</i>	1	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate TABS PO</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN PO	1	
<i>benzonatate PO</i>	1	
HYCODAN SOLN PO ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )	7	

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<i>hydrocodone bitartrate-homatropine methylbromide SOLN PO</i>	1		ACTINEL PEDIATRIC LIQD PO	3	
Cough/Cold/Allergy Combinations			CODITUSSIN AC LIQD PO	2	
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN PO 10 MG/5ML-100 MG/5ML	1		ED BRON GP LIQD PO	2	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP PO	1		GILPHEX TR TABS PO 10 MG-388 MG	3	RX/OTC
(Guaifenesin-Codeine) TRYMINE CG LIQD PO 7.5 MG/5ML-225 MG/5ML	2		GILTUSS COUGH & COLD TABS PO	3	
(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD PO 10 MG/5ML-4 MG/5ML-15 MG/5ML	1		GILTUSS SINUS & CONGESTION TABS PO	3	RX/OTC
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		GLENMAX PEB LIQD PO	3	
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH, SM GUAIFENESIN/PSEUDOEPHEDRINE TB12 PO 600 MG-60 MG	1		<i>guaifenesin-codeine SOLN PO</i>	1	
(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS PO 400 MG-40 MG	1		<i>hydrocodone polistirex-chlorpheniramine polistirex SUER PO</i>	1	
			LOHIST-DM SYRP PO	2	
			MAR-COF BP PO	3	
			MAR-COF CG EXPECTORANT LIQD PO	3	
			MAXI-TUSS PE MAX LIQD PO	2	
			M-END PE LIQD PO	3	
			MUCINEX D TB12 PO ( <i>pseudoephedrine-guaifenesin</i> )	7	
			NEOTUSS PLUS LIQD PO	3	
			NINJACOF-XG LIQD PO	2	
			<i>promethazine &amp; phenylephrine SYRP PO</i>	1	QL(30 ML daily)
			<i>promethazine w/codeine SOLN PO</i>	1	QL(30 ML daily)
			<i>promethazine w/codeine SYRP PO</i>	1	QL(30 ML daily)
			<i>promethazine-dm SYRP PO</i>	1	QL(30 ML daily)
			PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	

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PSE-DEXCHLORPHEN-CHLOPHEDIANOL PO	2		SSKI SOLN PO <i>(potassium iodide expectorant)</i>	7	
<i>pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1		Misc. Respiratory Inhalants		
<i>pseudoephedrine-guaifenesin TB12 PO 600 MG-60 MG</i>	1		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
RYDEX PO	2		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
TUSNEL C SYRP PO	3		HYPERSAL NEBU	2	
TUSNEL PEDIATRIC LIQD PO 50 MG/5ML-5 MG/5ML-15 MG/5ML	3		HYPERSAL NEBU <i>(sodium chloride inhalant)</i>	7	
TUSNEL TABS PO	3		NEBUSAL NEBU	3	
VANACOF PO	2		<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1	
Expectorants			Mucolytics		
(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 PO 400 MG	1		<i>acetylcysteine SOLN</i>	1	
<i>guaifenesin TABS PO 400 MG</i>	1		<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<i>potassium iodide (expectorant) SOLN PO</i>	1		Acne Products		
			(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
			(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
			(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
			(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
			(Erythromycin (Acne Aid)) ERY PADS	1	
			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 10 MG	1	QL(4 EA daily; 150 Day(s) limit)

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(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 20 MG	1	QL(5 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, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 40 MG	1	QL(2 EA daily; 150 Day(s) limit)	<i>adapalene CREA</i>	1	QL(45 GM per fill retail)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE PO 30 MG	1	QL(3 EA daily; 150 Day(s) limit)	<i>adapalene GEL 0.1 %</i>	1	QL(45 GM per fill retail); RX/OTC
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1		<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		ATRALIN GEL ( <i>tretinoin</i> )	7	Limit 45gms per month; QL(1.5 GM daily)
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )	7	QL(2 GM daily)
(Tretinoin) AVITA CREA 0.025 %	1		<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
(Tretinoin) AVITA GEL 0.025 %	1		CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )	7	
ABSORICA PO 10 MG, 25 MG ( <i>isotretinoin</i> )	7	QL(4 EA daily; 150 Day(s) limit)	CLINDAGEL GEL ( <i>clindamycin phosphate (topical)</i> )	7	
ABSORICA PO 20 MG ( <i>isotretinoin</i> )	7	QL(5 EA daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) FOAM</i>	1	
ABSORICA PO 35 MG, 40 MG ( <i>isotretinoin</i> )	7	QL(2 EA daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) GEL</i>	1	
ABSORICA PO 30 MG ( <i>isotretinoin</i> )	7	QL(3 EA daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) LOTN</i>	1	
ACZONE 5 % ( <i>dapsone (topical)</i> )	7	PA	<i>clindamycin phosphate (topical) SOLN</i>	1	
ACZONE 7.5 % ( <i>dapsone (topical)</i> )	7	QL(2 GM daily); PA	<i>clindamycin phosphate (topical) SWAB</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
			<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
			<i>clindamycin phosphate-tretinoin</i>	2	QL(1 GM daily)
			<i>dapsone (topical) 5 %</i>	1	PA

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<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily); PA	PLEXION CLEANSER LIQD ( <i>sulfacetamide sodium w/ sulfur</i> )	7	
DIFFERIN CREA ( <i>adapalene</i> )	7	QL(45 GM per fill retail)	PLEXION CREA ( <i>sulfacetamide sodium w/ sulfur</i> )	7	
DIFFERIN GEL 0.3 % ( <i>adapalene</i> )	7	QL(45 GM per fill retail; 135 per fill mail)	PLEXION LOTN ( <i>sulfacetamide sodium w/ sulfur</i> )	7	
DIFFERIN GEL 0.1 % ( <i>adapalene</i> )	7	QL(45 GM per fill retail); RX/OTC	RETIN-A MICRO ( <i>tretinoin microsphere</i> )	7	Limit 20gms per month; QL(0.67 GM daily)
DIFFERIN LOTN	1	QL(1.97 ML daily)	RETIN-A MICRO PUMP 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	7	Limit 20gms per month; QL(0.67 GM daily)
EPIDUO FORTE GEL ( <i>adapalene-benzoyl peroxide</i> )	7	QL(1.5 GM daily); PA	RETIN-A CREA ( <i>tretinoin</i> )	7	
EPIDUO GEL ( <i>adapalene-benzoyl peroxide</i> )	7	Limit 45gms per month; QL(1.5 GM daily)	RETIN-A GEL ( <i>tretinoin</i> )	7	
ERYGEL GEL ( <i>erythromycin (acne aid)</i> )	7		<i>sulfacetamide sodium (acne)</i>	1	
<i>erythromycin (acne aid) GEL</i>	1		<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	1	
EVOCLIN FOAM ( <i>clindamycin phosphate (topical)</i> )	7		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	
<i>isotretinoin PO 20 MG</i>	1	QL(5 EA daily; 150 Day(s) limit)	SULFACETAMIDE-SULFUR IN UREA EMUL	2	
<i>isotretinoin PO 30 MG</i>	1	QL(3 EA daily; 150 Day(s) limit)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>isotretinoin PO 35 MG, 40 MG</i>	1	QL(2 EA daily; 150 Day(s) limit)	<i>tretinoin microsphere 0.08 %</i>	2	PA
<i>isotretinoin PO 10 MG, 25 MG</i>	1	QL(4 EA daily; 150 Day(s) limit)	<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 GM daily)
KLARON ( <i>sulfacetamide sodium (acne)</i> )	7		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
			<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	

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<i>tretinoin GEL 0.05 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 GM per fill retail)
Antibiotics - Topical		
CENTANY OINT	2	
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	
<i>ciclopirox SHAM</i>	1	
<i>ciclopirox SOLN</i>	1	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
<i>econazole nitrate CREA</i>	1	
ECOZA FOAM	3	Limit 70gms per month; QL(2.34 GM daily)

Drug Name	Drug Tier	Requirements/Limits
ERTACZO	4	PA
EXELDERM CREA ( <i>sulconazole nitrate</i> )	2	
EXELDERM SOLN	2	
EXODERM	2	
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)
<i>ketoconazole (topical) FOAM</i>	2	
<i>ketoconazole (topical) SHAM 2 %</i>	1	
LOPROX CREA ( <i>ciclopirox olamine</i> )	7	
LOPROX SHAM ( <i>ciclopirox</i> )	7	
LOPROX SUSP ( <i>ciclopirox olamine</i> )	7	
<i>naftifine hcl CREA 2 %</i>	1	
<i>naftifine hcl CREA 1 %</i>	2	
<i>naftifine hcl GEL 2 %</i>	2	
<i>nystatin (topical) CREA</i>	1	
<i>nystatin (topical) OINT</i>	1	
<i>nystatin (topical) POWD EX</i>	1	
<i>nystatin-triamcinolone CREA</i>	1	
<i>nystatin-triamcinolone OINT</i>	1	
<i>oxiconazole nitrate CREA</i>	2	
OXISTAT LOTN	3	
<i>sulconazole nitrate CREA</i>	2	
<i>sulconazole nitrate SOLN</i>	1	
VYTONE 1.9 %-1 % ( <i>iodoquinol-hydrocortisone in aloe vehicle</i> )	7	
Anti-inflammatory Agents - Topical		

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(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	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) EX</i>	2	PA
<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)
<i>fluorouracil (topical) CREA 5 %</i>	2	
<i>fluorouracil (topical) SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PANRETIN	3	PA
VALCHLOR	4	ST; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
<i>acitretin PO 17.5 MG</i>	1	
<i>acitretin PO 25 MG</i>	1	QL(2 EA daily)
<i>acitretin PO 10 MG</i>	1	QL(1 EA daily)
<i>calcipotriene CREA</i>	1	QL(5 GM daily)
<i>calcipotriene FOAM</i>	4	QL(4 GM daily)
CALCIPOTRIENE FOAM	4	QL(4 GM daily)
<i>calcipotriene OINT</i>	1	QL(5 GM daily)
<i>calcipotriene SOLN</i>	1	
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.34 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA

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COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA	STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ML per 45 day(s) retail); SP; PA
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA	<i>tazarotene</i> CREA	1	QL(1 GM daily)
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ML daily); SP; PA	<i>tazarotene</i> GEL	1	QL(1 GM daily)
DOVONEX CREA ( <i>calcipotriene</i> )	7	QL(5 GM daily)	TAZORAC CREA ( <i>tazarotene</i> )	7	QL(1 GM daily)
<i>methoxsalen rapid PO</i>	2		TAZORAC GEL ( <i>tazarotene</i> )	7	QL(1 GM daily)
SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); PA	TREMFYA SOAJ 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA
SKYRIZI SOSY	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); PA	TREMFYA SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
SORILUX FOAM	4	QL(4 GM daily)	TREMFYA SOSY 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA	VECTICAL ( <i>calcitriol</i> ( <i>topical</i> ))	2	Limit 100gms per month; QL(3.34 GM daily)
			Antiseborrheic Products		

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OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> )	7		(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	2	
OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )	7		(Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.1 %, 0.5 %	1	
<i>selenium sulfide</i> LOTN 2.5 %	1		<i>alclometasone dipropionate</i> CREA	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		<i>alclometasone dipropionate</i> OINT	1	
<i>sulfacetamide sodium</i> LIQD	1		<i>amcinonide</i> OINT	3	
Antivirals - Topical			APEXICON E CREA	2	
<i>acyclovir topical</i> CREA	1	QL(0.17 GM daily); PA	<i>betamethasone dipropionate (topical)</i> CREA	1	
<i>acyclovir topical</i> OINT	1	QL(1 GM daily)	<i>betamethasone dipropionate (topical)</i> LOTN	1	
ZOVIRAX CREA ( <i>acyclovir topical</i> )	7	QL(0.17 GM daily); PA	<i>betamethasone dipropionate (topical)</i> OINT	1	
ZOVIRAX OINT ( <i>acyclovir topical</i> )	7	QL(1 GM daily)	<i>betamethasone dipropionate augmented</i> CREA	1	
Burn Products			<i>betamethasone dipropionate augmented</i> GEL 0.05 %	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone dipropionate augmented</i> LOTN	1	
<i>mafenide acetate</i> PACK	2		<i>betamethasone dipropionate augmented</i> OINT	1	
SILVADENE ( <i>silver sulfadiazine</i> )	7		<i>betamethasone valerate</i> CREA	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone valerate</i> FOAM	2	
SULFAMYLON CREA	3		<i>betamethasone valerate</i> LOTN	1	
Corticosteroids - Topical			<i>betamethasone valerate</i> OINT	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1		<i>calcipotriene-betamethasone dipropionate</i> OINT	2	QL(2 GM daily); ST
(Clobetasol Propionate Emulsion) TOVET	2				
(Clobetasol Propionate) CLODAN SHAM	1				
(Desonide) DESRX GEL	2				
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	2				
(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	1				

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		SYNALAR OINT ( <i>fluocinolone acetonide</i> )	7	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1		SYNALAR SOLN ( <i>fluocinolone acetonide</i> )	7	
<i>hydrocortisone (topical) LOTN 2 %</i>	2		TOPICORT CREA ( <i>desoximetasone</i> )	7	
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		TOPICORT GEL ( <i>desoximetasone</i> )	7	
<i>hydrocortisone (topical) SOLN 2.5 %</i>	2		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		TRIDESILON CREA 0.05 % ( <i>desonide</i> )	7	
<i>hydrocortisone valerate CREA</i>	1		ULTRAVATE LOTN	3	ST; PA
<i>hydrocortisone valerate OINT</i>	1		VANOS CREA ( <i>fluocinonide</i> )	7	
KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	7		Eczema Agents		
LOCOID LIPOCREAM	2		DUPIXENT SOAJ 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<i>mometasone furoate CREA</i>	1		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<i>mometasone furoate OINT</i>	1		Enzymes - Topical		
<i>mometasone furoate SOLN</i>	1		SANTYL OINT	3	
PRAMOSONE LOTN	3		Immunomodulating Agents - Topical		
PRAMOSONE OINT 2.5 %-1 %	2		<i>imiquimod 5 %</i>	1	
PRAMOSONE OINT 1 %-1 %	3		Immunosuppressive Agents - Topical		
SYNALAR CREA ( <i>fluocinolone acetonide</i> )	7				

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ELIDEL ( <i>pimecrolimus</i> )	7	QL(60 GM per fill retail)
<i>pimecrolimus</i>	1	QL(60 GM per fill retail)
PROTOPIC OINT 0.1 % ( <i>tacrolimus (topical)</i> )	7	QL(2 GM daily); AL(At least 15 yrs old)
PROTOPIC OINT 0.03 % ( <i>tacrolimus (topical)</i> )	7	QL(2 GM daily); AL(At least 2 yrs old)
<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-SYMP TOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	2	
<i>podofilox SOLN</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
<i>salicylic acid SOLN 26 %</i>	2	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
LIDODERM PTCH ( <i>lidocaine</i> )	7	QL(3 EA daily)
Misc. Topical		

Drug Name	Drug Tier	Requirements/Limits
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) PO</i>	2	QL(1 EA daily); PA
FINACEA FOAM	3	
FINACEA GEL ( <i>azelaic acid</i> )	7	
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
METROCREAM CREA ( <i>metronidazole (topical)</i> )	7	
METROGEL GEL 1 % ( <i>metronidazole (topical)</i> )	7	
METROLOTION LOTN ( <i>metronidazole (topical)</i> )	7	QL(60 ML per fill retail)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)
RHOFADE	3	ST; PA
SOOLANTRA ( <i>ivermectin (rosacea)</i> )	7	QL(1.5 GM daily); PA
Scabicides & Pediculicides		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	1		FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ELIMITE CREA ( <i>permethrin</i> )	7	QL(60 GM per fill retail)	KETONE TEST STRP	2	QL(50 EA per fill retail)
<i>ivermectin (pediculicide)</i>	1		KETOSTIX STRP	2	QL(50 EA per fill retail)
<i>malathion</i>	2		ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)	ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
SKLICE ( <i>ivermectin (pediculicide)</i> )	7		ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>spinosad</i>	2	AL(At least 4 yrs old)	ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
Wound Care Products			PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
REGRANEX	3	QL(15 GM per fill retail)	PRECISION XTRA KETONE	2	QL(0.36 EA daily)
<b>DIAGNOSTIC PRODUCTS</b>			SPEEDY SWAB COVID-19/FLU HOME	5	PV
Diagnostic Drugs			<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
METOPIRONE PO	3		Digestive Enzymes		
Diagnostic Tests			CREON CPEP PO	2	
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month			
COVID-19 FLU A&B 3-IN-1 TEST	5	PV			
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV			
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CPEP PO 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 PO 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	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12 PO</i>	1	QL(2 EA daily)
<i>acetazolamide TABS PO 250 MG</i>	1	QL(4 EA daily)
<i>acetazolamide TABS PO 125 MG</i>	1	
<i>methazolamide TABS PO</i>	1	
Diuretic Combinations		
ALDACTAZIDE PO ( <i>spironolactone &amp; hydrochlorothiazide</i> )	7	
<i>amiloride &amp; hydrochlorothiazide PO</i>	1	
MAXZIDE-25 TABS PO ( <i>triamterene &amp; hydrochlorothiazide</i> )	7	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
MAXZIDE TABS PO ( <i>triamterene &amp; hydrochlorothiazide</i> )	7	QL(1 EA daily)
<i>spironolactone &amp; hydrochlorothiazide PO</i>	1	
<i>triamterene &amp; hydrochlorothiazide CAPS PO 25 MG-37.5 MG</i>	1	
<i>triamterene &amp; hydrochlorothiazide TABS PO 25 MG-37.5 MG</i>	1	QL(2 EA daily)
<i>triamterene &amp; hydrochlorothiazide TABS PO 50 MG-75 MG</i>	1	QL(1 EA daily)
Loop Diuretics		
<i>bumetanide TABS PO 2 MG</i>	1	QL(5 EA daily)
<i>bumetanide TABS PO 0.5 MG, 1 MG</i>	1	
BUMEX TABS PO 0.5 MG ( <i>bumetanide</i> )	7	
<i>ethacrynic acid PO</i>	2	ST
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>furosemide TABS PO</i>	1	
LASIX TABS PO ( <i>furosemide</i> )	7	
<i>torseamide TABS PO 5 MG, 10 MG, 20 MG</i>	1	
<i>torseamide TABS PO 100 MG</i>	1	QL(2 EA daily)
Potassium Sparing Diuretics		
ALDACTONE TABS PO ( <i>spironolactone</i> )	7	
<i>amiloride hcl TABS PO</i>	1	
<i>spironolactone TABS PO</i>	1	
<i>triamterene CAPS PO</i>	2	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone PO 25 MG, 50 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DIURIL SUSP PO	3	
<i>hydrochlorothiazide CAPS PO</i>	1	
<i>hydrochlorothiazide TABS PO</i>	1	
<i>indapamide TABS PO 1.25 MG, 2.5 MG</i>	1	
<i>metolazone PO</i>	1	
THALITONE PO	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
ACTONEL TABS PO 150 MG ( <i>risedronate sodium</i> )	7	Limit 1 per month; QL(0.04 EA daily)
ACTONEL TABS PO 35 MG ( <i>risedronate sodium</i> )	7	Limit 4 for 28 days; QL(0.15 EA daily)
<i>alendronate sodium SOLN PO</i>	2	
<i>alendronate sodium TABS PO 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 EA daily)
<i>alendronate sodium TABS PO 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	4	PA
FOSAMAX TABS PO 70 MG ( <i>alendronate sodium</i> )	7	Limit 4 per 28 days; QL(0.15 EA daily)
<i>ibandronate sodium TABS PO</i>	1	Limit 1 per month; QL(0.04 EA daily)
MIACALCIN IJ ( <i>calcitonin (salmon)</i> )	4	PA
NATPARA	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS PO 35 MG</i>	1	Limit 4 for 28 days; QL(0.15 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TABS PO 5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>risedronate sodium TABS PO 150 MG</i>	1	Limit 1 per month; QL(0.04 EA daily)
<i>teriparatide SOPN</i>	4	SP; PA
TYMLOS	4	PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS PO	1	QL(15 EA per 30 day(s) retail)
<i>clomiphene citrate TABS PO</i>	1	QL(15 EA per 30 day(s) retail)
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormone Releasing Hormones (GHRH)		
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 PO ( <i>raloxifene hcl</i> )	5	PV
OSPHENA PO	3	QL(1 EA daily)
<i>raloxifene hcl PO</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		

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

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<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS PO 0.1 MG</i>	1	
<i>desmopressin acetate TABS PO 0.2 MG</i>	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
MIFEPREX ( <i>mifepristone</i> )	5	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline PO</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	PA
<i>octreotide acetate SOSY</i>	4	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	4	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPB	4	PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS PO 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS PO	1	

Drug Name	Drug Tier	Requirements/Limits
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI PO 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI PO	1	
ACTIVELLA TABS PO 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	7	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 EA daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol &amp; norethindrone acetate TABS PO</i>	1	
<i>norethindrone acetate-ethinyl estradiol PO</i>	1	
ORIAHNN	4	PA
PREMPHASE PO	2	QL(1 EA daily)
PREMPRO PO	2	QL(1 EA daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	7	Limit 4 per 28 days; QL(0.15 EA daily)
DELESTROGEN ( <i>estradiol valerate</i> )	7	QL(5 ML per fill retail)
DIVIGEL GEL ( <i>estradiol</i> )	7	
ELESTRIN GEL	3	QL(1.74 GM daily)
ESTRACE TABS PO ( <i>estradiol</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
<i>estradiol GEL</i>	1	
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
<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 PO</i>	1	
ESTROGEL GEL ( <i>estradiol</i> )	7	Limit 50gms per month; QL(1.67 GM daily)
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST PO 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
MENEST PO 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 PO	2	QL(1 EA daily)
VIVELLE-DOT PTTW ( <i>estradiol</i> )	7	QL(0.29 EA daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS PO</i>	1	
<i>ciprofloxacin SUSR PO</i>	1	
CIPRO SUSR PO	2	
CIPRO TABS PO 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	7	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS PO</i>	1	QL(14 EA per fill retail)
<i>moxifloxacin hcl TABS PO</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin PO 300 MG</i>	1	
<i>ofloxacin PO 400 MG</i>	2	QL(28 EA per 90 day(s) retail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 10 MG	4	QL(1 EA daily); PA
OCALIVA 5 MG	4	ST; QL(1 EA daily); PA
Gallstone Solubilizing Agents		
CHENODAL PO	4	PA
URSO 250 TABS PO ( <i>ursodiol</i> )	7	
URSO FORTE TABS PO ( <i>ursodiol</i> )	7	
<i>ursodiol CAPS PO</i>	1	
<i>ursodiol TABS PO</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA PO ( <i>lubiprostone</i> )	7	
<i>lubiprostone PO</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2	
<i>metoclopramide hcl TABS PO</i>	1	
<i>metoclopramide hcl TBDP PO</i>	2	
REGLAN TABS PO ( <i>metoclopramide hcl</i> )	7	
Inflammatory Bowel Agents		
APRISO CP24 ( <i>mesalamine</i> )	7	QL(4 EA daily)
ASACOL HD TBEC PO ( <i>mesalamine</i> )	7	
AZULFIDINE EN-TABS TBEC PO ( <i>sulfasalazine</i> )	7	QL(8 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE TABS PO ( <i>sulfasalazine</i> )	7	QL(8 EA daily)
<i>balsalazide disodium</i> CAPS PO	1	QL(9 EA daily; 280 EA per fill retail)
COLAZAL CAPS PO ( <i>balsalazide disodium</i> )	7	QL(9 EA daily; 280 EA per fill retail)
DELZICOL CPDR PO ( <i>mesalamine</i> )	7	QL(6 EA daily)
DIPENTUM PO	3	
<i>mesalamine</i> CP24	1	QL(4 EA daily)
<i>mesalamine</i> CPCR PO	2	QL(8 EA daily); PA
<i>mesalamine</i> CPDR PO	1	QL(6 EA daily)
<i>mesalamine</i> ENEM PR	1	QL(60 ML daily)
<i>mesalamine</i> SUPP PR	2	QL(1 EA daily)
<i>mesalamine</i> TBEC PO 1.2 GM	2	QL(4 EA daily)
<i>mesalamine</i> TBEC PO 800 MG	1	
PENTASA CPCR PO 250 MG	3	PA
SFROWASA ENEM PR	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; 1 package(s) per fill retail; SP; PA
<i>sulfasalazine</i> TABS PO	1	QL(8 EA daily)
<i>sulfasalazine</i> TBEC PO	1	QL(8 EA daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC PO	1	
<i>lactulose</i> ( <i>encephalopathy</i> ) PO	1	
Irritable Bowel Syndrome (IBS) Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl</i> PO	2	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i> PO	4	
ENTEREG PO ( <i>alvimopan</i> )	4	
MOVANTIK PO	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS PO	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate</i> ( <i>phosphate binder</i> ) CAPS PO	1	
<i>calcium acetate</i> ( <i>phosphate binder</i> ) TABS PO	1	RX/OTC
FOSRENOL PACK	3	
<i>lanthanum carbonate</i> CHEW PO 750 MG	2	QL(4 EA daily)
<i>lanthanum carbonate</i> CHEW PO 1000 MG	2	QL(3 EA daily)
<i>lanthanum carbonate</i> CHEW PO 500 MG	2	
RENVELA PACK 2.4 GM ( <i>sevelamer carbonate</i> )	7	QL(5 EA daily)
RENVELA PACK 0.8 GM ( <i>sevelamer carbonate</i> )	7	
RENVELA TABS PO ( <i>sevelamer carbonate</i> )	7	
<i>sevelamer carbonate</i> PACK 0.8 GM	1	
<i>sevelamer carbonate</i> PACK 2.4 GM	1	QL(5 EA daily)
<i>sevelamer carbonate</i> TABS PO	1	
<i>sevelamer hcl</i> PO 800 MG	2	QL(16 EA daily); PA

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Drug Name	Drug Tier	Requirements/Limits
<b>sevelamer hcl PO 400 MG</b>	1	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Acidifiers		
K-PHOS NO 2 PO	2	
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK PO	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN PO	1	RX/OTC
CYTRA-3 SYRP PO	3	
ORACIT PO	3	
ORAL CITRATE PO	3	
<i>pot &amp; sod citrates w/citric ac SOLN PO</i>	1	
<i>potassium citrate (alkalinizer) TBCR PO</i>	1	
<i>potassium citrate-citric acid SOLN PO</i>	1	RX/OTC
UROCIT-K 10 TBCR PO ( <i>potassium citrate (alkalinizer)</i> )	7	
UROCIT-K 15 TBCR PO ( <i>potassium citrate (alkalinizer)</i> )	7	
UROCIT-K 5 TBCR PO ( <i>potassium citrate (alkalinizer)</i> )	7	
Cystinosis Agents		

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

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Drug Name	Drug Tier	Requirements/Limits
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid PO</i>	1	
Gout Agents		
<i>allopurinol PO 100 MG</i>	1	QL(3 EA daily)
<i>allopurinol PO 300 MG</i>	1	QL(2 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS PO</i>	1	
COLCRYS TABS PO ( <i>colchicine</i> )	7	
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
ULORIC 40 MG ( <i>febuxostat</i> )	7	QL(2 EA daily)
ULORIC 80 MG ( <i>febuxostat</i> )	7	QL(1 EA daily)
ZYLOPRIM PO 100 MG ( <i>allopurinol</i> )	7	QL(3 EA daily)
ZYLOPRIM PO 300 MG ( <i>allopurinol</i> )	7	QL(2 EA daily)
Uricosurics		
<i>probenecid PO</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ADYNOVATE 750 UNIT, 1500 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

Drug Name	Drug Tier	Requirements/Limits
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX 4000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BALFAXAR	4	SP; PA
BENEFIX KIT 500 UNIT, 1000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BENEFIX KIT 250 UNIT, 2000 UNIT, 3000 UNIT	4	SP; PA
CORIFACT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FIBRYGA	4	PA	KOGENATE FS KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMLIBRA	4	SP; PA	KOVALTRY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMOFIL M SOLR 1700 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOSEVEN RT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IDELVION	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	4	SP; PA
IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	OBIZUR	4	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate) SAJAZIR SOSY	4	PA
REBINYN 3000 UNIT	4	SP; PA	FIRAZYR SOSY ( <i>icatibant acetate</i> )	4	PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOSY</i>	4	PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Complement Inhibitors		
RIASTAP	4	PA	FABHALTA	4	PA
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HAEGARDA SOLR SC	4	SP; PA
TRETEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Hemataologic - Tyrosine Kinase Inhibitors		
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 150 MG	4	PA
WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 100 MG	4	ST; PA
XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Hematorheologic Agents		
XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>pentoxifylline PO</i>	1	QL(3 EA daily)
Bradykinin B2 Receptor Antagonists			Human Protein C		
			CEPROTIN	4	PA
			Platelet Aggregation Inhibitors		
			AGRYLIN PO 0.5 MG ( <i>anagrelide hcl</i> )	7	
			<i>anagrelide hcl PO</i>	1	
			<i>aspirin-dipyridamole PO</i>	2	
			BRILINTA PO	3	QL(2 EA daily)
			<i>cilostazol PO</i>	1	QL(2 EA daily)
			<i>clopidogrel bisulfate PO</i>	1	QL(2 EA daily)
			<i>dipyridamole PO</i>	1	
			EFFIENT PO ( <i>prasugrel hcl</i> )	7	
			PLAVIX PO 75 MG ( <i>clopidogrel bisulfate</i> )	7	QL(2 EA daily)
			<i>prasugrel hcl PO</i>	1	
			<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
			Agents for Gaucher Disease		
			(Miglustat) YARGESA	4	ST; PA
			CERDELGA	4	PA
			<i>miglustat</i>	4	ST; PA

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Drug Name	Drug Tier	Requirements/Limits
ZAVESCA ( <i>miglustat</i> )	4	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
<i>glutamine (sickle cell)</i>	2	SP; PA
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 PO 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 PO 400 MCG, 800 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 PO 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS PO 1 MG	1	RX/OTC
<i>folic acid TABS PO 1 MG</i>	1	RX/OTC
<i>folic acid TABS PO 400 MCG, 800 MCG</i>	5	PV

Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Growth Factors		
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 12.5 MG	4	QL(1 EA daily); PA
PROMACTA PACK 25 MG	4	QL(1 EA daily); PA
PROMACTA TABS PO	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, 40000 UNIT/ML	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2	
<i>aminocaproic acid TABS PO</i>	2	
<i>tranexamic acid TABS PO</i>	1	QL(6 EA daily; 5 Day(s) limit)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Barbiturate Hypnotics		
<i>phenobarbital ELIX PO</i>	1	
<i>phenobarbital TABS PO</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR PO ( <i>zolpidem tartrate</i> )	7	QL(1 EA daily)
AMBIEN TABS PO ( <i>zolpidem tartrate</i> )	7	QL(1 EA daily)

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DORAL PO ( <i>quazepam</i> )	3		(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT PO	5	PV
<i>estazolam PO</i>	1		(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR PO 236 GM	5	QL(4000 ML per fill retail); PV
<i>eszopiclone PO</i>	1	QL(1 EA daily)	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK PO	5	PV
<i>flurazepam hcl PO 30 MG</i>	3	QL(1 EA daily)	GOLYTELY SOLR PO ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	5	QL(4000 ML per fill retail); PV
<i>flurazepam hcl PO 15 MG</i>	3	QL(2 EA daily)	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid PO</i>	5	PV
HALCION PO 0.25 MG ( <i>triazolam</i> )	7	QL(1 EA daily)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO 236 GM</i>	5	QL(4000 ML per fill retail); PV
LUNESTA PO ( <i>eszopiclone</i> )	7	QL(1 EA daily)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride PO</i>	5	PV
<i>midazolam hcl SYRP PO</i>	2		PEG-PREP PO	5	QL(1 EA per fill retail); PV
<i>quazepam PO</i>	3		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
RESTORIL PO 22.5 MG, 30 MG ( <i>temazepam</i> )	7	QL(1 EA daily)	SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	5	PV
RESTORIL PO 15 MG ( <i>temazepam</i> )	7	QL(2 EA daily)	Laxatives - Miscellaneous		
RESTORIL PO 7.5 MG ( <i>temazepam</i> )	7		(Lactulose) CONSTULOSE SOLN PO 10 GM/15ML	1	
<i>temazepam PO 7.5 MG</i>	1		Orexin Receptor Antagonists		
<i>temazepam PO 15 MG</i>	1	QL(2 EA daily)	BELSOMRA	2	QL(1 EA daily); ST
<i>temazepam PO 22.5 MG, 30 MG</i>	1	QL(1 EA daily)	Selective Melatonin Receptor Agonists		
<i>triazolam PO 0.25 MG</i>	1	QL(1 EA daily)	<i>ramelteon PO</i>	1	QL(1 EA daily); ST
<i>triazolam PO 0.125 MG</i>	1		ROZEREM PO ( <i>ramelteon</i> )	7	QL(1 EA daily); ST
<i>zaleplon PO</i>	1	QL(1 EA daily)	<b>LAXATIVES - Bowel Treatment Drugs</b>		
<i>zolpidem tartrate TABS PO</i>	1	QL(1 EA daily)	Laxative Combinations		
<i>zolpidem tartrate TBCR PO</i>	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD PO	1	Limited to 510 Gm per month; QL(17.6 GM daily)	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C- LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, 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 PO	5	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>lactulose SOLN PO</i>	1				
MIRALAX POWD PO (polyethylene glycol 3350)	7	Limited to 510 Gm per month; QL(17.6 GM daily)			
<i>polyethylene glycol 3350 POWD PO</i>	1	Limited to 510 Gm per month; QL(17.6 GM daily)			
Saline Laxatives					
OSMOPREP PO	5	PV			
Stimulant Laxatives					
			(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 PR	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
<i>bisacodyl SUPP PR</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>azithromycin SUSR PO</i>	1	
			<i>azithromycin TABS PO 250 MG</i>	1	QL(6 EA per fill retail)
			<i>azithromycin TABS PO 500 MG</i>	1	QL(3 EA daily)
			<i>azithromycin TABS PO 600 MG</i>	1	QL(10 EA per fill retail)
<i>bisacodyl TBEC PO</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	ZITHROMAX TRI-PAK TABS PO ( <i>azithromycin</i> )	7	QL(3 EA daily)
			ZITHROMAX Z-PAK TABS PO ( <i>azithromycin</i> )	7	QL(6 EA per fill retail)
			ZITHROMAX PACK PO	2	
			ZITHROMAX SUSR PO ( <i>azithromycin</i> )	7	
			ZITHROMAX TABS PO 500 MG ( <i>azithromycin</i> )	7	QL(3 EA daily)
			ZITHROMAX TABS PO 250 MG ( <i>azithromycin</i> )	7	QL(6 EA per fill retail)
DULCOLAX PINK LAXATIVE TBEC PO ( <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	Clarithromycin		
			<i>clarithromycin SUSR PO</i>	2	
			<i>clarithromycin TABS PO</i>	1	
			<i>clarithromycin TB24 PO</i>	1	QL(14 EA per fill retail)
DULCOLAX SUPP PR ( <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	Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC PO	1	
			(Erythromycin Ethylsuccinate) E.E.S. 400 TABS PO	2	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS PO 250 MG	1	
			E.E.S. GRANULES SUSR PO ( <i>erythromycin ethylsuccinate</i> )	7	
			ERYPED 200 SUSR PO ( <i>erythromycin ethylsuccinate</i> )	7	
			ERYPED 400 SUSR PO ( <i>erythromycin ethylsuccinate</i> )	7	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>					
Azithromycin					
<i>azithromycin PACK PO</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base CPEP PO</i>	2	
<i>erythromycin base TABS PO</i>	1	
<i>erythromycin base TBEC PO</i>	1	
<i>erythromycin ethylsuccinate SUSR PO</i>	1	
<i>erythromycin ethylsuccinate TABS PO</i>	2	
Fidaxomicin		
DIFICID TABS	3	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX TROPICAL 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)
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV

Drug Name	Drug Tier	Requirements/Limits
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX PLUS 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)
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUB/RIBBED/STUDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	5	PV	TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUB/SPERMICIDE XL 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)	TRUSTEX LUBRICATED EX LARGE 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)	TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ENZ 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 MAGNUM 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 MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN 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 LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			

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

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BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIGINAL U/F	2	Available through Mail Order; QL(6.67 EA daily)	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE SHORT U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
BD VEO INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD VEO INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC

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GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	RX/OTC
POLY HUB NEEDLE	2	RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	RX/OTC
ADULT MASK DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	RX/OTC
AEROCHAMBER MV MISC	2	RX/OTC	AEROVENT PLUS DEVI	2	RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	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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BREATHE COMFORT CHAMBER/ADULT DEVI	2	RX/OTC	EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	RX/OTC	EASY FLOW WHITE/BLUE DEVI	2	RX/OTC
BREATHE EASE LARGE DEVI	2	RX/OTC	EASY FLOW WHITE/GREEN DEVI	2	RX/OTC
BREATHE EASE MEDIUM DEVI	2	RX/OTC	EASY FLOW WHITE/PINK DEVI	2	RX/OTC
BREATHE EASE SMALL DEVI	2	RX/OTC	EASY FLOW WHITE/WHITE DEVI	2	RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	RX/OTC	EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	RX/OTC
CO MONITOR DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	RX/OTC	FLEXICHAMBER DEVI	2	RX/OTC
COMPACT SPACE CHAMBER DEVI	2	RX/OTC	IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC
EASIVENT MASK LARGE MISC	2	RX/OTC	IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC
EASIVENT MASK MEDIUM MISC	2	RX/OTC	INSPIRACHAMBER/LARGE DEVI	2	RX/OTC
EASIVENT MASK SMALL MISC	2	RX/OTC	INSPIRACHAMBER/MEDIUM DEVI	2	RX/OTC
EASIVENT MISC	2	RX/OTC	INSPIRACHAMBER/MOUTHPIECE DEVI	2	RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC	INSPIRACHAMBER/SMALL DEVI	2	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC	INSPIREASE MISC	2	RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC	MICROCHAMBER DEVI	2	RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC	MICROCHAMBER MISC	2	RX/OTC
			MICROSPACER MISC	2	RX/OTC
			NEBULIZER CUP/TUBING DEVI	2	RX/OTC
			OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE FLOW SPIROMETER DEVI	2	RX/OTC	SPIRO PD DEVI	2	RX/OTC
OPTICHAMBER DIAMOND DEVI	2	RX/OTC	THRESHOLD PEP DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	RX/OTC	VERSAPAP DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER 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	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
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 SPACER ADULT MISC	2	RX/OTC	AJOVY SOSY	2	PA
PRO COMFORT SPACER CHILD MISC	2	RX/OTC	EMGALITY SOAJ	2	PA
PRO COMFORT SPACER INFANT DEVI	2	RX/OTC	EMGALITY SOSY	2	PA
PROCARE SPACER/ADULT MASK DEVI	2	RX/OTC	UBRELVY PO	3	QL(10 EA per 30 day(s) retail); ST
PROCARE SPACER/CHILD MASK DEVI	2	RX/OTC	<b>Migraine Combinations</b>		
PROCHAMBER VHC DEVI	2	RX/OTC	(Ergotamine W/ Caffeine) MIGERGOT SUPP PR	1	
PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC	CAFERGOT TABS PO ( <i>ergotamine w/ caffeine</i> )	7	
PURE COMFORT SPACER CHAMBER DEVI	2	RX/OTC	<i>ergotamine w/ caffeine TABS PO</i>	1	
QUAKE DEVI	2	RX/OTC	<b>Migraine Products</b>		
RITEFLO DEVI	2	RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily)
			<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS PO	1	Limit 6 per month; QL(0.2 EA daily)
<i>almotriptan malate PO</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>eletriptan hydrobromide PO</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>frovatriptan succinate PO</i>	2	Limit 9 per month; QL(0.3 EA daily)
IMITREX 20 MG/ACT ( <i>sumatriptan</i> )	7	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)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	4	PA
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML ( <i>sumatriptan succinate</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
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML ( <i>sumatriptan succinate</i> )	4	PA
IMITREX TABS PO ( <i>sumatriptan succinate</i> )	7	Limit 9 per month; QL(2 EA daily)
MAXALT-MLT TBDP PO 10 MG ( <i>rizatriptan benzoate</i> )	7	Limit 12 per month; QL(0.4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
MAXALT TABS PO 10 MG ( <i>rizatriptan benzoate</i> )	7	Limit 18 tabs per month; QL(0.6 EA daily)
<i>naratriptan hcl PO</i>	1	Limit 9 per month; QL(0.3 EA daily)
RELPAK PO ( <i>eletriptan hydrobromide</i> )	7	Limit 6 per month; QL(0.2 EA daily)
<i>rizatriptan benzoate TABS PO</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP PO</i>	1	Limit 12 per month; QL(0.4 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	4	Limit 2 per fill, 4 per month; QL(0.14 ML daily; 2 ML per fill retail); PA
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	4	PA
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; QL(2 ML per 30 day(s) retail); PA
<i>sumatriptan succinate TABS PO</i>	1	Limit 9 per month; QL(2 EA daily)
<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>zolmitriptan TABS PO</i>	1	Limit 6 per month; QL(0.2 EA daily)

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<i>zolmitriptan TBDP PO</i>	1	Limit 6 per month; QL(0.2 EA daily)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
ZOMIG SOLN ( <i>zolmitriptan</i> )	7	Limit 6 per month; QL(0.2 EA daily)	K-PHOS-NEUTRAL PO ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	7	
<b>MINERALS &amp; ELECTROLYTES</b>					
<b>Calcium</b>					
CALCIFOL PO	3		K-PHOS TABS ( <i>potassium phosphate monobasic</i> )	7	
<b>Fluoride</b>					
(Sodium Fluoride) FLUORITAB SOLN PO 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV	<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic PO</i>	1	
(Sodium Fluoride) NAFRINSE CHEW PO 2.2 MG	1	AL(Up to 6 yrs old)	<b>Potassium</b>		
FLORIVA	3		(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF PO	1	
<i>sodium fluoride CHEW PO 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 15 MEQ	1	
<i>sodium fluoride CHEW PO 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 20 MEQ	1	
<i>sodium fluoride SOLN PO</i>	5	AL(Up to 6 yrs old); PV; RX/OTC	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 10 MEQ	1	
<i>sodium fluoride TABS PO 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR PO 10 MEQ	1	
<i>sodium fluoride TABS PO 1 MG</i>	1	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR PO 8 MEQ	1	
SOLUVITA SOLN PO	5	AL(Up to 6 yrs old); PV; RX/OTC	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
<b>Iodine Products</b>					
<i>iodine strong (lugol's) PO</i>	3				
<b>Phosphate</b>					
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL PO	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EFFER-K	3		(Azathioprine) AZASAN TABS PO 75 MG, 100 MG	2	
K-TAB TBCR PO 10 MEQ <i>(potassium chloride)</i>	7		(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS PO 25 MG, 100 MG	1	
<i>potassium chloride microencapsulated crystals er PO</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN PO	1	
<i>potassium chloride CPCR PO</i>	1		ASTAGRAF XL CP24	3	PA
<i>potassium chloride PACK PO 20 MEQ</i>	1		<i>azathioprine TABS PO 75 MG, 100 MG</i>	2	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1		<i>azathioprine TABS PO 50 MG</i>	1	
<i>potassium chloride TBCR PO 20 MEQ</i>	2		CELLCEPT CAPS PO <i>(mycophenolate mofetil)</i>	7	
<i>potassium chloride TBCR PO 8 MEQ, 10 MEQ</i>	1		CELLCEPT TABS PO <i>(mycophenolate mofetil)</i>	7	
Zinc			<i>cyclosporine modified (for microemulsion) CAPS PO</i>	1	
GALZIN PO	3		<i>cyclosporine modified (for microemulsion) SOLN PO</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>					
Chelating Agents					
CUPRIMINE CAPS PO <i>(penicillamine)</i>	4	PA	<i>cyclosporine CAPS PO</i>	1	
DEPEN TITRATABS TABS PO <i>(penicillamine)</i>	4		<i>everolimus (immunosuppressant)</i>	4	
<i>penicillamine CAPS PO</i>	4	PA	IMURAN TABS PO <i>(azathioprine)</i>	7	
<i>penicillamine TABS PO</i>	4		<i>mycophenolate mofetil CAPS PO</i>	1	
SYPRINE PO <i>(trientine hcl)</i>	4	PA	<i>mycophenolate mofetil SUSR</i>	2	
<i>trientine hcl PO 500 MG</i>	4	PA	<i>mycophenolate mofetil TABS PO</i>	1	
<i>trientine hcl PO 250 MG</i>	4	PA	<i>mycophenolate sodium PO</i>	2	
Immunomodulators					
<i>lenalidomide PO</i>	4	QL(1 EA daily); SP; AC; PA	NEORAL CAPS PO <i>(cyclosporine modified (for microemulsion))</i>	7	
THALOMID PO	3	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; SP; AC	NEORAL SOLN PO <i>(cyclosporine modified (for microemulsion))</i>	7	
Immunosuppressive Agents					
			PROGRAF PACK	4	PA

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Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS PO ( <i>cyclosporine</i> )	7	
SANDIMMUNE SOLN PO 100 MG/ML	2	
<i>sirolimus SOLN</i>	2	
<i>sirolimus TABS PO</i>	2	
<i>tacrolimus CAPS PO</i>	2	
ZORTRESS ( <i>everolimus</i> ( <i>immunosuppressant</i> ))	4	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA
<i>sodium polystyrene sulfonate POWD PO</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
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
NYSTATIN ( <i>nystatin</i> ( <i>mouth-throat</i> ))	7	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Dental Products		

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT SOLN ( <i>sodium fluoride (dental)</i> )	3	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl PO</i>	1	QL(3 EA daily)
EVOXAC PO ( <i>cevimeline hcl</i> )	7	QL(3 EA daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) PO 7.5 MG</i>	1	QL(4 EA daily)
<i>pilocarpine hcl (oral) PO 5 MG</i>	1	QL(6 EA daily)
SALAGEN PO 5 MG ( <i>pilocarpine hcl (oral)</i> )	7	QL(6 EA daily)
SALAGEN PO 7.5 MG ( <i>pilocarpine hcl (oral)</i> )	7	QL(4 EA daily)
<b>MULTIVITAMINS</b>		
Ped Multi Vitamins w/FI & FE		
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN PO 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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN PO 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	FLORAFOL PEDIATRIC SOLN PO	2	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN PO 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	FLORIVA PLUS SOLN PO	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW PO	3	AL(Up to 6 yrs old)	MULTIVITAMIN + FLUORIDE CHEW PO 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	MULTIVITAMIN/FLUORIDE CHEW PO 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD PO	2	AL(Up to 6 yrs old)	MULTIVITAMIN/FLUORIDE SOLN PO	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTI-VIT-FLOR CHEW PO 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW PO 0.5 MG, 1 MG	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW PO 0.5 MG, 1 MG</i>	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN PO	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW PO 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN PO 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN PO	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW PO 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW PO	2	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC SOLN PO	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA ACD WITH FLUORIDE SOLN PO	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA WITH FLUORIDE SOLN PO	2	AL(Up to 6 yrs old); RX/OTC
			VITAMINS ACD-FLUORIDE SOLN PO	2	AL(Up to 6 yrs old); RX/OTC
			Pediatric Multiple Vitamins & Minerals w/ Fluoride		
			FLORIVA	3	
			Prenatal Vitamins		
			(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS PO	2	RX/OTC
			(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS PO	1	
			(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW PO	1	

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(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT PO	1		NATACHEW CHEW PO 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS PO 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	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	
ATABEX EC TBEC PO	2		NESTABS PO	3	
CITRANATAL 90 DHA PO 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		NESTABS DHA PO	2	
CITRANATAL ASSURE PO	2		NESTABS ONE	3	
CITRANATAL B-CALM PO 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		OB COMPLETE ONE PO	3	
CITRANATAL HARMONY PO 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OB COMPLETE PETITE	3	
CITRANATAL MEDLEY	3		OB COMPLETE PREMIER	3	
C-NATE DHA CAPS PO	3		OB COMPLETE/DHA	3	
COMPLETENATE CHEW PO	2		OBSTETRIX DHA MISC	2	
CONCEPT DHA PO	2		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	
CONCEPT OB PO	2		PNV-DHA+DOCUSATE PO	3	
CVS WOMENS PRENATAL+DHA MISC PO	3		PNV-OMEGA PO	3	
DUET DHA 400 MISC PO	3		PREMESISRX	3	
ENBRACE HR	3		PRENA 1 TRUE	2	
FOLIVANE-OB PO	2		PRENA1 PEARL	3	
			PRENAISSANCE PO	3	
			PRENAISSANCE PLUS CAPS PO	3	
			PRENATAL 19 CHEW PO	2	
			PRENATAL 19 TABS PO	2	RX/OTC
			PRENATAL+DHA MISC PO	3	
			PRENATAL-U CAPS PO	2	
			PRENATE	3	

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PRENATE AM	3		VITAFOL-ONE CAPS PO	3	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		VITAMEDMD ONE RX/QUATREFOLIC PO	3	
PRENATE ENHANCE PO	3		VITAPEARL	3	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		VITATRUE	2	
PRENATE PIXIE	3		VIVA DHA CAPS PO	3	
PRENATE RESTORE PO	3		WESCAP-C DHA PO	2	
PROVIDA OB PO	2		WESNATE DHA CAPS PO	3	
RELNATE DHA CAPS PO	3		WESTGEL DHA PO	3	
SELECT-OB+DHA MISC PO	3		<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
SELECT-OB CHEW PO 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		<b>Central Muscle Relaxants</b>		
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		(Carisoprodol) VANADOM TABS PO 350 MG	1	
SE-NATAL 19 CHEW PO	2		(Chlorzoxazone) LORZONE TABS PO 375 MG, 750 MG	1	
SE-NATAL 19 TABS PO	2	RX/OTC	<i>baclofen TABS PO 15 MG</i>	1	QL(3 EA daily); PA
THRIVITE RX TABS PO	2	RX/OTC	<i>baclofen TABS PO 10 MG</i>	1	QL(6 EA daily)
TRINATAL RX 1 TABS PO	2		<i>baclofen TABS PO 5 MG</i>	1	
TRISTART DHA PO	3		<i>baclofen TABS PO 20 MG</i>	1	QL(4 EA daily)
VINATE DHA RF	3		<i>carisoprodol TABS PO</i>	1	
VINATE ONE TABS PO	2		<i>chlorzoxazone TABS PO 250 MG</i>	1	QL(4 EA daily)
VIRT-NATE DHA CAPS PO	3		<i>chlorzoxazone TABS PO 375 MG, 500 MG, 750 MG</i>	1	
VITAFOL GUMMIES	3		<i>cyclobenzaprine hcl TABS PO 5 MG, 10 MG</i>	1	
VITAFOL-NANO	3		<i>metaxalone PO 800 MG</i>	2	QL(4 EA daily)
			<i>methocarbamol TABS PO 500 MG, 750 MG</i>	1	
			<i>orphenadrine citrate TB12 PO</i>	1	
			SOMA TABS PO ( <i>carisoprodol</i> )	7	
			<i>tizanidine hcl CAPS PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl TABS PO 2 MG</i>	1		<i>ipratropium bromide (nasal)</i>	1	
<i>tizanidine hcl TABS PO 4 MG</i>	1	QL(9 EA daily)	<b>Nasal Steroids</b>		
ZANAFLEX CAPS PO ( <i>tizanidine hcl</i> )	7		(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASON PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASON CHILDRENS, EQL FLUTICASON PROPIONATE, FT ALLERGY RELIEF 24 HR, GNP FLUTICASON PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC
ZANAFLEX TABS PO 4 MG ( <i>tizanidine hcl</i> )	7	QL(9 EA daily)			
<b>Direct Muscle Relaxants</b>			(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
DANTRIUM CAPS PO 25 MG ( <i>dantrolene sodium</i> )	7		(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)
<i>dantrolene sodium CAPS PO</i>	1		<b>Nasal Antiallergy</b>		
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>			<b>Nasal Agent Combinations</b>		
<b>Nasal Agent Combinations</b>			<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 bottle per month; QL(0.77 GM daily)
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 bottle per month; QL(0.77 GM daily)	<i>DYMISTA SUSP (azelastine hcl-fluticasone propionate)</i>	7	Limit 1 bottle per month; QL(0.77 GM daily)
<i>DYMISTA SUSP (azelastine hcl-fluticasone propionate)</i>	7	Limit 1 bottle per month; QL(0.77 GM daily)	<b>Nasal Anticholinergics</b>		
<b>Nasal Antiallergy</b>			<i>olopatadine hcl (nasal)</i>	1	
(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC	<i>PATANASE (olopatadine hcl (nasal))</i>	7	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ML daily)	<b>Nasal Anticholinergics</b>		
<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>	1				
<i>PATANASE (olopatadine hcl (nasal))</i>	7				

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<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC	(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	<i>betaxolol hcl (ophth) SOLN</i>	1	
NASACORT ALLERGY 24HR AERO ( <i>triamcinolone acetonide (nasal)</i> )	7	Limit 1 sprayer per month; QL(1.2 ML daily)	BETIMOL ( <i>timolol</i> )	7	
NASONEX 24HR SUSP ( <i>mometasone furoate (nasal)</i> )	7	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	BETIMOL 0.25 %	2	
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	BETOPTIC-S SUSP	2	
XHANCE EXHU	3	QL(1.07 ML daily); ST	<i>brimonidine tartrate-timolol maleate</i>	1	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>			<i>carteolol hcl (ophth)</i>	1	
ALS Agents			COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> )	7	
RADICAVA ORS STARTER KIT SUSP	4	PA	COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )	7	
RADICAVA ORS SUSP	4	PA	COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )	7	
RELYVRIO	4	PA	DORZOLAMIDE HCL- TIMOLOL MAL	2	
RILUTEK TABS PO ( <i>riluzole</i> )	7		<i>dorzolamide hcl-timolol maleate</i>	1	
<i>riluzole TABS PO</i>	1		ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )	7	
Spinal Muscular Atrophy Agents (SMA)			<i>levobunolol hcl 0.5 %</i>	1	
EVRYSDI	4	PA	<i>timolol</i>	1	
<b>NUTRIENTS</b>			<i>timolol maleate (ophth) SOLG</i>	1	
Lipids			<i>timolol maleate (ophth) SOLN</i>	1	
DOJOLVI	4	PA	<i>timolol maleate (ophth) SOLN</i>	2	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>			TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	7	
Beta-blockers - Ophthalmic			TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	2	
			<b>Cycloplegic Mydriatics</b>		
			(Homatropine Hbr) HOMATROPAIRE	1	

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(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1		(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	2		(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
<i>atropine sulfate (ophthalmic) OINT</i>	1		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
ATROPINE SULFATE SOLN 1 %	2		<i>bacitracin (ophthalmic)</i>	1	
ATROPINE SULFATE SOLN 1 % ( <i>atropine sulfate (ophthalmic)</i> )	7		<i>bacitracin-polymyxin b (ophth)</i>	1	
CYCLOGYL ( <i>cyclopentolate hcl</i> )	7		BESIVANCE	3	
CYCLOGYL	2		BETADINE OPHTHALMIC PREP	3	
CYCLOMYDRIL	3		CILOXAN OINT	2	
<i>cyclopentolate hcl</i>	1		CILOXAN SOLN ( <i>ciprofloxacin hcl (ophth)</i> )	7	
ISOPTO ATROPINE SOLN	2		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
MYDRIACYL SOLN ( <i>tropicamide</i> )	7		ERYTHROMYCIN	2	
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	2		<i>erythromycin (ophth)</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1		<i>gatifloxacin (ophth)</i>	1	
<i>tropicamide SOLN</i>	1		<i>gentamicin sulfate (ophth) SOLN</i>	1	
Miotics			KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)	<i>levofloxacin (ophth) 1.5 %</i>	1	
Ophthalmic Adrenergic Agents			<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)
ALPHAGAN P ( <i>brimonidine tartrate</i> )	7		NATACYN	2	
<i>apraclonidine hcl</i>	2		<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>brimonidine tartrate</i>	1		<i>neomycin-polymyxin-gramicidin</i>	1	
IOPIDINE	3		OCUFLOX ( <i>ofloxacin (ophth)</i> )	7	QL(5 ML per fill retail)
Ophthalmic Anti-infectives					

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<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)	<i>fluorometholone (ophth) SUSP</i>	1	
<i>polymyxin b-trimethoprim</i>	1		FML FORTE SUSP	2	
POLYTRIM ( <i>polymyxin b-trimethoprim</i> )	7		FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> )	7	
POVIDONE-IODINE	3		LOTEMAX OINT	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1		<i>loteprednol etabonate GEL</i>	2	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>loteprednol etabonate SUSP 0.5 %</i>	2	QL(0.2 ML daily)
<i>tobramycin (ophth) SOLN</i>	1		<i>loteprednol etabonate SUSP 0.2 %</i>	2	
TOBREX OINT	2		MAXIDEX SUSP OP	2	
<i>trifluridine</i>	1		MAXITROL OINT ( <i>neomycin-polymy-dexameth</i> )	7	
VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> )	7	QL(3 ML per fill retail)	MAXITROL SUSP ( <i>neomycin-polymy-dexameth</i> )	7	
ZIRGAN GEL	3		<i>neomycin-polymy-dexameth OINT</i>	1	
ZYMAXID ( <i>gatifloxacin (ophth)</i> )	7		<i>neomycin-polymy-dexameth SUSP</i>	1	
Ophthalmic Immunomodulators			<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)	PRED MILD	2	
Ophthalmic Local Anesthetics			PREDNISOLONE SODIUM PHOSPHATE	2	
(Tetracaine Hcl (Ophth)) ALTACAINE	1		PREDNISOLONE-MOXIFLOXACIN SOLN	3	
AKTEN	3		<i>sulfacetamide sod-prednisolone SOLN</i>	1	
ALCAINE ( <i>proparacaine hcl</i> )	7		TOBRADEX ST SUSP	3	
<i>proparacaine hcl</i>	1		TOBRADEX OINT	3	
<i>tetracaine hcl (ophth)</i>	1		TOBRADEX SUSP ( <i>tobramycin-dexamethasone</i> )	7	QL(5 ML per fill retail)
Ophthalmic Steroids			<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)	ZYLET	3	QL(5 ML per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail)	Ophthalmic Surgical Aids		
<i>dexamethasone sodium phosphate (ophth)</i>	1				
<i>difluprednate</i>	2				
FLAREX	2				

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Drug Name	Drug Tier	Requirements/Limits
GELFILM	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
ACULAR ( <i>ketorolac tromethamine (ophth)</i> )	7	
ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )	7	
ACUVAIL	3	
ALOCRIAL	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>	1	QL(0.34 ML daily)
BEPREVE ( <i>bepotastine besilate</i> )	7	QL(0.34 ML daily)
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.34 ML daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
PATADAY 0.7 %	3	Limit 1 bottle per month; QL(0.084 ML daily); ST
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
TRUSOPT ( <i>dorzolamide hcl</i> )	7	QL(0.34 ML daily)
Prostaglandins - Ophthalmic		

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Drug Name	Drug Tier	Requirements/Limits
<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)
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)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	2	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
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)
<i>ciprofloxacin-fluocinolone acetoneide</i>	2	
CORTISPORIN-TC	3	

Drug Name	Drug Tier	Requirements/Limits
<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 acetoneide (otic)</i> )	7	
<i>fluocinolone acetoneide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail; 30 per fill mail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS PO	1	
<i>methylergonovine maleate TABS PO</i>	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS PO</i>	1	
<i>amoxicillin CHEW PO 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR PO</i>	1	
AMOXICILLIN SUSR PO ( <i>amoxicillin</i> )	7	
<i>amoxicillin TABS PO</i>	1	
<i>ampicillin CAPS PO 500 MG</i>	1	
Natural Penicillins		

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium SOLR PO</i>	1	
<i>penicillin v potassium TABS PO</i>	1	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate CHEW PO</i>	1	
<i>amoxicillin &amp; pot clavulanate SUSR PO</i>	1	
<i>amoxicillin &amp; pot clavulanate TABS PO</i>	1	
<i>amoxicillin &amp; pot clavulanate TB12 PO</i>	1	
AUGMENTIN ES-600 SUSR PO ( <i>amoxicillin &amp; pot clavulanate</i> )	7	
AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS PO 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium PO</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
Liquid Vehicles		
BASE GELATIN GUMMY TROCHE	3	RX/OTC
GUM BASE (GELATIN)	3	RX/OTC
KLEAR GUMMY BASE	3	RX/OTC
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS PO	1	
AYGESTIN TABS PO ( <i>norethindrone acetate</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate PO 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate PO 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite) PO</i>	2	AC
<i>norethindrone acetate TABS PO</i>	1	
<i>progesterone CAPS PO</i>	1	QL(1 EA daily)
PROMETRIUM CAPS PO ( <i>progesterone</i> )	7	QL(1 EA daily)
PROVERA PO 10 MG ( <i>medroxyprogesterone acetate</i> )	7	QL(1 EA daily)
PROVERA PO 5 MG ( <i>medroxyprogesterone acetate</i> )	7	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium PO</i>	1	
<i>disulfiram PO</i>	1	
<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
LUCEMYRA	3	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN PO	4	ST; PA
XYREM SOLN PO	4	ST; PA
Antidementia Agents		
ARICEPT TABS PO ( <i>donepezil hydrochloride</i> )	7	QL(1 EA daily)
<i>donepezil hydrochloride TABS PO</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBDP PO</i>	1	QL(1 EA daily)

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EXELON ( <i>rivastigmine</i> )	7	
<i>galantamine hydrobromide CP24 PO</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN PO</i>	2	
<i>galantamine hydrobromide TABS PO</i>	1	
<i>memantine hcl CP24 PO</i>	1	PA
<i>memantine hcl-donepezil hcl CP24</i>	3	PA
<i>memantine hcl SOLN PO 2 MG/ML</i>	1	
<i>memantine hcl TABS PO</i>	1	
<i>memantine hcl TABS PO 10 MG</i>	1	QL(2 EA daily)
<i>memantine hcl TABS PO 5 MG</i>	1	QL(4 EA daily)
NAMENDA TITRATION PAK TABS PO ( <i>memantine hcl</i> )	7	
NAMENDA XR CP24 PO ( <i>memantine hcl</i> )	7	PA
NAMENDA TABS PO 5 MG ( <i>memantine hcl</i> )	7	QL(4 EA daily)
NAMENDA TABS PO 10 MG ( <i>memantine hcl</i> )	7	QL(2 EA daily)
NAMZARIC C4PK	3	PA
NAMZARIC CP24 ( <i>memantine hcl-donepezil hcl</i> )	3	PA
NAMZARIC CP24	3	PA
NAMZARIC CP24 7 MG-10 MG	3	ST; PA
RAZADYNE ER CP24 PO ( <i>galantamine hydrobromide</i> )	7	QL(1 EA daily)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS PO</i>	1	
Combination Psychotherapeutics		

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide-amitriptyline PO</i>	3	
<i>olanzapine-fluoxetine hcl PO</i>	2	
<i>perphenazine-amitriptyline PO</i>	3	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA
SAVELLA TABS PO	4	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA
AUSTEDO TABS 9 MG	4	QL(2 EA daily); PA
AUSTEDO TABS 12 MG	4	QL(4 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 60 MG	4	QL(1 EA daily); PA
INGREZZA CAPS 80 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 PO</i>	2	
Multiple Sclerosis Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)	PLEGRIDY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; SP; PA
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily)	PLEGRIDY SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538- 4661; SP; PA
AVONEX PEN AJKT	4	Must use AcariaHlth Sp Rx 1-844-538- 4661; SP; PA	PLEGRIDY SOSY IM	4	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; SP; PA
AVONEX PREFILLED PSKT	4	Must use AcariaHlth Sp Rx 1-844-538- 4661; SP; PA	REBIF REBIDOSE TITRATION PACK SOAJ	4	PA
BETASERON KIT	4	PA	REBIF REBIDOSE SOAJ	4	PA
<i>dalfampridine</i>	2	PA	REBIF TITRATION PACK SOSY	4	Must use AcariaHlth Sp Rx 1-844-538- 4661; SP; PA
<i>dimethyl fumarate CDPK</i>	2	QL(60 EA per 365 day(s) retail)	REBIF SOSY	4	PA
<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily)	<i>teriflunomide PO</i>	2	QL(1 EA daily)
<i> fingolimod hcl PO</i>	2	QL(1 EA daily)	Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>glatiramer acetate SOSY 40 MG/ML</i>	2	QL(12 ML per 28 day(s) retail)	<i>fluoxetine hcl (pmdd) TABS PO</i>	2	
<i>glatiramer acetate SOSY 20 MG/ML</i>	2	QL(1 ML daily)	Pseudobulbar Affect (PBA) Agents		
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail); PA	NUEDEXTA	4	PA
MAYZENT STARTER PACK TBPK 0.25 MG	4	PA	Psychotherapeutic and Neurological Agents - Misc.		
MAYZENT TABS PO 0.25 MG	4	QL(4 EA daily); SP; PA	<i>ergoloid mesylates TABS PO</i>	3	
MAYZENT TABS PO 2 MG	4	QL(1 EA daily); SP; PA	<i>pimozide PO</i>	1	
MAYZENT TABS PO 1 MG	4	SP; PA	Smoking Deterrents		
PLEGRIDY STARTER PACK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; SP; PA			
PLEGRIDY STARTER PACK SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538- 4661; SP; PA			

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, 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, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR	5	PV

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Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV
APO-VARENICLINE TABS PO	5	QL(2 EA daily); PV
<i>bupropion hcl (smoking deterrent) PO</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 KIT	5	PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
NICOTROL NS SOLN	5	PV
NICOTROL INHA	5	PV
<i>varenicline tartrate TABS PO</i>	5	QL(2 EA daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		

Drug Name	Drug Tier	Requirements/Limits
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA
KALYDECO TABS	4	PA
ORKAMBI PACK	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 EA daily); SP; 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 PO</i>	2	QL(3 EA daily); SP; PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine TABS PO</i>	3	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS PO 100 MG	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS PO 100 MG	1		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Doxycycline Hyclate) LYMEPAK TABS PO 100 MG	1		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
<i>demeclocycline hcl</i> TABS PO	1		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
<i>doxycycline (monohydrate)</i> CAPS PO	1		ADTHYZA TABS PO	2	
<i>doxycycline (monohydrate)</i> SUSR PO	1		ARMOUR THYROID TABS PO	2	
<i>doxycycline (monohydrate)</i> TABS PO 50 MG, 75 MG, 100 MG	1		CYTOMEL TABS PO 5 MCG ( <i>liothyronine sodium</i> )	2	
<i>doxycycline (monohydrate)</i> TABS PO 150 MG	1	ST	CYTOMEL TABS PO 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )	2	QL(2 EA daily)
<i>doxycycline hyclate</i> CAPS PO	1		<i>levothyroxine sodium</i> CAPS PO 125 MCG	2	QL(1 EA daily)
<i>doxycycline hyclate</i> TABS PO 20 MG, 100 MG	1		<i>levothyroxine sodium</i> CAPS PO 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	2	
<i>minocycline hcl</i> CAPS PO	1		<i>levothyroxine sodium</i> TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
<i>minocycline hcl</i> TABS PO 75 MG	1	PA			
<i>minocycline hcl</i> TABS PO 50 MG, 100 MG	1	PA			
<i>tetracycline hcl</i> CAPS PO	1				
VIBRAMYCIN CAPS PO ( <i>doxycycline hyclate</i> )	7				
VIBRAMYCIN SUSR PO ( <i>doxycycline (monohydrate)</i> )	7				
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>					
Antithyroid Agents					
<i>methimazole</i> TABS PO	1				
<i>propylthiouracil</i> PO	1	QL(3 EA daily)			
Thyroid Hormones					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)	CUVPOSA SOLN PO ( <i>glycopyrrolate</i> )	7	
<i>liothyronine sodium TABS PO 5 MCG</i>	1		<i>dicyclomine hcl CAPS PO</i>	1	
<i>liothyronine sodium TABS PO 25 MCG, 50 MCG</i>	1	QL(2 EA daily)	<i>dicyclomine hcl SOLN PO</i>	1	
NIVA THYROID TABS PO	2		<i>dicyclomine hcl TABS PO</i>	1	
NP THYROID TABS PO	2		GLYCATE TABS PO	3	
SYNTHROID TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <i>levothyroxine sodium</i> )	2	QL(1 EA daily)	<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1	
SYNTHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ( <i>levothyroxine sodium</i> )	2		<i>glycopyrrolate TABS PO 1 MG, 2 MG</i>	1	
THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		GLYCOPYRROLATE TABS PO	3	
TIROSINT CAPS PO 37.5 MCG, 44 MCG, 62.5 MCG	2		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>			<i>hyoscyamine sulfate TABS PO 0.125 MG</i>	1	
<b>Antispasmodics</b>			<i>hyoscyamine sulfate TB12 PO 0.375 MG</i>	1	
(Hyoscyamine Sulfate) NULEV TBDP PO 0.125 MG	1		<i>hyoscyamine sulfate TBDP PO 0.125 MG</i>	1	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1		LEVVID TB12 PO ( <i>hyoscyamine sulfate</i> )	7	
(Hyoscyamine Sulfate) OSCIMIN TABS PO 0.125 MG	1		LEVSIN/SL SUBL ( <i>hyoscyamine sulfate</i> )	7	
ANASPAZ TBDP PO ( <i>hyoscyamine sulfate</i> )	7		LEVSIN TABS PO ( <i>hyoscyamine sulfate</i> )	7	
BELLADONNA ALKALOIDS-OPIUM PR	3		LIBRAX PO ( <i>chlordiazepoxide hcl-clidinium bromide</i> )	7	PA
<i>chlordiazepoxide hcl-clidinium bromide PO</i>	1	PA	<i>methscopolamine bromide PO</i>	1	
			<i>propantheline bromide TABS PO</i>	1	
			ROBINUL-FORTE TABS PO ( <i>glycopyrrolate</i> )	7	
			ROBINUL TABS PO ( <i>glycopyrrolate</i> )	7	
			<b>H-2 Antagonists</b>		
			<i>cimetidine hcl PO 300 MG/5ML</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine TABS PO 400 MG</i>	1	QL(4 EA daily)	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO	1	QL(1 EA daily)
<i>cimetidine TABS PO 300 MG, 800 MG</i>	1				
<i>famotidine SUSR PO</i>	1				
<i>famotidine TABS PO 40 MG</i>	1	QL(2 EA daily)			
<i>nizatidine CAPS PO</i>	1				
PEPCID TABS PO 40 MG ( <i>famotidine</i> )	7	QL(2 EA daily)			
Misc. Anti-Ulcer					
CARAFATE SUSP PO ( <i>sucralfate</i> )	7		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO 20 MG	1	QL(1 EA daily)
CARAFATE TABS PO ( <i>sucralfate</i> )	7	QL(4 EA daily)			
<i>sucralfate SUSP PO</i>	1				
<i>sucralfate TABS PO</i>	1	QL(4 EA daily)			
Proton Pump Inhibitors					
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR PO 15 MG	1	QL(1 EA daily); RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO	1	QL(1 EA daily)
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	ACIPHEX TBEC PO ( <i>rabeprazole sodium</i> )	3	ST; QL(1 EA daily); PA
			<i>lansoprazole CPDR PO</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 PO</i>	1	QL(1 EA daily)
			<i>omeprazole CPDR PO 20 MG, 40 MG</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium PACK</i>	2	QL(1 EA daily)
<i>pantoprazole sodium TBEC PO</i>	1	QL(1 EA daily)
PREVACID 24HR CPDR PO ( <i>lansoprazole</i> )	7	QL(1 EA daily); RX/OTC
PREVACID CPDR PO 30 MG ( <i>lansoprazole</i> )	7	QL(1 EA daily)
PRILOSEC PACK PO	3	PA
PROTONIX TBEC PO ( <i>pantoprazole sodium</i> )	7	QL(1 EA daily)
RABEPRAZOLE SODIUM CPSP PO	3	PA
<i>rabeprazole sodium TBEC PO</i>	3	ST; QL(1 EA daily); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC PO ( <i>misoprostol</i> )	7	
<i>misoprostol PO</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
HELIDAC THERAPY PO	3	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide PO</i>	2	
DETROL LA CP24 PO ( <i>tolterodine tartrate</i> )	7	QL(1 EA daily)
DETROL TABS PO ( <i>tolterodine tartrate</i> )	7	QL(2 EA daily)
DITROPAN XL TB24 PO 5 MG, 10 MG ( <i>oxybutynin chloride</i> )	7	
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>oxybutynin chloride TABS PO 5 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride TB24 PO</i>	1	
<i>solifenacin succinate TABS PO 5 MG</i>	1	
<i>solifenacin succinate TABS PO 10 MG</i>	1	QL(1 EA daily)
<i>tolterodine tartrate CP24 PO</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS PO</i>	1	QL(2 EA daily)
TOVIAZ ( <i>fesoterodine fumarate</i> )	7	QL(1 EA daily)
<i>tropium chloride CP24 PO</i>	1	
<i>tropium chloride TABS PO</i>	1	QL(2 EA daily)
VESICARE TABS PO 10 MG ( <i>solifenacin succinate</i> )	7	QL(1 EA daily)
VESICARE TABS PO 5 MG ( <i>solifenacin succinate</i> )	7	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride PO</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl PO</i>	1	
<b>VACCINES</b>		
Viral Vaccines		
ABRYSVO	5	PV
AREXVY	5	AL(At least 50 yrs old); PV
COVID VACCINES	5	
FLUBLOK SOSY	5	PV
FLUCELVAX SUSP	5	PV
FLUMIST	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE SUSY	5	PV

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
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
MRESVIA	5	AL(At least 60 yrs old); PV
NOVAVAX COVID-19 VACCINE SUSY	5	PV
<b>VAGINAL AND RELATED PRODUCTS</b>		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 EA daily)
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	2	
CLEOCIN CREA ( <i>clindamycin phosphate vaginal</i> )	7	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	PA
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		

Drug Name	Drug Tier	Requirements/Limits
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
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA ( <i>droxidopa</i> )	4	PA
Vasopressors		
<i>midodrine hcl PO</i>	1	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
DRISDOL CAPS PO ( <i>ergocalciferol</i> )	7	PV
<i>ergocalciferol CAPS PO</i>	1	PV

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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
<i>phytonadione TABS PO 5 MG</i>	2	

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  
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MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....107	NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG .....104	CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 104
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % .....65		
(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 PO .24		
(Lorazepam) LORAZEPAM INTENSOL CONC PO ..... 12	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG .....104	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 105
(Methadone Hcl) METHADONE HCL INTENSOL CONC PO ..... 7		
(Methadone Hcl) METHADOSE TBSO PO .....7		
(Methylergonovine Maleate) METHERGINE TABS PO ..... 100		
(Methyltestosterone) METHITEST TABS .....10		
(Metronidazole (Topical)) ROSADAN CREA .....65		
(Metronidazole (Topical)) ROSADAN GEL 0.75 % .....65		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .111		
(Miglustat) YARGESA .....76		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP .95		
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....97		
(Niacin (Antihyperlipidemic)) NIACOR TABS PO .....28		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE, SM NICOTINE POLACRILEX LOZG ..... 104		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM ....105		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE, SM NICOTINE POLACRILEX LOZG ..... 106		
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR .....106		

(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR 105	(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 PO 1 MG-20 MCG-75 MG ..... 51	NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-0.4 MG ..... 51
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR 105	(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 PO 1 MG-20 MCG-75 MG ..... 51	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-0.5 MG ..... 51
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....105	(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 PO 1.5 MG-30 MCG- 75 MG .....51	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-1 MG ..... 51
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR 105	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW PO ..... 51	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE PO 25 MCG-0.8 MG- 75 MG .....51
(Nitroglycerin) NITROLINGUAL SOLN TL 0.4 MG/SPRAY .....11	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS .....51	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE PO 35 MCG-0.4 MG 51
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY .....53	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL PO 54	(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 PO 1

MG-20 MCG ..... 52	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 59	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN PO 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 .... 92
(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 PO 1.5 MG-30 MCG ..... 52	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, SM OLOPATADINE HCL 0.2 % ..... 99	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN PO 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
(Norethindrone Acetate) GALLIFREY TABS PO ..... 101	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 99	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN PO 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 .... 92
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI PO 1 MG-5 MCG ..... 70	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO 20 MG ..... 109	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW PO 0.5 MG, 1 MG ..... 92
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI PO .70	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO ..... 109	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN PO ..... 92
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE PO ..... 52	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-10 MG, 325 MG-7.5 MG ..... 9	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN PO 0.25 MG/ML ..... 92
(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 PO ..... 52	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-2.5 MG ..... 9	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN PO ... 92
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO PO . 52	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-5 MG . 9	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT PO ..... 78
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA PO ..... 52	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-5 MG . 9	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR PO 236 GM ..... 78
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ PO 30 MCG-0.3 MG ..... 52	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-5 MG . 9	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK

PO .....78	KLOR-CON M20 PO 15 MEQ ..... 89	(Prochlorperazine) COMPRO PR .. 41
(Phenylephrine Hcl (Mydriatic))	(Potassium Chloride	(Promethazine Hcl) PROMETHEGAN
ALTAFRIN SOLN 10 % .....97	Microencapsulated Crystals ER)	SUPP PR 12.5 MG, 25 MG .....26
(Phenylephrine Hcl (Mydriatic))	KLOR-CON M10, KLOR-CON M15,	(Promethazine Hcl) PROMETHEGAN
ALTAFRIN SOLN 2.5 % ..... 97	KLOR-CON M20 PO 20 MEQ ..... 89	SUPP PR 50 MG ..... 26
(Phenylephrine-Chlorphen-DM) ED-	(Potassium Chloride) KLOR-CON	(Pseudoephed-Bromphen-DM)
A-HIST DM, NOHIST-DM LIQD PO	PACK PO 20 MEQ ..... 89	BROMFED DM SYRP PO 10
10 MG/5ML-4 MG/5ML-15 MG/5ML	(Potassium Chloride) KLOR-CON,	MG/5ML-30 MG/5ML-2 MG/5ML .. 55
55	KLOR-CON 10 TBCR PO 10 MEQ	(Pseudoephedrine-Guaifenesin) CVS
(Phenytoin Sodium Extended)	89	MUCUS D EXTENDED RELEASE,
PHENYTEK PO 200 MG, 300 MG .19	(Potassium Chloride) KLOR-CON,	CVS MUCUS D MAX ST ER, EQ
(Phenytoin) PHENYTOIN INFATABS	KLOR-CON 10 TBCR PO 8 MEQ . 89	MUCUS RELIEF D, EQ MUCUS-D,
CHEW PO .....19	(Potassium Citrate-Citric Acid)	FT MUCUS RELIEF D 12 HOUR,
(Polyethylene Glycol 3350)	CYTRA K CRYSTALS PACK PO ..73	MUCUS D, MUCUS RELIEF D,
CLEARLAX, CVS PURELAX, EQ	(Potassium Citrate-Citric Acid)	MUCUS RELIEF D 12HR ER,
CLEARLAX, EQL CLEARLAX, FT	CYTRA-K SOLN PO ..... 73	MUCUS-D, RA MUCUS RELIEF D,
CLEARLAX, GAVILAX,	(Potassium Phosphate Monobasic)	RA MUCUS RELIEF D MAX
GENTLELAX, GLYCOLAX, GNP	PHOSPHO-TRIN K500 TABS ..... 89	STRENGTH, SM
CLEARLAX, GOODSENSE	(Pramoxine-HC-Chloroxylenol)	GUAIFENESIN/PSEUDOEPHEDRIN
CLEARLAX, HM CLEARLAX, KLS	CORTIC-ND .....100	E TB12 PO 600 MG-60 MG ..... 55
LAXACLEAR, MM CLEARLAX, QC	(Prenatal Vit W/ Docusate-Fe	(Pseudoephedrine-Guaifenesin)
NATURA-LAX, RA LAXATIVE, SB	Fumarate-Folic Acid) PRENATAL 19	MUCUS RELIEF D, QC MUCUS
POLYETHYLENE GLYCOL 3350,	TABS PO .....92	RELIEF SINUS D TABS PO 400 MG-
SM CLEARLAX, SMOOTH LAX,	(Prenatal Vit W/ Docusate-Iron	40 MG .....55
TRUE LAXATIVE POWD PO .....79	Carbonyl-Folic Acid) INATAL GT	(Salicylic Acid) KERALYT SHAM 6 %
(Pot Phosphate Monobasic W/ Sod	TABS PO .....92	.....65
Phosphate Dibasic & Monobasic)	(Prenatal Vit W/ Ferrous Fumarate-	(Sapropterin Dihydrochloride)
PHOSPHA 250 NEUTRAL,	Folic Acid) PRENATAL 19 CHEW PO	JAVYGTOR PACK .....69
PHOSPHO-TRIN 250 NEUTRAL,	.....92	(Sapropterin Dihydrochloride)
WES-PHOS 250 NEUTRAL PO ...89	(Prenatal Vit W/ Ferrous Fumarate-L	JAVYGTOR TABS ..... 69
(Potassium Bicarbonate) EFFER-K,	Methylfolate-Folic Acid) PNV-	(Silver Sulfadiazine) SSD ..... 62
K-PRIME, KLOR-CON/EF TBEF PO .	SELECT PO .....93	(Sodium Chloride (Inhalant))
89	(Prenatal Vit W/ Iron Carbonyl-Folic	NEBUSAL, PULMOSAL NEBU 3 %
(Potassium Chloride	Acid) PRENATABS RX TABS PO	56
Microencapsulated Crystals ER)	120 MG-3 MG-30 MCG-1 MG-400	(Sodium Chloride (Inhalant))
KLOR-CON M10, KLOR-CON M15,	UNIT-8 MCG-3 MG-20 MG-7 MG-3	NEBUSAL, PULMOSAL NEBU 7 %
KLOR-CON M20 PO 10 MEQ ..... 89	MG-100 MG-15 MG-3 MG-4000	56
(Potassium Chloride	UNIT-200 MG-150 MCG-30 UNIT-29	(Sodium Fluoride) FLUORITAB
Microencapsulated Crystals ER)	MG ..... 93	SOLN PO 0.125 MG/DROP ..... 89
KLOR-CON M10, KLOR-CON M15,		



(Sodium Fluoride) NAFRINSE CHEW PO 2.2 MG ..... 89	NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO ..... 95	acarbose PO ..... 21
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML ..... 91	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 % .... 62	ACCUPRIL PO (quinapril hcl) ..... 28
(Sotalol Hcl) SORINE TABS PO ... 45	(Vigabatrin) VIGADRONE TABS .. 19	ACCURETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) ..... 29
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % ..... 57	(Vigabatrin) VIGADRONE, VIGODER PACK ..... 19	ACCURETIC PO 25 MG-20 MG (quinapril-hydrochlorothiazide) .... 29
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM ..... 57	(Warfarin Sodium) JANTOVEN TABS PO ..... 15	acebutolol hcl CAPS PO ..... 45
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % .... 57	(Zolmitriptan) ZOMIG TABS PO ... 88	acetaminophen w/ codeine SOLN PO ..... 9
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP PO . 31	abacavir sulfate SOLN PO ..... 42	acetaminophen w/ codeine TABS PO 15 MG-300 MG, 30 MG-300 MG ... 9
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS PO ..... 48	abacavir sulfate TABS PO ..... 42	acetaminophen w/ codeine TABS PO 60 MG-300 MG ..... 9
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM ..... 10	abacavir sulfate-lamivudine PO ... 42	acetazolamide CP12 PO ..... 67
(Tetracaine Hcl (Ophth)) ALTACAINE ..... 98	ABILIFY TABS PO 15 MG (aripiprazole) ..... 42	acetazolamide TABS PO 125 MG .67
(Theophylline) ELIXOPHYLLIN ELIX PO ..... 15	ABILIFY TABS PO 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) ..... 42	acetazolamide TABS PO 250 MG .67
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 96	ABILIFY TABS PO 20 MG (aripiprazole) ..... 42	acetic acid (otic) ..... 100
(Tiopronin) VENXXIVA TBEC ..... 73	abiraterone acetate ..... 34	acetylcysteine SOLN ..... 56
(Tretinoin) AVITA CREA 0.025 % . 57	ABRYSVO ..... 110	ACIPHEX TBEC PO (rabeprazole sodium) ..... 109
(Tretinoin) AVITA GEL 0.025 % ... 57	ABSORICA PO 10 MG, 25 MG (isotretinoin) ..... 57	acitretin PO 10 MG ..... 60
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE ..... 91	ABSORICA PO 20 MG (isotretinoin) . 57	acitretin PO 17.5 MG ..... 60
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ	ABSORICA PO 30 MG (isotretinoin) . 57	acitretin PO 25 MG ..... 60
	ABSORICA PO 35 MG, 40 MG (isotretinoin) ..... 57	ACTIMMUNE 100 MCG/0.5ML .... 39
	acamprosate calcium PO ..... 101	ACTINEL PEDIATRIC LIQD PO ... 55
		ACTIVEVELLA TABS PO 1 MG-0.5 MG (estradiol & norethindrone acetate) 70
		ACTONEL TABS PO 150 MG (risedronate sodium) ..... 68
		ACTONEL TABS PO 35 MG (risedronate sodium) ..... 68
		ACTOPLUS MET TABS PO

(pioglitazone hcl-metformin hcl) ... 21	1	MEDIUM MISC .....	85
ACTOS PO 15 MG (pioglitazone hcl)	ADDERALL XR CP24 PO	AEROCHAMBER PLUS FLO-VU	
23	(amphetamine-dextroamphetamine) .	MISC .....	85
ACTOS PO 30 MG, 45 MG	1	AEROCHAMBER PLUS FLO-VU	
(pioglitazone hcl) .....	23	SMALL DEVI .....	85
ACULAR (ketorolac tromethamine	ADEMPAS PO .....	AEROCHAMBER PLUS FLO-VU	
(ophth)) .....	48	SMALL MISC .....	85
ACULAR LS (ketorolac	ADIPEX-P CAPS PO (phentermine	AEROCHAMBER PLUS FLO-VU	
tromethamine (ophth)) .....	hcl) .....	W/MASK MISC .....	85
ACUVAIL .....	1	AEROCHAMBER PLUS FLOW VU	
99	ADTHYZA TABS PO .....	MISC .....	85
acyclovir CAPS PO .....	107	AEROCHAMBER PLUS FLOW VU	
44	ADULT MASK DEVI .....	MISC .....	85
acyclovir SUSP PO .....	85	AEROCHAMBER W/FLOWSIGNAL	
44	ADVAIR DISKUS AEPB (fluticasone-	MISC .....	85
acyclovir TABS PO 400 MG .....	salmeterol) .....	AEROCHAMBER Z-STAT PLUS	
44	14	CHAMBR MISC .....	85
acyclovir TABS PO 800 MG .....	74	AEROCHAMBER Z-STAT PLUS	
44	ADYNOVATE 250 UNIT, 500 UNIT,	MISC .....	85
acyclovir topical CREA .....	1000 UNIT, 2000 UNIT, 3000 UNIT	AEROCHAMBER Z-STAT	
62	74	PLUS/LARGE MISC .....	85
acyclovir topical OINT .....	ADYNOVATE 750 UNIT, 1500 UNIT .	AEROCHAMBER Z-STAT	
62	74	PLUS/MEDIUM MISC .....	85
ACZONE 5 % (dapsone (topical)) .	AERObIKA DEVI .....	AEROCHAMBER Z-STAT	
57	85	PLUS/SMALL MISC .....	85
ACZONE 7.5 % (dapsone (topical))	AEROCHAMBER HOLDING	AEROVENT PLUS DEVI .....	85
57	CHAMBER DEVI .....	AFINITOR DISPERZ TBSO	
ADALIMUMAB-ADAZ SOAJ 40	85	(everolimus) .....	36
MG/0.4ML .....	AEROCHAMBER MINI CHAMBER	AFINITOR TABS (everolimus) .....	36
3	DEVI .....	AFSTYLA 250 UNIT, 500 UNIT, 1000	
ADALIMUMAB-ADAZ SOSY 40	85	UNIT, 1500 UNIT, 2000 UNIT, 2500	
MG/0.4ML .....	AEROCHAMBER MV MISC .....	UNIT .....	74
3	85	AGAMREE .....	54
adapalene CREA .....	AEROCHAMBER PLS FLOVU	AGRYLIN PO 0.5 MG (anagrelide	
57	MTHPIECE DEVI .....	hcl) .....	76
adapalene GEL 0.1 % .....	85	AIMSCO LUBRICATED MISC .....	81
57	AEROCHAMBER PLUS FLO-VU	AJOVY SOAJ .....	87
adapalene GEL 0.3 % .....	INTERM DEVI .....		
57	85		
adapalene-benzoyl peroxide GEL 2.5	AEROCHAMBER PLUS FLO-VU		
%-0.1 % .....	LARGE DEVI .....		
57	85		
adapalene-benzoyl peroxide GEL 2.5	AEROCHAMBER PLUS FLO-VU		
%-0.3 % .....	LARGE MISC .....		
57	85		
ADCIRCA TABS PO (tadalafil	AEROCHAMBER PLUS FLO-VU		
(pulmonary hypertension)) .....	MEDIUM DEVI .....		
48	85		
ADDERALL TABS PO	AEROCHAMBER PLUS FLO-VU		
(amphetamine-dextroamphetamine) .			

AJOVY SOSY .....	87	85	ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril) .....	28
AKTEN .....	98	ALL FLOW 4000 PFT FILTER DEVI . 85	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT .....	74
AKYNZEO PO .....	25	ALL FLOW 5000 PFT FILTER DEVI . 85	ALUNBRIG TABS PO .....	36
albendazole PO .....	11	ALL FLOW 6000 PFT FILTER DEVI . 85	ALUNBRIG TBPK .....	36
albuterol sulfate AERS .....	14	ALL FLOW 7000 PFT FILTER DEVI . 85	alvimopan PO .....	72
albuterol sulfate NEBU .....	14	allopurinol PO 100 MG .....	amantadine hcl CAPS PO .....	39
ALBUTEROL SULFATE NEBU ....	14	allopurinol PO 300 MG .....	amantadine hcl TABS PO .....	39
albuterol sulfate SYRP PO .....	14	almotriptan malate PO .....	AMARYL PO (glimepiride) .....	23
albuterol sulfate TABS PO .....	14	ALOCRIL .....	AMBIEN CR TBCR PO (zolpidem tartrate) .....	77
ALCAINE (propracaine hcl) .....	98	alogliptin benzoate 25 MG .....	AMBIEN TABS PO (zolpidem tartrate) .....	77
alclometasone dipropionate CREA	62	alogliptin benzoate 6.25 MG, 12.5 MG .....	ambrisentan PO .....	48
alclometasone dipropionate OINT .	62	ALOMIDE .....	amcinonide OINT .....	62
ALDACTAZIDE PO (spironolactone & hydrochlorothiazide) .....	67	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	amiloride & hydrochlorothiazide PO	67
ALDACTONE TABS PO (spironolactone) .....	67	alosetron hcl PO .....	amiloride hcl TABS PO .....	67
ALECENSA .....	36	ALPHAGAN P (brimonidine tartrate) 97	aminocaproic acid SOLN PO 0.25 GM/ML .....	77
alendronate sodium SOLN PO ....	68	ALPHANATE SOLR .....	aminocaproic acid TABS PO .....	77
alendronate sodium TABS PO 35 MG, 70 MG .....	68	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....	amiodarone hcl TABS PO .....	12
alendronate sodium TABS PO 5 MG, 10 MG .....	68	ALPRAZOLAM INTENSOL CONC	AMITIZA PO (lubiprostone) .....	71
ALFERON N .....	39	12	amitriptyline hcl TABS PO .....	21
alfuzosin hcl PO .....	73	alprazolam TABS PO .....	amlodipine besylate TABS PO 2.5 MG .....	46
ALINIA SUSR PO .....	31	alprazolam TB24 PO .....	amlodipine besylate TABS PO 5 MG, 10 MG .....	46
aliskiren fumarate PO .....	31	alprazolam TBDP PO .....	amlodipine besylate-atorvastatin calcium PO .....	47
ALKERAN PO (melphalan) .....	33	ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	amlodipine besylate-benazepril hcl PO 10 MG-2.5 MG .....	29
ALL FLOW 1000 PFT FILTER DEVI . 85		74		
ALL FLOW 2000 PFT FILTER DEVI . 85		ALPROLIX 4000 UNIT .....		
ALL FLOW 3000 PFT FILTER DEVI .				

amlodipine besylate-benazepril hcl PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG .....	29	amlodipine besylate-valsartan PO 10 MG-160 MG .....	29	amlodipine besylate-valsartan PO 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG .....	29	amlodipine-valsartan- hydrochlorothiazide PO .....	29	amoxapine PO .....	21	amoxicillin & pot clavulanate CHEW PO .....	101	amoxicillin & pot clavulanate SUSR PO .....	101	amoxicillin & pot clavulanate TABS PO .....	101	amoxicillin & pot clavulanate TB12 PO .....	101	amoxicillin CAPS PO .....	100	amoxicillin CHEW PO 125 MG, 250 MG .....	100	AMOXICILLIN SUSR PO (amoxicillin) .....	100	amoxicillin SUSR PO .....	100	amoxicillin TABS PO .....	100	amoxicillin-clarithromycin w/ lansoprazole THPK .....	110	amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG .....	1	amphetamine-dextroamphetamine TABS PO .....	1	ampicillin CAPS PO 500 MG .....	100	ANAFRANIL PO (clomipramine hcl)		ANALPRAM-HC LOTN EX .....	11	ANAPROX DS TABS PO (naproxen sodium) .....	4	ANASPAZ TBDP PO (hyoscyamine sulfate) .....	108	anastrozole PO .....	34	ANCOBON PO (flucytosine) .....	25	ANDEXXA 200 MG .....	24	ANDROGEL PUMP GEL TD (testosterone) .....	10	ANGELIQ .....	70	ANNOVERA .....	53	ANORO ELLIPTA .....	14	ANTIVERT TABS PO 50 MG (meclizine hcl) .....	25	ANUSOL-HC EX (hydrocortisone rectal)) .....	11	ANZEMET TABS PO 50 MG .....	24	APEXICON E CREA .....	62	APO-VARENICLINE TABS PO ...	106	apraclonidine hcl .....	97	aprepitant CAPS PO 40 MG .....	25	aprepitant CAPS PO 80 MG, 125 MG .....	25	aprepitant CAPS PO .....	25	aprepitant MISC PO .....	25	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .....	42	APRISO CP24 (mesalamine) .....	71	APTENSIO XR CP24 PO (methylphenidate hcl) .....	2	APTIVUS CAPS .....	42	ARAVALI PO 10 MG (leflunomide) ...	6	ARAVALI PO 20 MG (leflunomide) ...	6	ARCALYST .....	4	AREXVY .....	110	arformoterol tartrate .....	14	ARICEPT TABS PO (donepezil hydrochloride) .....	101	ARIKAYCE .....	2	ARIMIDEX PO (anastrozole) .....	34	aripiprazole SOLN PO .....	42	aripiprazole TABS PO 15 MG .....	42	aripiprazole TABS PO 2 MG, 5 MG, 10 MG, 30 MG .....	42	aripiprazole TABS PO 20 MG .....	42	ARIXTRA 10 MG/0.8ML (fondaparinux sodium) .....	15	ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (fondaparinux sodium) .	15	ARIXTRA 5 MG/0.4ML (fondaparinux sodium) .....	15	armodafinil PO .....	2	ARMOUR THYROID TABS PO ..	107	ARNUITY ELLIPTA .....	13	AROMASIN PO (exemestane) ....	34	ARTHROTEC TBEC PO (diclofenac w/ misoprostol) .....	4	ASACOL HD TBEC PO (mesalamine) .....	71	asenapine maleate .....	41	aspirin CHEW PO .....	7
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aspirin TBEC PO 81 MG ..... 7	ATROVENT HFA ..... 13	MCG/SPRAY ..... 95
aspirin-dipyridamole PO ..... 76	AUGMENTIN ES-600 SUSR PO (amoxicillin & pot clavulanate) .... 101	azelastine hcl 0.15 %, 205.5 MCG/SPRAY ..... 95
ASSURE ID INSULIN SAFETY SYR 83	AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML ..... 101	azelastine hcl-fluticasone propionate SUSP ..... 95
ASTAGRAF XL CP24 ..... 90	AUGMENTIN TABS PO 125 MG-500 MG (amoxicillin & pot clavulanate) 101	AZILECT PO (rasagiline mesylate) 40
ATABEX EC TBEC PO ..... 93	AURYXIA ..... 72	azithromycin PACK PO ..... 80
ATACAND HCT PO (candesartan cilexetil-hydrochlorothiazide) ..... 29	AUSTEDO TABS 12 MG ..... 102	azithromycin SUSR PO ..... 80
ATACAND PO 32 MG (candesartan cilexetil) ..... 28	AUSTEDO TABS 6 MG ..... 102	azithromycin TABS PO 250 MG ... 80
ATACAND PO 4 MG, 8 MG, 16 MG (candesartan cilexetil) ..... 28	AUSTEDO TABS 9 MG ..... 102	azithromycin TABS PO 500 MG ... 80
atazanavir sulfate CAPS PO ..... 42	AUSTEDO XR PATIENT TITRATION TEPK ..... 102	azithromycin TABS PO 600 MG ... 80
atenolol & chlorthalidone PO ..... 29	AUSTEDO XR TB24 ..... 102	AZOPT (brinzolamide) ..... 99
atenolol TABS PO ..... 45	AVALIDE PO (irbesartan- hydrochlorothiazide) ..... 29	AZULFIDINE EN-TABS TBEC PO (sulfasalazine) ..... 71
ATIVAN TABS PO (lorazepam) .... 12	AVAPRO PO (irbesartan) ..... 28	AZULFIDINE TABS PO (sulfasalazine) ..... 72
atomoxetine hcl PO 10 MG, 18 MG, 25 MG, 40 MG ..... 1	AVODART PO (dutasteride) ..... 73	bacitracin (ophthalmic) ..... 97
atomoxetine hcl PO 60 MG, 80 MG, 100 MG ..... 1	AVONEX PEN AJKT ..... 103	bacitracin-polymyxin b (ophth) .... 97
atorvastatin calcium TABS PO .... 27	AVONEX PREFILLED PSKT ..... 103	bacitracin-poly-neomycin-hc ..... 98
atovaquone PO ..... 31	AYGESTIN TABS PO (norethindrone acetate) ..... 101	baclofen TABS PO 10 MG ..... 94
atovaquone-proguanil hcl PO ..... 32	AYVAKIT 100 MG, 200 MG, 300 MG 35	baclofen TABS PO 15 MG ..... 94
ATRALIN GEL (tretinoin) ..... 57	AYVAKIT 25 MG, 50 MG ..... 35	baclofen TABS PO 20 MG ..... 94
ATRIPLA PO (efavirenz- emtricitabine-tenofovir disoproxil fumarate) ..... 42	AZASITE ..... 97	baclofen TABS PO 5 MG ..... 94
atropine sulfate (ophthalmic) OINT 97	azathioprine TABS PO 50 MG ..... 90	BACTRIM DS TABS PO (sulfamethoxazole-trimethoprim) .. 31
atropine sulfate (ophthalmic) SOLN 97	azathioprine TABS PO 75 MG, 100 MG ..... 90	BACTRIM TABS PO (sulfamethoxazole-trimethoprim) .. 31
ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic)) ..... 97	azelaic acid GEL ..... 65	BALCOLTRA PO (levonorgestrel- ethinyl estradiol-iron) ..... 52
ATROPINE SULFATE SOLN 1 % .97	azelastine hcl (ophth) ..... 99	BALFAXAR ..... 74
	azelastine hcl 0.1 %, 137	balsalazide disodium CAPS PO ... 72
		BALVERSA ..... 36

BARACLUDE TABS PO (entecavir) 44	BENICAR HCT PO 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide) ...30	augmented LOTN .....62
BASE GELATIN GUMMY TROCHE 101	BENICAR PO 40 MG (olmesartan medoxomil) .....28	betamethasone dipropionate augmented OINT .....62
BD AUTOSHIELD .....83	BENICAR PO 5 MG, 20 MG (olmesartan medoxomil) .....28	betamethasone valerate CREA ....62
BD AUTOSHIELD DUO .....83	BENLYSTA SOAJ .....91	betamethasone valerate FOAM ...62
BD DISP NEEDLES .....83	BENLYSTA SOSY .....91	betamethasone valerate LOTN ....62
BD ECLIPSE LUER-LOK NEEDLE 83	BENSAL HP OINT .....65	betamethasone valerate OINT .....62
BD PEN NEEDLE MICRO U/F ...83	BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....57	BETAPACE AF PO (sotalol hcl (afib/af)) .....45
BD PEN NEEDLE MINI U/F .....83	BENZNIDAZOLE .....11	BETAPACE TABS PO 80 MG, 120 MG, 160 MG (sotalol hcl) .....45
BD PEN NEEDLE NANO 2ND GEN 84	benzonatate PO .....54	BETASERON KIT .....103
BD PEN NEEDLE NANO U/F ....84	benzoyl peroxide-erythromycin GEL 57	betaxolol hcl (ophth) SOLN .....96
BD PEN NEEDLE ORIGINAL U/F 84	benzphetamine hcl PO 25 MG .....1	betaxolol hcl PO .....45
BD PEN NEEDLE SHORT U/F ...84	benztropine mesylate TABS PO ...39	bethanechol chloride PO .....110
BD SAFETYGLIDE INSULIN SYRINGE .....84	bepotastine besilate .....99	BETHKIS NEBU (tobramycin) .....2
BD VEO INSULIN SYR U/F 1/2UNIT .....84	BEPREVE (bepotastine besilate) .99	BETIMOL (timolol) .....96
BD VEO INSULIN SYRINGE U/F .84	BESIVANCE .....97	BETIMOL 0.25 % .....96
BELLADONNA ALKALOIDS-OPIUM PR .....108	BETADINE OPHTHALMIC PREP .97	BETOPTIC-S SUSP .....96
BELSOMRA .....78	betaine PO .....69	bexarotene (topical) .....60
benazepril & hydrochlorothiazide PO 29	betamethasone dipropionate (topical) CREA .....62	bexarotene PO .....39
benazepril hcl PO .....28	betamethasone dipropionate (topical) LOTN .....62	BEYAZ PO (drospirenone-ethinyl estradiol-levomefolate calcium) ...52
BENEFIX KIT 250 UNIT, 2000 UNIT, 3000 UNIT .....74	betamethasone dipropionate (topical) OINT .....62	bicalutamide PO .....34
BENEFIX KIT 500 UNIT, 1000 UNIT 74	betamethasone dipropionate augmented CREA .....62	BIDIL PO (isosorbide dinitrate- hydralazine hcl) .....47
BENICAR HCT PO 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide) .....29	betamethasone dipropionate augmented GEL 0.05 % .....62	BIKTARVY .....42
	betamethasone dipropionate	bimatoprost SOLN .....100
		bisacodyl SUPP PR .....80
		bisacodyl TBEC PO .....80
		bisoprolol & hydrochlorothiazide PO 30

bisoprolol fumarate PO	45	bromocriptine mesylate TABS PO 2.5 MG	39	bupropion hcl TABS PO	19
bosentan TABS 125 MG	48	BRUKINSA	36	bupropion hcl TB12 PO	20
bosentan TABS 62.5 MG	48	budesonide (inhalation) SUSP 0.25 MG/2ML	13	bupropion hcl TB24 PO 150 MG, 300 MG	20
BOSULIF CAPS	36	budesonide (inhalation) SUSP 0.5 MG/2ML	13	bupropion hcl TB24 PO 450 MG	20
BOSULIF TABS 100 MG, 400 MG	36	budesonide (inhalation) SUSP 1 MG/2ML	13	bupropion hcl TB24 PO 450 MG	20
BOSULIF TABS 500 MG	36	budesonide (intrarectal)	11	buspirone hcl PO	12
BRAFTOVI PO 75 MG	36	budesonide TB24 PO	54	butalbital-acetaminophen CAPS PO 50 MG-300 MG	6
BREATHE COMFORT CHAMBER/ADULT DEVI	86	budesonide-formoterol fumarate dihydrate	14	butalbital-acetaminophen TABS PO 50 MG-300 MG	6
BREATHE COMFORT CHAMBER/CHILD DEVI	86	bumetanide TABS PO 0.5 MG, 1 MG 67		butalbital-acetaminophen TABS PO 50 MG-325 MG	6
BREATHE EASE LARGE DEVI	86	bumetanide TABS PO 2 MG	67	butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6
BREATHE EASE MEDIUM DEVI	86	BUMEX TABS PO 0.5 MG (bumetanide)	67	butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG	6
BREATHE EASE SMALL DEVI	86	buprenorphine hcl SUBL 2 MG	10	butalbital-acetaminophen-caffeine w/ codeine PO	9
BREATHERITE VALVED MDI CHAMBER DEVI	86	buprenorphine hcl SUBL 8 MG	10	butalbital-aspirin-caffeine CAPS PO	6
BREZTRI AEROSPHERE	14	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	10	butalbital-aspirin-caffeine w/cod PO	9
BRILINTA PO	76	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	10	butorphanol tartrate NA 10 MG/ML	10
brimonidine tartrate (topical)	65	buprenorphine hcl-naloxone hcl dihydrate SUBL	10	BUTRANS PTWK 7.5 MCG/HR (buprenorphine)	10
brimonidine tartrate	97	buprenorphine PTWK 15 MCG/HR 10		BYSTOLIC PO (nebivolol hcl)	45
brimonidine tartrate-timolol maleate	96	buprenorphine PTWK 20 MCG/HR 10		CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	42
brinzolamide	99	buprenorphine PTWK 5 MCG/HR	10	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	42
BRIVIACT SOLN PO 10 MG/ML	16	buprenorphine PTWK	10	cabergoline PO	70
BRIVIACT TABS 10 MG	16	bupropion hcl (smoking deterrent) PO	106	CABOMETYX TABS PO 20 MG, 60 MG	36
BRIVIACT TABS 100 MG	16				
BRIVIACT TABS 25 MG, 50 MG, 75 MG	16				
bromfenac sodium (ophth) 0.07 %, 0.075 %	99				
bromfenac sodium (ophth) 0.09 %	99				
bromocriptine mesylate CAPS PO	39				

CABOMETYX TABS PO 40 MG ...36	hydrochlorothiazide PO .....30	MG ..... 26
CAFERGOT TABS PO (ergotamine w/ caffeine) .....87	capecitabine PO ..... 33	CARBINOXAMINE MALEATE TABS PO .....26
caffeine citrate SOLN PO ..... 1	CAPRELSA PO .....36	CARDIZEM CD CP24 PO (diltiazem hcl coated beads) .....46
CALAN SR TBCR PO 120 MG (verapamil hcl) .....46	captopril & hydrochlorothiazide PO 30	CARDIZEM LA TB24 (diltiazem hcl) 46
CALAN SR TBCR PO 180 MG, 240 MG (verapamil hcl) .....46	captopril PO .....28	CARDIZEM TABS PO 30 MG, 60 MG, 120 MG (diltiazem hcl) .....46
CALCIFOL PO .....89	CARAC CREA ..... 60	CARDURA PO (doxazosin mesylate) 29
calcipotriene CREA .....60	CARAFATE SUSP PO (sucralfate) 109	CARDURA XL .....73
calcipotriene FOAM .....60	CARAFATE TABS PO (sucralfate) 109	CAREPOINT POLY HUB NEEDLE 84
CALCIPOTRIENE FOAM .....60	carbamazepine CHEW PO 100 MG 16	carisoprodol TABS PO .....94
calcipotriene OINT .....60	carbamazepine CP12 PO .....16	CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers)) 69
calcipotriene SOLN .....60	carbamazepine SUSP PO ..... 17	CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers)) 69
calcipotriene-betamethasone dipropionate OINT ..... 62	carbamazepine TABS PO ..... 17	carteolol hcl (ophth) .....96
calcipotriene-betamethasone dipropionate SUSP .....63	carbamazepine TB12 PO 100 MG .17	carvedilol phosphate PO .....45
calcitonin (salmon) IJ ..... 68	carbamazepine TB12 PO 200 MG .17	carvedilol PO 3.125 MG ..... 45
calcitonin (salmon) NA .....68	carbamazepine TB12 PO 400 MG .17	carvedilol PO 6.25 MG, 12.5 MG, 25 MG ..... 45
calcitriol (topical) .....60	CARBATROL CP12 PO (carbamazepine) .....17	CASODEX PO (bicalutamide) ..... 34
calcitriol CAPS PO 0.25 MCG ..... 69	carbidopa PO .....39	CAYA DPRH .....81
calcitriol CAPS PO 0.5 MCG .....69	carbidopa-levodopa TABS PO ....39	cefaclor CAPS PO ..... 49
calcitriol SOLN PO .....69	carbidopa-levodopa TBCR PO 100 MG-25 MG .....39	CEFACLOR ER TB12 PO ..... 49
calcium acetate (phosphate binder) CAPS PO .....72	carbidopa-levodopa TBCR PO 200 MG-50 MG .....39	cefaclor SUSR PO 125 MG/5ML, 375 MG/5ML .....49
calcium acetate (phosphate binder) TABS PO .....72	carbidopa-levodopa TBDP PO ....40	cefadroxil CAPS PO ..... 49
CALQUENCE ..... 36	carbidopa-levodopa-entacapone PO . 39	cefadroxil SUSR PO .....49
candesartan cilexetil PO 32 MG ...29	carbinoxamine maleate SOLN PO .26	
candesartan cilexetil PO 4 MG, 8 MG, 16 MG .....28	carbinoxamine maleate SUER PO 26	
candesartan cilexetil-	carbinoxamine maleate TABS PO 4	



cefadroxil TABS PO .....	49	CHENODAL PO .....	71	cimetidine TABS PO 300 MG, 800 MG .....	109
cefdinir CAPS PO .....	49	chlordiazepoxide hcl CAPS PO ....	12	cimetidine TABS PO 400 MG ....	109
cefdinir SUSR PO .....	49	chlordiazepoxide hcl-clidinium bromide PO .....	108	cinacalcet hcl PO .....	69
cefixime CAPS PO .....	49	chlordiazepoxide-amitriptyline PO 102		CIPRO HC .....	100
cefixime SUSR PO .....	49	chloroquine phosphate TABS PO .	32	CIPRO SUSR PO .....	71
cefpodoxime proxetil SUSR PO ...	49	chlorpromazine hcl TABS PO .....	41	CIPRO TABS PO 250 MG, 500 MG (ciprofloxacin hcl) .....	71
cefpodoxime proxetil TABS PO ...	49	chlorthalidone PO 25 MG, 50 MG .	67	CIPRODEX (ciprofloxacin- dexamethasone) .....	100
cefprozil SUSR PO .....	49	chlorzoxazone TABS PO 250 MG .	94	ciprofloxacin hcl (ophth) SOLN ....	97
cefprozil TABS PO .....	49	chlorzoxazone TABS PO 375 MG, 500 MG, 750 MG .....	94	ciprofloxacin hcl (otic) .....	100
cefuroxime axetil TABS PO .....	49	cholestyramine light PACK PO ....	26	ciprofloxacin hcl TABS PO .....	71
CELEBREX PO 400 MG (celecoxib) . 4		cholestyramine light POWD PO ...	26	ciprofloxacin SUSR PO .....	71
CELEBREX PO 50 MG, 100 MG, 200 MG (celecoxib) .....	4	cholestyramine PACK PO .....	26	ciprofloxacin-dexamethasone ....	100
celecoxib PO 400 MG .....	4	cholestyramine POWD PO .....	26	ciprofloxacin-fluocinolone acetonide . 100	
celecoxib PO 50 MG, 100 MG, 200 MG .....	4	choline fenofibrate PO 135 MG ...	27	citalopram hydrobromide SOLN PO 20	
CELEXA TABS PO (citalopram hydrobromide) .....	20	choline fenofibrate PO 45 MG ....	27	citalopram hydrobromide TABS PO 20	
CELLCEPT CAPS PO (mycophenolate mofetil) .....	90	CIALIS PO 2.5 MG (tadalafil) .....	47	CITRANATAL 90 DHA PO 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
CELLCEPT TABS PO (mycophenolate mofetil) .....	90	CIALIS PO 5 MG, 10 MG, 20 MG (tadalafil) .....	47	CITRANATAL ASSURE PO .....	93
CELONTIN (methsuximide) .....	19	ciclopirox GEL .....	59	CITRANATAL B-CALM PO 120 MG- 25 MG-1 MG-400 UNIT-120 MG-20 MG .....	93
CENTANY OINT .....	59	ciclopirox olamine CREA .....	59	CITRANATAL HARMONY PO 25 MG-1 MG-400 UNIT-50 MG-104 MG- 27 MG-30 UNIT-260 MG .....	93
cephalexin CAPS PO .....	49	ciclopirox olamine SUSP .....	59	CITRANATAL MEDLEY .....	93
cephalexin SUSR PO .....	49	ciclopirox SHAM .....	59	CLARINEX TABS PO (desloratadine).	
CEPROTIN .....	76	ciclopirox SOLN .....	59		
CERDELGA .....	76	cilostazol PO .....	76		
CERVIDIL INST .....	100	CILOXAN OINT .....	97		
cevimeline hcl PO .....	91	CILOXAN SOLN (ciprofloxacin hcl (ophth)) .....	97		
CHEMET PO .....	24	CIMDUO .....	42		
		cimetidine hcl PO 300 MG/5ML ..	108		

26	clindamycin phosphate (topical) SWAB .....	57	clomiphene citrate TABS PO .....	68	
clarithromycin SUSR PO .....	80	clindamycin phosphate vaginal CREA .....	111	clomipramine hcl PO .....	21
clarithromycin TABS PO .....	80	clindamycin phosphate-benzoyl peroxide (refrigerate) .....	57	clonazepam TABS PO .....	16
clarithromycin TB24 PO .....	80	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	57	clonazepam TBDP PO .....	16
clemastine fumarate SYRP PO ....	26	clindamycin phosphate-tretinoin ..	57	clonidine hcl TABS PO .....	29
clemastine fumarate TABS PO 2.68 MG .....	26	CLINDESSE .....	111	clonidine TB24 .....	29
CLEOCIN CREA (clindamycin phosphate vaginal) .....	111	clobazam SUSP .....	16	clopidogrel bisulfate PO .....	76
CLEOCIN PO (clindamycin hcl) ...	32	clobazam TABS PO 10 MG .....	16	clorazepate dipotassium TABS PO 12	
CLEOCIN PO (clindamycin palmitate hydrochloride) .....	32	clobazam TABS PO 20 MG .....	16	clotrimazole .....	91
CLEOCIN SUPP .....	111	clobetasol propionate CREA 0.05 % . 63		clotrimazole w/ betamethasone CREA .....	59
CLEOCIN-T LOTN (clindamycin phosphate (topical)) .....	57	clobetasol propionate emollient base 0.05 % .....	63	clotrimazole w/ betamethasone LOTN .....	59
CLEVER CHOICE HOLDING CHAMBER DEVI .....	86	clobetasol propionate emulsion ...	63	clozapine TABS PO .....	41
CLIMARA PRO .....	70	clobetasol propionate FOAM .....	63	clozapine TBDP PO .....	41
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) .....	70	clobetasol propionate GEL 0.05 %	63	CLOZARIL TABS PO (clozapine) .	41
CLINDAGEL GEL (clindamycin phosphate (topical)) .....	57	clobetasol propionate LIQD .....	63	C-NATE DHA CAPS PO .....	93
clindamycin hcl PO .....	32	clobetasol propionate LOTN .....	63	CO MONITOR DEVI .....	86
clindamycin palmitate hydrochloride PO .....	32	clobetasol propionate OINT 0.05 % 63		COARTEM .....	32
clindamycin phosphate (topical) FOAM .....	57	clobetasol propionate SHAM .....	63	codeine sulfate TABS PO .....	7
clindamycin phosphate (topical) GEL 57		clobetasol propionate SOLN 0.05 % . 63		CODITUSSIN AC LIQD PO .....	55
clindamycin phosphate (topical) LOTN .....	57	CLOBEX LOTN 0.05 % (clobetasol propionate) .....	63	COLAZAL CAPS PO (balsalazide disodium) .....	72
clindamycin phosphate (topical) SOLN .....	57	CLOBEX SHAM (clobetasol propionate) .....	63	colchicine CAPS .....	74
		clocortolone pivalate .....	63	colchicine TABS PO .....	74
		CLODERM (clocortolone pivalate) 63		colchicine w/ probenecid PO .....	74
				COLCRYS TABS PO (colchicine) .	74
				colesevelam hcl PACK .....	26
				colesevelam hcl TABS PO .....	26
				COLESTID FLAVORED GRAN PO (colestipol hcl) .....	26

COLESTID FLAVORED PACK PO (colestipol hcl) .....	26	CONCEPT DHA PO .....	93	timolol maleate) .....	96
COLESTID GRAN PO (colestipol hcl) .....	27	CONCEPT OB PO .....	93	COTELLIC .....	36
COLESTID PACK PO (colestipol hcl) 27		CONDOMS .....	81	COVID VACCINES .....	110
COLESTID TABS PO (colestipol hcl) 27		CONTRACE PO .....	1	COVID-19 AT HOME TEST KITS	.66
colestipol hcl GRAN PO .....	27	COPIKTRA PO .....	36	COVID-19 FLU A&B 3-IN-1 TEST	66
colestipol hcl PACK PO .....	27	CORDRAN TAPE .....	63	COZAAR PO (losartan potassium)	29
colestipol hcl TABS PO .....	27	COREG CR PO (carvedilol phosphate) .....	45	CREON CPEP PO .....	66
COMBIGAN (brimonidine tartrate- timolol maleate) .....	96	COREG PO 3.125 MG (carvedilol)	45	CRESEMBA CAPS 186 MG .....	25
COMBIPATCH PTTW .....	70	COREG PO 6.25 MG, 12.5 MG, 25 MG (carvedilol) .....	45	CRESTOR TABS PO (rosuvastatin calcium) .....	27
COMBIVENT RESPIMAT AERS ..	14	CORGARD TABS PO 20 MG, 40 MG (nadolol) .....	45	CRINONE GEL 8 % .....	111
COMBIVIR PO (lamivudine- zidovudine) .....	42	CORIFACT .....	74	cromolyn sodium (ophth) .....	99
COMETRIQ (100 MG DAILY DOSE) KIT .....	36	CORLANOR SOLN .....	49	cromolyn sodium NEBU .....	13
COMETRIQ (140 MG DAILY DOSE) KIT .....	36	CORTEF TABS PO (hydrocortisone) . 54		CUPRIMINE CAPS PO (penicillamine) .....	90
COMETRIQ (60 MG DAILY DOSE) KIT .....	36	CORTENEMA PR (hydrocortisone (intrarectal)) .....	11	CUVPOSA SOLN PO (glycopyrrolate) .....	108
COMFORT EZ INSULIN SYRINGE . 84		CORTIFOAM EX 10 % .....	11	CVS WOMENS PRENATAL+DHA MISC PO .....	93
COMPACT SPACE CHAMBER DEVI .....	86	CORTISPORIN-TC .....	100	cyclobenzaprine hcl TABS PO 5 MG, 10 MG .....	94
COMPACT SPACE CHAMBER/LG MASK DEVI .....	86	COSENTYX (300 MG DOSE) SOSY . 60		CYCLOGYL (cyclopentolate hcl) ..	97
COMPACT SPACE CHAMBER/MED MASK DEVI .....	86	COSENTYX SENSOREADY (300 MG) SOAJ .....	60	CYCLOGYL .....	97
COMPACT SPACE CHAMBER/SM MASK DEVI .....	86	COSENTYX SENSOREADY PEN SOAJ .....	60	CYCLOMYDRIL .....	97
COMPLERA .....	42	COSENTYX SOSY 150 MG/ML ...	61	cyclopentolate hcl .....	97
COMPLETENATE CHEW PO .....	93	COSENTYX SOSY 75 MG/0.5ML .	61	cyclophosphamide CAPS .....	33
		COSENTYX UNOREADY SOAJ ..	61	CYCLOPHOSPHAMIDE TABS PO 33	
		COSOPT (dorzolamide hcl-timolol maleate) .....	96	cycloserine PO .....	33
		COSOPT PF (dorzolamide hcl-		cyclosporine (ophth) EMUL .....	98
				cyclosporine CAPS PO .....	90
				cyclosporine modified (for	

microemulsion) CAPS PO ..... 90	dapsone PO 100 MG ..... 32	ACETATE 104MG/0.65ML SUSP PREF SYR) ..... 54
cyclosporine modified (for microemulsion) SOLN PO ..... 90	dapsone PO 25 MG ..... 32	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) ..... 63
CYMBALTA CPEP PO (duloxetine hcl) ..... 21	darifenacin hydrobromide PO .... 110	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) ..... 63
cyproheptadine hcl SYRP PO ..... 26	darunavir TABS ..... 42	DERMOTIC (fluocinolone acetonide (otic)) ..... 100
cyproheptadine hcl TABS PO ..... 26	dasatinib ..... 36	DESCOVY 200 MG-25 MG ..... 42
CYSTADANE PO (betaine) ..... 69	DAURISMO ..... 34	desipramine hcl TABS PO ..... 21
CYSTAGON CAPS PO ..... 73	DAYPRO TABS PO (oxaprozin) .... 4	desloratadine TABS PO ..... 26
CYSTARAN ..... 99	DDAVP TABS PO 0.1 MG (desmopressin acetate) ..... 69	desloratadine TBDP PO 2.5 MG ... 26
CYTOMEL TABS PO 25 MCG, 50 MCG (liothyronine sodium) ..... 107	DDAVP TABS PO 0.2 MG (desmopressin acetate) ..... 69	desloratadine TBDP PO 5 MG .... 26
CYTOMEL TABS PO 5 MCG (liothyronine sodium) ..... 107	deferasirox PACK ..... 24	DESMOPRESSIN ACETATE SOLN NA ..... 70
CYTOTEC PO (misoprostol) ..... 110	deferasirox TABS PO ..... 24	desmopressin acetate spray ..... 70
CYTRA-3 SYRP PO ..... 73	deferiprone TABS 500 MG ..... 24	desmopressin acetate spray refrigerated 0.01 % ..... 70
dabigatran etexilate mesylate CAPS PO 110 MG ..... 16	deflazacort SUSP PO ..... 54	desmopressin acetate TABS PO 0.1 MG ..... 70
dabigatran etexilate mesylate CAPS PO 75 MG, 150 MG ..... 16	deflazacort TABS PO ..... 54	desmopressin acetate TABS PO 0.2 MG ..... 70
dalfampridine ..... 103	DELESTROGEN (estradiol valerate) 70	desogestrel & ethinyl estradiol PO .52
DALIRESP PO (roflumilast) ..... 13	DELSTRIGO ..... 42	desogestrel-ethinyl estradiol (biphasic) PO ..... 52
danazol CAPS PO ..... 10	DELZICOL CPDR PO (mesalamine) . 72	desonide CREA ..... 63
DANTRIUM CAPS PO 25 MG (dantrolene sodium) ..... 95	demeclocycline hcl TABS PO .... 107	desonide GEL ..... 63
dantrolene sodium CAPS PO ..... 95	DEMSEER PO (metyrosine) ..... 28	desonide LOTN ..... 63
dapagliflozin propanediol PO ..... 23	DEPAKOTE ER TB24 PO (divalproex sodium) ..... 19	desonide OINT ..... 63
dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG ..... 22	DEPAKOTE SPRINKLES CSDR PO (divalproex sodium) ..... 19	DESOWEN CREA (desonide) ..... 63
dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG ..... 22	DEPAKOTE TBEC PO (divalproex sodium) ..... 19	desoximetasone CREA ..... 63
dapsone (topical) 5 % ..... 57	DEPEN TITRATABS TABS PO (penicillamine) ..... 90	desoximetasone GEL ..... 63
dapsone (topical) 7.5 % ..... 58	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE	desoximetasone LIQD ..... 63

desoximetasone OINT 0.05 %	63	diazepam CONC	12	diflorasone diacetate OINT	63
desoximetasone OINT 0.25 %	63	diazepam SOLN PO 5 MG/5ML	12	DIFLUCAN SUSR PO (fluconazole)	25
DESOXYN PO (methamphetamine hcl)	1	diazepam TABS PO 10 MG	12	DIFLUCAN TABS PO 100 MG, 150 MG, 200 MG (fluconazole)	25
desvenlafaxine succinate PO	21	diazepam TABS PO 2 MG, 5 MG	12	diflunisal TABS PO	7
DETROL LA CP24 PO (tolterodine tartrate)	110	diazoxide	22	difluprednate	98
DETROL TABS PO (tolterodine tartrate)	110	DIBENZYLINE PO (phenoxybenzamine hcl)	28	digoxin SOLN PO 0.05 MG/ML	47
dexamethasone ELIX PO	54	DICLEGIS TBEC PO (doxylamine-pyridoxine)	25	digoxin TABS PO 62.5 MCG, 125 MCG, 250 MCG	47
DEXAMETHASONE INTENSOL CONC	54	diclofenac potassium TABS PO 50 MG	5	dihydroergotamine mesylate SOLN IJ 1 MG/ML	87
dexamethasone sodium phosphate (ophth)	98	diclofenac sodium (actinic keratoses) EX	60	dihydroergotamine mesylate SOLN NA 4 MG/ML	87
dexamethasone SOLN PO	54	diclofenac sodium (ophth)	99	DILANTIN INFATABS CHEW PO (phenytoin)	19
dexamethasone TABS PO	54	diclofenac sodium (topical) GEL EX 60		DILANTIN PO (phenytoin sodium extended)	19
DEXEDRINE CP24 PO 10 MG, 15 MG (dextroamphetamine sulfate)	1	diclofenac sodium (topical) SOLN EX 1.5 %	60	DILANTIN PO 30 MG	19
dexmethylphenidate hcl CP24 PO	2	diclofenac sodium TB24 PO	5	DILANTIN SUSP PO (phenytoin)	19
dexmethylphenidate hcl TABS PO	2	diclofenac sodium TBEC PO	5	DILANTIN-125 SUSP PO (phenytoin)	19
dextroamphetamine sulfate CP24 PO	1	diclofenac w/ misoprostol TBEC PO	5	DILAUDID LIQD PO (hydromorphone hcl)	7
dextroamphetamine sulfate SOLN PO	1	dicloxacillin sodium PO	101	DILAUDID TABS PO (hydromorphone hcl)	7
dextroamphetamine sulfate TABS PO 5 MG, 10 MG	1	dicyclomine hcl CAPS PO	108	diltiazem hcl coated beads CP24 PO	46
DHIVY TABS PO	40	dicyclomine hcl SOLN PO	108	diltiazem hcl CP12 PO	46
DIACOMIT CAPS 250 MG	17	dicyclomine hcl TABS PO	108	diltiazem hcl CP24 PO	46
DIACOMIT CAPS 500 MG	17	DIFFERIN CREA (adapalene)	58	diltiazem hcl extended release beads PO	46
DIACOMIT PACK 250 MG	17	DIFFERIN GEL 0.1 % (adapalene)	58	diltiazem hcl TABS PO	46
DIACOMIT PACK 500 MG	17	DIFFERIN GEL 0.3 % (adapalene)	58	diltiazem hcl TB24	46
diazepam (anticonvulsant) GEL PR 16		DIFFERIN LOTN	58		
		DIFICID TABS	81		
		diflorasone diacetate CREA	63		

dimethyl fumarate CDPK .....	103	donepezil hydrochloride TBP	PO	101	DROPLET INSULIN SYRINGE ...	84
dimethyl fumarate CPDR .....	103	DORAL PO (quazepam) .....	78		DROPSAFE SAFETY	
DIOVAN HCT PO 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide) .....	30	dorzolamide hcl .....	99		SYRINGE/NEEDLE .....	84
DIOVAN HCT PO 25 MG-160 MG (valsartan-hydrochlorothiazide) ...	30	DORZOLAMIDE HCL .....	99		drospirenone-ethinyl estradiol PO .	52
DIOVAN TABS PO 160 MG (valsartan) .....	29	DORZOLAMIDE HCL-TIMOLOL MAL .....	96		drospirenone-ethinyl estradiol- levomefolate calcium PO .....	52
DIOVAN TABS PO 40 MG, 80 MG, 320 MG (valsartan) .....	29	dorzolamide hcl-timolol maleate ..	96		DROXIA CAPS .....	77
DIPENTUM PO .....	72	DOVATO .....	42		droxidopa .....	111
diphenoxylate w/ atropine LIQD PO 24		DOVONEX CREA (calcipotriene) .	61		DRYSOL SOLN .....	65
diphenoxylate w/ atropine TABS PO . 24		doxazosin mesylate PO .....	29		DUAVEE .....	70
DIPROLENE OINT (betamethasone dipropionate augmented) .....	63	doxepin hcl (antipruritic) .....	60		DUET DHA 400 MISC PO .....	93
dipyridamole PO .....	76	doxepin hcl CAPS PO .....	21		DUETACT (pioglitazone hcl- glimepiride) .....	22
disopyramide phosphate CAPS PO 12		doxepin hcl CONC PO .....	21		DULCOLAX PINK LAXATIVE TBEC PO (bisacodyl) .....	80
disulfiram PO .....	101	doxercalciferol CAPS PO .....	69		DULCOLAX SUPP PR (bisacodyl)	80
DITROPAN XL TB24 PO 5 MG, 10 MG (oxybutynin chloride) .....	110	doxycycline (monohydrate) CAPS PO .....	107		DULCOLAX TBEC PO (bisacodyl)	80
DIURIL SUSP PO .....	68	doxycycline (monohydrate) SUSR PO .....	107		duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG .....	21
divalproex sodium CSDR PO .....	19	doxycycline (monohydrate) TABS PO 150 MG .....	107		DUOPA SUSP .....	40
divalproex sodium TB24 PO .....	19	doxycycline (monohydrate) TABS PO 50 MG, 75 MG, 100 MG .....	107		DUPIXENT SOAJ 300 MG/2ML ...	64
divalproex sodium TBEC PO .....	19	doxycycline (rosacea) PO .....	65		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML .....	64
DIVIGEL GEL (estradiol) .....	70	doxycycline hyclate CAPS PO ...	107		DUREX EXTRA SENSITIVE THIN DEVI .....	81
dofetilide PO .....	12	doxycycline hyclate TABS PO 20 MG, 100 MG .....	107		DUREX EXTRA SENSITIVE THIN MISC .....	81
DOJOLVI .....	96	doxylamine-pyridoxine TBEC PO .	25		DUREX TROPICAL MISC .....	81
donepezil hydrochloride TABS PO 101		DRISDOL CAPS PO (ergocalciferol) . 111			dutasteride PO .....	73
		dronabinol CAPS PO 10 MG .....	25		dutasteride-tamsulosin hcl PO ....	73
		dronabinol CAPS PO 2.5 MG, 5 MG . 25			DYMISTA SUSP (azelastine hcl- fluticasone propionate) .....	95
					E.E.S. GRANULES SUSR PO	

(erythromycin ethylsuccinate) .....	80	efavirenz TABS PO .....	42	EMFLAZA SUSP PO (deflazacort)	54
EASIVENT MASK LARGE MISC ..	86	efavirenz-emtricitabine-tenofovir		EMFLAZA TABS PO (deflazacort)	.54
EASIVENT MASK MEDIUM MISC	86	disoproxil fumarate PO .....	42	EMGALITY SOAJ .....	.87
EASIVENT MASK SMALL MISC ..	86	efavirenz-lamivudine-tenofovir		EMGALITY SOSY .....	.87
EASIVENT MISC .....	86	disoproxil fumarate .....	42	EMSAM .....	.20
EASY FLOW BLACK/BLUE DEVI	.86	EFFER-K .....	90	emtricitabine CAPS PO .....	42
EASY FLOW BLACK/ORANGE DEVI		EFFEXOR XR CP24 PO 150 MG		emtricitabine-tenofovir disoproxil	
.....	86	(venlafaxine hcl) .....	21	fumarate PO 100 MG-150 MG, 133	
EASY FLOW BLACK/RED DEVI ..	86	EFFEXOR XR CP24 PO 37.5 MG, 75		MG-200 MG, 167 MG-250 MG ....	42
EASY FLOW BLACK/WHITE DEVI		MG (venlafaxine hcl) .....	21	emtricitabine-tenofovir disoproxil	
86		EFFIENT PO (prasugrel hcl) .....	76	fumarate PO 200 MG-300 MG ....	42
EASY FLOW BLACK/YELLOW DEVI		EGRIFTA SV .....	68	EMTRIVA CAPS PO (emtricitabine)	
.....	86	ELESTRIN GEL .....	70	42	
EASY FLOW WHITE/BLUE DEVI	.86	eletriptan hydrobromide PO .....	88	EMTRIVA SOLN .....	42
EASY FLOW WHITE/GREEN DEVI		ELIDEL (pimecrolimus) .....	65	enalapril maleate &	
86		ELIGARD SC .....	34	hydrochlorothiazide PO .....	30
EASY FLOW WHITE/PINK DEVI ..	86	ELIMITE CREA (permethrin) .....	66	enalapril maleate TABS PO .....	28
EASY FLOW WHITE/WHITE DEVI		ELIQUIS DVT/PE STARTER PACK		ENBRACE HR .....	.93
86		TBPK .....	15	ENBREL MINI SOCT .....	.6
EASY FLOW WHITE/YELLOW DEVI		ELIQUIS TABS .....	15	ENBREL SOLN .....	.6
86		ELLA PO .....	53	ENBREL SOSY 25 MG/0.5ML .....	.6
EASY TOUCH FLIPLOCK NEEDLES		ELMIRON CAPS PO .....	73	ENBREL SOSY 50 MG/ML .....	.6
.....	84	ELOCTATE 250 UNIT, 500 UNIT,		ENBREL SURECLICK SOAJ .....	.6
EASY TOUCH HYPODERMIC		750 UNIT, 1000 UNIT, 1500 UNIT,		ENCARE SUPP 100 MG .....	111
NEEDLE .....	84	2000 UNIT, 3000 UNIT .....	74	ENDOMETRIN INST .....	111
econazole nitrate CREA .....	59	ELOCTATE 4000 UNIT, 5000 UNIT,		enoxaparin sodium SOLN IJ 300	
ECOZA FOAM .....	59	6000 UNIT .....	75	MG/3ML .....	15
ED BRON GP LIQD PO .....	55	EMBECTA INSULIN SYRINGE U/F		enoxaparin sodium SOSY 100	
EDARBI PO 40 MG .....	29	84		MG/ML, 150 MG/ML .....	15
EDARBI PO 80 MG .....	29	EMCYT PO .....	34	enoxaparin sodium SOSY 30	
EDARBYCLOR PO .....	30	EMEND CAPS PO 80 MG		MG/0.3ML .....	15
EDURANT .....	42	(aprepitant) .....	25	enoxaparin sodium SOSY 40	
efavirenz CAPS PO .....	42	EMEND SUSR .....	25	MG/0.4ML .....	15

enoxaparin sodium SOSY 60 MG/0.6ML .....	15	EQUETRO PO .....	40	ESGIC TABS PO (butalbital- acetaminophen-caffeine) .....	6
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	15	ergocalciferol CAPS PO .....	111	estazolam PO .....	78
entacapone PO .....	39	ergoloid mesylates TABS PO ....	103	ESTRACE CREA (estradiol vaginal) . 111	
entecavir TABS PO .....	44	ERGOMAR SUBL .....	88	ESTRACE TABS PO (estradiol) ...	70
ENTEREG PO (alvimopan) .....	72	ergotamine w/ caffeine TABS PO .	87	estradiol & norethindrone acetate TABS PO .....	70
ENTRESTO CPSP .....	47	ERIVEDGE .....	34	estradiol GEL .....	71
ENTRESTO TABS PO .....	47	ERLEADA 240 MG .....	34	estradiol PTTW .....	71
EPCLUSA PACK .....	44	ERLEADA 60 MG .....	34	estradiol PTWK .....	71
EPCLUSA TABS 100 MG-400 MG	44	erlotinib hcl .....	34	estradiol TABS PO .....	71
EPCLUSA TABS 50 MG-200 MG .	44	ERTACZO .....	59	estradiol vaginal CREA .....	111
EPIDIOLEX .....	17	ERYGEL GEL (erythromycin (acne aid)) .....	58	estradiol vaginal TABS .....	111
EPIDUO FORTE GEL (adapalene- benzoyl peroxide) .....	58	ERYPED 200 SUSR PO (erythromycin ethylsuccinate) ....	80	estradiol valerate .....	71
EPIDUO GEL (adapalene-benzoyl peroxide) .....	58	ERYPED 400 SUSR PO (erythromycin ethylsuccinate) ....	80	ESTRING RING .....	111
EPIFOAM FOAM .....	63	erythromycin (acne aid) GEL .....	58	ESTROGEL GEL (estradiol) .....	71
epinastine hcl (ophth) .....	99	erythromycin (acne aid) SOLN ....	58	eszopiclone PO .....	78
epinephrine (anaphylaxis) SOAJ .	111	erythromycin (ophth) .....	97	ethacrynic acid PO .....	67
EPIVIR SOLN PO (lamivudine) ....	42	ERYTHROMYCIN .....	97	ethambutol hcl TABS PO .....	33
EPIVIR TABS PO (lamivudine) ....	43	erythromycin base CPEP PO .....	81	ethosuximide CAPS PO .....	19
eplerenone PO .....	31	erythromycin base TABS PO .....	81	ethosuximide SOLN PO .....	19
EPZICOM PO (abacavir sulfate- lamivudine) .....	43	erythromycin base TBEC PO .....	81	ethynodiol diacet & eth estrad PO .	52
EQ SPACE CHAMBER ANTI- STATIC DEVI .....	86	erythromycin ethylsuccinate SUSR PO .....	81	etodolac CAPS PO .....	5
EQ SPACE CHAMBER ANTI- STATIC L DEVI .....	86	erythromycin ethylsuccinate TABS PO .....	81	etodolac TABS PO .....	5
EQ SPACE CHAMBER ANTI- STATIC M DEVI .....	86	escitalopram oxalate SOLN PO ...	20	etodolac TB24 PO .....	5
EQ SPACE CHAMBER ANTI- STATIC S DEVI .....	86	escitalopram oxalate TABS PO 10 MG, 20 MG .....	20	etonogestrel-ethinyl estradiol ....	53
		escitalopram oxalate TABS PO 5 MG .....	20	etoposide CAPS PO .....	39
				etravirine PO .....	43
				EUCRISA .....	65
				EULEXIN PO .....	34



EVAMIST SOLN .....	71	LUBRICATED/SPERMICIDE MISC 81	fenoprofen calcium TABS PO .....	5
everolimus (immunosuppressant) .....	90	FARXIGA PO .....	FENSOLVI (6 MONTH) SC .....	69
everolimus TABS .....	36	FASENRA PEN SOAJ .....	fenentanyl citrate LPOP 1600 MCG ...	8
everolimus TBSO .....	36	FASENRA SOSY .....	fenentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....	8
EVISTA PO (raloxifene hcl) .....	68	FC2 FEMALE CONDOM .....	fenentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	8
EVOCLIN FOAM (clindamycin phosphate (topical)) .....	58	febuxostat 40 MG .....	fenentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	8
EVOTAZ .....	43	febuxostat 80 MG .....	FERRIPROX SOLN .....	24
EVOXAC PO (cevimeline hcl) .....	91	FEIBA .....	FERRIPROX TABS 500 MG (deferiprone) .....	24
EVRYSDI .....	96	felbamate SUSP .....	fesoterodine fumarate .....	110
EXELDERM CREA (sulconazole nitrate) .....	59	felbamate TABS PO .....	FETZIMA CP24 20 MG .....	21
EXELDERM SOLN .....	59	FELBATOL SUSP (felbamate) .....	FETZIMA CP24 40 MG, 80 MG, 120 MG .....	21
EXELON (rivastigmine) .....	102	FELBATOL TABS PO (felbamate) .....	FETZIMA TITRATION C4PK .....	21
exemestane PO .....	34	FELDENE CAPS PO 10 MG (piroxicam) .....	FIBRICOR PO 105 MG (fenofibric acid) .....	27
EXFORGE HCT PO (amlodipine- valsartan-hydrochlorothiazide) .....	30	FELDENE CAPS PO 20 MG (piroxicam) .....	FIBRYGA .....	75
EXFORGE PO 10 MG-160 MG (amlodipine besylate-valsartan) ...	30	felodipine PO 10 MG .....	FINACEA FOAM .....	65
EXFORGE PO 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) ...	30	felodipine PO 2.5 MG, 5 MG .....	FINACEA GEL (azelaic acid) .....	65
EXODERM .....	59	FEMARA PO (letrozole) .....	finasteride PO .....	73
ezetimibe PO .....	28	FEMCAP DEVI .....	fingolimod hcl PO .....	103
ezetimibe-simvastatin PO .....	26	FEMRING .....	FIORICET CAPS PO (butalbital- acetaminophen-caffeine) .....	7
FABHALTA .....	76	fenofibrate CAPS PO .....	FIORICET/CODEINE PO 30 MG-40 MG-50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) .	9
FABIOR FOAM .....	58	fenofibrate micronized PO 130 MG, 200 MG .....	FIRAZYR SOSY (icatibant acetate)	76
famciclovir PO .....	44	fenofibrate micronized PO 43 MG, 67 MG, 134 MG .....		
famotidine SUSR PO .....	109	fenofibrate TABS PO 145 MG, 160 MG .....		
famotidine TABS PO 40 MG .....	109	fenofibrate TABS PO 48 MG .....		
FANTASY LUBRICATED MISC ...	81	fenofibrate TABS PO 54 MG .....		
FANTASY		fenofibric acid PO 105 MG .....		

FIRDAPSE .....	32	fluocinonide emulsified base .....	63	fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....	14
FLAREX .....	98	fluocinonide GEL .....	63	fluticasone propionate (nasal) SUSP . 96	
flavoxate hcl PO .....	110	fluocinonide OINT .....	63	fluticasone propionate CREA 0.05 % 63	
flecainide acetate PO .....	12	fluocinonide SOLN .....	63	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	14
FLEXICHAMBER DEVI .....	86	fluorometholone (ophth) SUSP ....	98	fluticasone propionate hfa 44 MCG/ACT .....	14
FLOMAX PO (tamsulosin hcl) .....	73	fluorouracil (topical) CREA 0.5 % .	60	fluticasone propionate LOTN .....	63
FLOMIST ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ....	95	fluorouracil (topical) CREA 5 % ...	60	fluticasone propionate OINT .....	63
FLORAFOL PEDIATRIC CHEW PO . 92		fluorouracil (topical) SOLN .....	60	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	14
FLORAFOL PEDIATRIC SOLN PO 92		fluoxetine hcl (pmd) TABS PO ..	103	fluticasone-salmeterol AERO .....	14
FLORIVA .....	89	fluoxetine hcl CAPS PO 10 MG, 20 MG .....	20	fluvastatin sodium CAPS PO .....	27
FLORIVA .....	92	fluoxetine hcl CAPS PO 40 MG ...	20	fluvastatin sodium TB24 PO .....	27
FLORIVA PLUS SOLN PO .....	92	fluoxetine hcl CPDR PO .....	20	fluvoxamine maleate CP24 PO 100 MG .....	20
FLOWFLEX PLUS COVID-19/FLU A/B .....	66	fluoxetine hcl SOLN PO .....	20	fluvoxamine maleate CP24 PO 150 MG .....	20
FLUBLOK SOSY .....	110	FLUOXETINE HCL TABS PO (fluoxetine hcl) .....	20	fluvoxamine maleate TABS PO 100 MG .....	20
FLUCELVAX SUSP .....	110	fluoxetine hcl TABS PO 10 MG ...	20	fluvoxamine maleate TABS PO 25 MG, 50 MG .....	20
fluconazole SUSR PO .....	25	fluoxetine hcl TABS PO 20 MG, 60 MG .....	20	FLUZONE HIGH-DOSE SUSY ...	110
fluconazole TABS PO .....	25	fluphenazine hcl CONC PO .....	41	FML FORTE SUSP .....	98
flucytosine PO .....	25	fluphenazine hcl ELIX PO .....	41	FML LIQUIFILM SUSP (fluorometholone (ophth)) .....	98
fludrocortisone acetate TABS PO .	54	fluphenazine hcl TABS PO .....	41	FOCALIN TABS PO (dexmethylphenidate hcl) .....	2
FLUMIST .....	110	flurazepam hcl PO 15 MG .....	78	FOCALIN XR CP24 PO (dexmethylphenidate hcl) .....	2
FLUMIST QUADRIVALENT .....	110	flurazepam hcl PO 30 MG .....	78		
fluocinolone acetonide (otic) .....	100	flurbiprofen sodium .....	99		
fluocinolone acetonide CREA .....	63	flurbiprofen TABS PO .....	5		
fluocinolone acetonide OIL .....	63	flutamide PO .....	34		
fluocinolone acetonide OINT .....	63	fluticasone furoate-vilanterol .....	14		
fluocinolone acetonide SOLN .....	63	fluticasone propionate (inhalation) AEPB 100 MCG/ACT .....	13		
fluocinonide CREA .....	63	fluticasone propionate (inhalation) AEPB 250 MCG/ACT .....	13		

folic acid TABS PO 1 MG .....	77	FREESTYLE LITE TEST STRP ...	66	gemfibrozil TABS PO .....	27
folic acid TABS PO 400 MCG, 800 MCG .....	77	FREESTYLE PRECISION NEO SYSTEM KIT .....	83	GENERESS FE PO (norethindrone & ethinyl estradiol-fe) .....	52
FOLIVANE-OB PO .....	93	FREESTYLE PRECISION NEO TEST STRP .....	66	gentamicin sulfate (ophth) SOLN ..	97
fondaparinux sodium 10 MG/0.8ML 15		FREESTYLE TEST STRP .....	66	gentamicin sulfate (topical) CREA	.59
fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML .....	15	frovatriptan succinate PO .....	88	gentamicin sulfate (topical) OINT ..	59
fondaparinux sodium 5 MG/0.4ML	.15	furosemide SOLN PO 8 MG/ML, 10 MG/ML .....	67	GENVOYA .....	43
formoterol fumarate NEBU .....	14	furosemide TABS PO .....	67	GEODON PO 20 MG, 40 MG (ziprasidone hcl) .....	40
FORTESTA GEL TD (testosterone) 10		FUZEON SOLR .....	43	GEODON PO 60 MG, 80 MG (ziprasidone hcl) .....	40
FOSAMAX TABS PO 70 MG (alendronate sodium) .....	68	FYCOMPA SUSP .....	16	GILOTRIF .....	34
fosamprenavir calcium TABS PO	.43	FYCOMPA TABS 2 MG .....	16	GILPHEX TR TABS PO 10 MG-388 MG .....	55
fosfomycin tromethamine .....	32	FYCOMPA TABS 4 MG .....	16	GILTUSS COUGH & COLD TABS PO .....	55
fosinopril sodium & hydrochlorothiazide PO .....	30	FYCOMPA TABS 6 MG .....	16	GILTUSS SINUS & CONGESTION TABS PO .....	55
fosinopril sodium PO .....	28	FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	16	glatiramer acetate SOSY 20 MG/ML .	103
FOSRENOL PACK .....	72	gabapentin CAPS PO .....	17	glatiramer acetate SOSY 40 MG/ML .	103
FRAGMIN SOLN 95000 UNIT/3.8ML 15		gabapentin SOLN PO .....	17	GLENMAX PEB LIQD PO .....	55
FRAGMIN SOSY 10000 UNIT/ML	.15	gabapentin TABS PO 600 MG, 800 MG .....	17	GLEOSTINE PO 10 MG, 40 MG, 100 MG .....	33
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML .....	15	GALAFOLD .....	69	glimepiride PO 1 MG, 2 MG, 4 MG	23
FRAGMIN SOSY 18000 UNT/0.72ML .....	16	galantamine hydrobromide CP24 PO 102		glipizide TABS PO .....	23
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML .....	15	galantamine hydrobromide SOLN PO .....	102	glipizide TB24 PO .....	24
FRAGMIN SOSY 7500 UNIT/0.3ML 15		galantamine hydrobromide TABS PO .....	102	glipizide-metformin hcl PO .....	22
FREESTYLE INSULINX TEST STRP .....	66	GALZIN PO .....	90	GLOBAL EASY GLIDE INSULIN SYR .....	84
FREESTYLE LITE KIT .....	83	gatifloxacin (ophth) .....	97	GLOBAL EASY GLIDE INSULIN SYR .....	85
		GATTEX .....	73	GLUCAGON EMERGENCY .....	22
		gefitinib .....	34		
		GELFILM .....	99		

GLUCOTROL XL TB24 PO (glipizide)	HALCION PO 0.25 MG (triazolam)	78	MG/0.8ML	3
.....24	halobetasol propionate CREA	63	HUMIRA (2 SYRINGE) PSKT 40	
glutamine (sickle cell)	halobetasol propionate OINT	63	MG/0.8ML	3
.....77	haloperidol lactate CONC PO	41	HUMIRA (2 SYRINGE) PSKT	4
glyburide micronized PO 1.5 MG, 3	haloperidol TABS PO	41	HUMIRA-CD/UC/HS STARTER	
MG, 6 MG	HELIDAC THERAPY PO	110	AJKT 40 MG/0.8ML	4
.....24	HEMANGEOL SOLN PO	45	HUMIRA-CD/UC/HS STARTER	
glyburide TABS PO	HEMLIBRA	75	AJKT 80 MG/0.8ML	4
.....24	HEMOPIL M SOLR 1700 UNIT	75	HUMIRA-PED<40KG CROHNS	
glyburide-metformin PO	HEMOPIL M SOLR 250 UNIT, 500		STARTER PSKT	4
.....22	UNIT, 1000 UNIT	75	HUMIRA-PED>=40KG CROHNS	
GLYCATATE TABS PO	HUMALOG JUNIOR KWIKPEN		START PSKT	4
.....108	SOPN	22	HUMIRA-PED>=40KG UC	
glycopyrrolate SOLN PO 1 MG/5ML	HUMALOG KWIKPEN SOPN 100		STARTER AJKT	4
.....108	UNIT/ML	22	HUMIRA-PS/UV/ADOL HS	
glycopyrrolate TABS PO 1 MG, 2 MG	HUMALOG KWIKPEN SOPN 200		STARTER AJKT	4
.....108	UNIT/ML	22	HUMIRA-PSORIASIS/UEVIT	
GLYCOPYRROLATE TABS PO	HUMALOG MIX 50/50 KWIKPEN		STARTER AJKT	4
.....108	SUPN	23	HUMULIN 70/30 KWIKPEN SUPN	23
GLYNASE PO (glyburide micronized)	HUMALOG MIX 50/50 SUSP	23	HUMULIN 70/30 SUSP	23
.....24	SUPN	23	HUMULIN N KWIKPEN SUPN	23
GLYXAMBI PO	HUMALOG MIX 75/25 KWIKPEN		HUMULIN N SUSP	23
.....22	SUPN	23	HUMULIN R SOLN IJ	23
GOLYTELY SOLR PO (peg 3350-kcl-	HUMALOG MIX 75/25 SUSP	23	HUMULIN R U-500	
sod bicarb-sod chloride-sod sulfate)	HUMALOG SOCT	23	(CONCENTRATED) SOLN SC	23
78	HUMALOG SOLN IJ	23	HUMULIN R U-500 KWIKPEN SOPN	
grisetron hcl TABS PO	HUMATE-P SOLR	75	SC	23
.....24	HUMATIN PO	2	HYCAMTIN CAPS PO	39
griseofulvin microsize SUSP PO	HUMATROPE CART IJ	68	HYCODAN SOLN PO (hydrocodone	
.....25	HUMIRA (2 PEN) AJKT 40		bitartrate-homatropine	
griseofulvin microsize TABS PO	MG/0.4ML	3	methylobromide)	54
.....25	HUMIRA (2 PEN) AJKT 40		hydralazine hcl TABS PO	31
griseofulvin ultramicrosize PO	MG/0.8ML	3	HYDREA PO (hydroxyurea)	39
.....25	HUMIRA (2 PEN) AJKT 80		hydrochlorothiazide CAPS PO	68
guaifenesin TABS PO 400 MG				
.....56				
guaifenesin-codeine SOLN PO				
.....55				
guanfacine hcl (adhd) PO				
.....1				
guanfacine hcl PO				
.....29				
GUM BASE (GELATIN)				
.....101				
GYNAZOLE-1				
.....111				
HADLIMA PUSHTOUCH SOAJ				
.....3				
HADLIMA SOSY				
.....3				
HAEGARDA SOLR SC				
.....76				

hydrochlorothiazide TABS PO .....68	hydrocortisone butyrate hydrophilic lipo base .....64	HYZAAR PO (losartan potassium & hydrochlorothiazide) ..... 30
hydrocodone bitartrate CP12 PO ... 8	hydrocortisone butyrate LOTN .....64	ibandronate sodium TABS PO .....68
hydrocodone bitartrate T24A .....8	hydrocortisone butyrate OINT ..... 64	IBRANCE CAPS .....36
hydrocodone bitartrate-homatropine methylbromide SOLN PO .....55	hydrocortisone butyrate SOLN .....64	IBRANCE TABS ..... 36
hydrocodone polistirex-chlorpheniramine polistirex SUER PO .....55	hydrocortisone TABS PO ..... 54	ibuprofen TABS PO 400 MG, 600 MG, 800 MG .....5
hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 9	hydrocortisone valerate CREA ....64	icatibant acetate SOSY .....76
hydrocodone-acetaminophen TABS PO 300 MG-10 MG, 300 MG-5 MG .9	hydrocortisone valerate OINT ..... 64	ICLUSIG PO ..... 37
hydrocodone-acetaminophen TABS PO 300 MG-7.5 MG .....9	hydrocortisone w/acetic acid .....100	icosapent ethyl ..... 26
hydrocodone-acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....9	hydromorphone hcl LIQD PO ..... 8	IDELVION ..... 75
hydrocodone-ibuprofen PO 10 MG-200 MG, 7.5 MG-200 MG .....9	hydromorphone hcl TABS PO .....8	IDHIFA .....37
hydrocodone-ibuprofen PO 5 MG-200 MG .....9	hydromorphone hcl TB24 PO 32 MG 8	ILEVRO .....99
hydrocortisone (intrarectal) PR .... 11	hydromorphone hcl TB24 PO 8 MG, 12 MG, 16 MG .....8	imatinib mesylate TABS PO 100 MG . 37
hydrocortisone (rectal) EX 2.5 % .. 11	hydroxychloroquine sulfate PO 200 MG ..... 32	imatinib mesylate TABS PO 400 MG . 37
hydrocortisone (topical) CREA 2.5 % 64	hydroxyurea PO .....39	IMBRUVICA CAPS 140 MG .....37
hydrocortisone (topical) LOTN 2 % 64	hydroxyzine hcl SYRP PO ..... 12	IMBRUVICA CAPS 70 MG ..... 37
hydrocortisone (topical) LOTN 2.5 % . 64	hydroxyzine hcl TABS PO ..... 12	IMBRUVICA SUSP ..... 37
hydrocortisone (topical) OINT 2.5 % . 64	hydroxyzine pamoate CAPS PO ...12	IMBRUVICA TABS .....37
hydrocortisone (topical) SOLN 2.5 % 64	hyoscyamine sulfate SUBL 0.125 MG .....108	imipramine hcl TABS PO 10 MG, 25 MG ..... 21
hydrocortisone butyrate CREA ..... 64	hyoscyamine sulfate TABS PO 0.125 MG .....108	imipramine hcl TABS PO 50 MG .. 21
	hyoscyamine sulfate TB12 PO 0.375 MG .....108	imipramine pamoate PO .....21
	hyoscyamine sulfate TBDP PO 0.125 MG .....108	imiquimod 5 % ..... 64
	HYPERSAL NEBU (sodium chloride (inhalant)) ..... 56	IMITREX 20 MG/ACT (sumatriptan) 88
	HYPERSAL NEBU .....56	IMITREX 5 MG/ACT (sumatriptan) 88
	HYSINGLA ER T24A .....8	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) . 88
		IMITREX STATDOSE REFILL SOCT

6 MG/0.5ML (sumatriptan succinate) . 88	INGREZZA CPPK ..... 102	ISENTRESS CHEW ..... 43
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate) ..... 88	INGREZZA CPSP ..... 102	ISENTRESS HD TABS PO ..... 43
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) ..... 88	INLYTA ..... 33	ISENTRESS TABS PO ..... 43
IMITREX TABS PO (sumatriptan succinate) ..... 88	INNOPRAN XL PO ..... 45	isoniazid SYRP PO ..... 33
IMODIUM A-D CAPS PO (loperamide hcl) ..... 24	INQOVI ..... 35	isoniazid TABS PO ..... 33
IMPAVIDO ..... 31	INREBIC ..... 37	ISOPTO ATROPINE SOLN ..... 97
IMURAN TABS PO (azathioprine) .90	INSPIRACHAMBER/LARGE DEVI 86	ISORDIL TITRADOSE TABS PO 5 MG (isosorbide dinitrate) ..... 11
INBRIJA CAPS ..... 40	INSPIRACHAMBER/MEDIUM DEVI . 86	isosorbide dinitrate TABS PO 40 MG 11
IN-CHECK DIAL FLOW TRAINER DEVI ..... 86	INSPIRACHAMBER/MOUTHPIECE DEVI ..... 86	isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG ..... 11
IN-CHECK INSPIRATORY FLOW MTR DEVI ..... 86	INSPIRACHAMBER/SMALL DEVI 86	isosorbide dinitrate-hydralazine hcl PO ..... 47
INCRELEX ..... 68	INSPIREASE MISC ..... 86	isosorbide mononitrate TABS PO . 11
INCRUSE ELLIPTA ..... 13	INSPRA PO (eplerenone) ..... 31	ISOSORBIDE MONONITRATE TABS PO ..... 11
indapamide TABS PO 1.25 MG, 2.5 MG ..... 68	INSULIN LISPRO PROT & LISPRO SUPN ..... 23	isosorbide mononitrate TB24 PO .. 11
INDERAL LA CP24 PO (propranolol hcl) ..... 45	INTELENCE PO (etravirine) ..... 43	isotretinoin PO 10 MG, 25 MG .... 58
INDERAL XL PO ..... 45	INTELENCE PO 25 MG ..... 43	isotretinoin PO 20 MG ..... 58
indomethacin CAPS PO 25 MG, 50 MG ..... 5	INTRAROSA ..... 111	isotretinoin PO 30 MG ..... 58
indomethacin CPR PO ..... 5	INTUNIV PO (guanfacine hcl (adhd)) 1	isotretinoin PO 35 MG, 40 MG .... 58
indomethacin SUPP PR ..... 5	INVEGA PO (paliperidone) ..... 41	isradipine CAPS PO ..... 46
indomethacin SUSP PO ..... 5	iodine strong (lugol's) PO ..... 89	ISTALOL SOLN (timolol maleate (ophth)) ..... 96
INGREZZA CAPS 40 MG ..... 102	iodoquinol-hydrocortisone in aloe vehicle ..... 59	itraconazole CAPS PO ..... 25
INGREZZA CAPS 60 MG ..... 102	IOPIDINE ..... 97	itraconazole SOLN ..... 25
INGREZZA CAPS 80 MG ..... 102	ipratropium bromide (nasal) ..... 95	ivabradine hcl TABS PO ..... 49
	ipratropium bromide SOLN 0.02 % 13	ivermectin (pediculicide) ..... 66
	ipratropium-albuterol SOLN ..... 14	ivermectin (rosacea) ..... 65
	irbesartan PO ..... 29	ivermectin PO ..... 11
	irbesartan-hydrochlorothiazide PO 30	
	IRESSA (gefitinib) ..... 34	IXINITY SOLR ..... 75

JADENU SPRINKLE PACK (deferasirox) .....	24	KEPPRA TABS PO 250 MG, 500 MG, 750 MG (levetiracetam) .....	17	KISQALI FEMARA (200 MG DOSE) .	35
JADENU TABS PO (deferasirox) ..	24	KEPPRA XR TB24 PO (levetiracetam) .....	17	KISQALI FEMARA (400 MG DOSE) .	35
JAKAFI .....	37	ketoconazole (topical) CREA .....	59	KISQALI FEMARA (600 MG DOSE) .	35
JALYN PO (dutasteride-tamsulosin hcl) .....	73	ketoconazole (topical) FOAM .....	59	KLARITY-A .....	97
JANUMET TABS PO .....	22	ketoconazole (topical) SHAM 2 %	59	KLARON (sulfacetamide sodium (acne)) .....	58
JANUMET XR TB24 PO 1000 MG- 100 MG .....	22	ketoconazole PO .....	25	KLEAR GUMMY BASE .....	101
JANUMET XR TB24 PO 1000 MG-50 MG, 500 MG-50 MG .....	22	KETONE TEST STRP .....	66	KLONOPIN TABS PO (clonazepam) .	16
JANUVIA PO .....	22	ketoprofen CP24 PO .....	5	KLOXXADO LIQD .....	24
JARDIANCE PO .....	23	ketorolac tromethamine (ophth) ...	99	KOATE SOLR .....	75
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT .....	75	ketorolac tromethamine TABS PO ..	5	KOATE-DVI SOLR 500 UNIT, 1000 UNIT .....	75
JULUCA .....	43	KETOSTIX STRP .....	66	KOGENATE FS KIT .....	75
JUXTAPID PO 10 MG, 20 MG, 30 MG .....	28	KEVZARA SOAJ .....	4	KOSELUGO .....	37
JUXTAPID PO 5 MG .....	28	KEVZARA SOSY .....	4	KOVALTRY .....	75
JYNARQUE TBPK .....	70	KIMONO COLORS DEVI .....	81	K-PHOS NO 2 PO .....	73
KALETRA SOLN PO (lopinavir- ritonavir) .....	43	KIMONO MAXX-LARGE FLARE MISC .....	81	K-PHOS TABS (potassium phosphate monobasic) .....	89
KALETRA TABS PO (lopinavir- ritonavir) .....	43	KIMONO MICRO THIN MISC .....	81	K-PHOS-NEUTRAL PO (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..	89
KALYDECO PACK .....	106	KIMONO MICRO THIN PLUS MISC .	81	KRINTAFEL .....	32
KALYDECO TABS .....	106	KIMONO MISC .....	81	K-TAB TBCR PO 10 MEQ (potassium chloride) .....	90
KAMELEON LUBRICATED MISC .	81	KIMONO PLUS MISC .....	81	KUVAN PACK (sapropterin dihydrochloride) .....	69
KCENTRA .....	75	KIMONO PS MISC .....	81	KUVAN TABS (sapropterin dihydrochloride) .....	69
KENALOG AERS (triamcinolone acetoneide (topical)) .....	64	KIMONO PS PLUS MISC .....	81	K-Y ME & YOU EXTRA LUBRICATED DEVI .....	82
KEPPRA SOLN PO 100 MG/ML (levetiracetam) .....	17	KIMONO SENSATION MISC .....	81		
KEPPRA TABS PO 1000 MG (levetiracetam) .....	17	KIMONO SENSATION PLUS MISC	81		
		KIMONO SPECIAL DEVI .....	81		
		KISQALI (200 MG DOSE) .....	37		
		KISQALI (400 MG DOSE) .....	37		
		KISQALI (600 MG DOSE) .....	37		

K-Y ME & YOU INTENSE DEVI ... 82	lansoprazole CPDR PO ..... 109	leucovorin calcium TABS PO ..... 39
labetalol hcl TABS PO 100 MG, 200 MG, 300 MG ..... 45	lansoprazole TBDD 15 MG ..... 109	LEUKERAN PO ..... 33
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML ..... 17	lansoprazole TBDD 30 MG ..... 109	levalbuterol hcl ..... 14
lacosamide TABS PO ..... 17	lanthanum carbonate CHEW PO 1000 MG ..... 72	levalbuterol tartrate ..... 14
lactulose (encephalopathy) PO .... 72	lanthanum carbonate CHEW PO 500 MG ..... 72	LEVVID TB12 PO (hyoscyamine sulfate) ..... 108
lactulose SOLN PO ..... 79	lanthanum carbonate CHEW PO 750 MG ..... 72	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML ..... 17
LAGEVRIO ..... 45	LANTUS SOLN ..... 23	levetiracetam TABS PO 1000 MG .17
LAMICTAL CHEW PO (lamotrigine) 17	LANTUS SOLOSTAR SOPN ..... 23	levetiracetam TABS PO 250 MG, 500 MG, 750 MG ..... 17
LAMICTAL ODT KIT PO (lamotrigine) ..... 17	lapatinib ditosylate ..... 37	levetiracetam TB24 PO ..... 17
LAMICTAL ODT TBDP PO (lamotrigine) ..... 17	LASIX TABS PO (furosemide) .... 67	LEVETIRACETAM TB3D ..... 17
LAMICTAL TABS PO (lamotrigine) 17	LASTACFT ..... 99	levobunolol hcl 0.5 % ..... 96
LAMICTAL XR KIT PO ..... 17	latanoprost SOLN ..... 100	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML ..... 69
lamivudine (hby) TABS PO ..... 44	LATANOPROST SOLN ..... 100	levocarnitine (metabolic modifiers) TABS PO ..... 69
lamivudine SOLN PO ..... 43	leflunomide PO 10 MG ..... 6	levofloxacin (ophth) 1.5 % ..... 97
lamivudine TABS PO ..... 43	leflunomide PO 20 MG ..... 6	levofloxacin SOLN PO ..... 71
lamivudine-zidovudine PO ..... 43	lenalidomide PO ..... 90	levofloxacin TABS PO ..... 71
lamotrigine CHEW PO ..... 17	LENVIMA (10 MG DAILY DOSE) .33	levonorgestrel & eth estradiol TABS PO ..... 52
lamotrigine KIT PO 25 MG ..... 17	LENVIMA (12 MG DAILY DOSE) .33	levonorgestrel (emergency oc) PO 1.5 MG ..... 53
lamotrigine KIT PO ..... 17	LENVIMA (14 MG DAILY DOSE) .33	levonorgestrel-eth estradiol (triphasic) PO ..... 52
lamotrigine TABS PO ..... 17	LENVIMA (18 MG DAILY DOSE) .33	levonorgestrel-ethinyl estradiol (91- day) PO 0.03 MG-0.15 MG ..... 52
lamotrigine TB24 PO 25 MG, 50 MG, 100 MG, 200 MG ..... 17	LENVIMA (20 MG DAILY DOSE) .34	levonorgestrel-ethinyl estradiol (continuous) PO ..... 52
lamotrigine TB24 PO 250 MG ..... 17	LENVIMA (24 MG DAILY DOSE) .34	levonorgestrel-ethinyl estradiol-iron PO ..... 52
lamotrigine TB24 PO 300 MG ..... 17	LESCOL XL TB24 PO (fluvastatin sodium) ..... 27	levorphanol tartrate TABS PO ..... 8
lamotrigine TBDP PO ..... 17	LETAIRIS PO (ambrisentan) ..... 48	
LANOXIN TABS PO 62.5 MCG, 125 MCG, 250 MCG (digoxin) ..... 47	letrozole PO ..... 35	



levothyroxine sodium CAPS PO 125 MCG .....	107	w/ atropine) .....	24
levothyroxine sodium CAPS PO 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG .....	107	LONSURF .....	35
levothyroxine sodium TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG .....	108	loperamide hcl CAPS PO .....	24
levothyroxine sodium TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....	107	LOPID TABS PO (gemfibrozil) .....	27
LEVSIN TABS PO (hyoscyamine sulfate) .....	108	lopinavir-ritonavir SOLN PO .....	43
LEVSIN/SL SUBL (hyoscyamine sulfate) .....	108	lopinavir-ritonavir TABS PO .....	43
LEXAPRO TABS PO 10 MG, 20 MG (escitalopram oxalate) .....	20	LOPRESSOR TABS PO (metoprolol tartrate) .....	45
LEXAPRO TABS PO 5 MG (escitalopram oxalate) .....	20	LOPROX CREA (ciclopirox olamine) .	59
LEXIVA TABS PO (fosamprenavir calcium) .....	43	LOPROX SHAM (ciclopirox) .....	59
LIBRAX PO (chlordiazepoxide hcl-clidinium bromide) .....	108	LOPROX SUSP (ciclopirox olamine) .	59
lidocaine hcl (mouth-throat) 2 % ..	91	lorazepam CONC PO .....	12
lidocaine PTCH 5 % .....	65	lorazepam TABS PO .....	12
lidocaine-prilocaine CREA .....	65	LORBRENA .....	37
LIDODERM PTCH (lidocaine) .....	65	losartan potassium & hydrochlorothiazide PO .....	30
linezolid SUSR .....	32	losartan potassium PO .....	29
linezolid TABS PO .....	32	LOSEASONIQUE PO	
LINZESS .....	72	(levonorgestrel-ethinyl estradiol (91-day)) .....	53
liothyronine sodium TABS PO 25 MCG, 50 MCG .....	108	LOTEMAX OINT .....	98
liothyronine sodium TABS PO 5 MCG		LOTENSIN HCT PO 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 30	
LIPITOR TABS PO (atorvastatin calcium) .....	27	LOTENSIN PO 10 MG, 20 MG, 40 MG (benazepril hcl) .....	28
LIPOFEN CAPS PO (fenofibrate) .	27	loteprednol etabonate GEL .....	98
liraglutide .....	22	loteprednol etabonate SUSP 0.2 %	98
lisdexamfetamine dimesylate CAPS PO .....	1	loteprednol etabonate SUSP 0.5 %	98
lisdexamfetamine dimesylate CHEW .	1	LOTREL PO 10 MG-5 MG, 20 MG-10	
lisinopril & hydrochlorothiazide PO 12.5 MG-10 MG, 12.5 MG-20 MG .	30		
lisinopril & hydrochlorothiazide PO 25 MG-20 MG .....	30		
lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG .....	28		
lisinopril TABS PO 40 MG .....	28		
lithium carbonate CAPS PO 150 MG, 600 MG .....	40		
lithium carbonate CAPS PO 300 MG .	40		
lithium carbonate TABS PO .....	40		
lithium carbonate TBCR PO .....	40		
lithium PO .....	40		
LITHOBID TBCR PO (lithium carbonate) .....	40		
LITHOSTAT .....	73		
LO LOESTRIN FE TABS .....	52		
LOCOID LIPOCREAM .....	64		
LODINE TABS PO (etodolac) .....	5		
lofexidine hcl .....	101		
LOHIST-DM SYRP PO .....	55		
LOKELMA .....	91		
LOMOTIL TABS PO (diphenoxylate			

MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 30	(pregabalin) ..... 17	hydrochlorothiazide) ..... 67
lovastatin TABS PO 10 MG, 20 MG 27	LYRICA SOLN (pregabalin) .....17	MAXZIDE-25 TABS PO (triamterene & hydrochlorothiazide) .....67
lovastatin TABS PO 40 MG .....27	LYSODREN PO .....35	MAYZENT STARTER PACK TBPK 0.25 MG .....103
LOVAZA PO (omega-3-acid ethyl esters) .....26	MACROBID PO (nitrofurantoin monohyd macro) .....32	MAYZENT TABS PO 0.25 MG ... 103
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) ..... 16	MACRODANTIN PO (nitrofurantoin macrocrystal) .....32	MAYZENT TABS PO 1 MG ..... 103
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) ..... 16	mafenide acetate PACK ..... 62	MAYZENT TABS PO 2 MG ..... 103
LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) ..... 16	MALARONE PO (atovaquone- proguanil hcl) .....32	meclizine hcl TABS PO 50 MG ....25
LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) ..... 16	malathion .....66	meclofenamate sodium CAPS PO ..5
LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) ..... 16	maraviroc TABS PO ..... 43	MEDROL TABS PO 4 MG, 8 MG, 16 MG (methylprednisolone) .....54
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ... 16	MAR-COF BP PO .....55	MEDROL TABS PO .....54
loxapine succinate PO .....41	MAR-COF CG EXPECTORANT LIQD PO ..... 55	MEDROL TBPK PO (methylprednisolone) .....54
lubiprostone PO .....71	MARINOL CAPS PO 2.5 MG, 5 MG (dronabinol) ..... 25	medroxyprogesterone acetate PO 10 MG .....101
LUCEMYRA .....101	MARPLAN PO ..... 20	medroxyprogesterone acetate PO 2.5 MG, 5 MG .....101
LUMIGAN SOLN 0.01 % ..... 100	MATULANE PO .....39	mefenamic acid CAPS PO .....5
LUNESTA PO (eszopiclone) .....78	MAVYRET TABS PO ..... 44	mefloquine hcl PO ..... 32
LUPRON DEPOT (1-MONTH) KIT IM .....35	MAXALT TABS PO 10 MG (rizatriptan benzoate) ..... 88	megestrol acetate (appetite) PO . 101
LUPRON DEPOT-PED (1-MONTH) 7.5 MG ..... 69	MAXALT-MLT TBDP PO 10 MG (rizatriptan benzoate) ..... 88	megestrol acetate SUSP PO ..... 35
lurasidone hcl PO .....40	MAXIDEX SUSP OP .....98	megestrol acetate TABS PO .....35
LYNPARZA TABS PO ..... 37	MAXITROL OINT (neomycin-polymy- dexameth) .....98	MEKINIST SOLR ..... 37
LYRICA CAPS PO 225 MG, 300 MG (pregabalin) ..... 17	MAXITROL SUSP (neomycin- polymy-dexameth) ..... 98	MEKINIST TABS PO ..... 37
LYRICA CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	MAXI-TUSS PE MAX LIQD PO ...55	MEKTOVI .....37
	MAXX MISC .....82	meloxicam CAPS PO 10 MG ..... 5
	MAXX PLUS MISC .....82	meloxicam CAPS PO 5 MG .....5
	MAXZIDE TABS PO (triamterene &	meloxicam TABS PO 15 MG .....5
		meloxicam TABS PO 7.5 MG .....5
		melphalan PO .....33

memantine hcl CP24 PO .....	102	metformin hcl TABS PO 500 MG, 850 MG, 1000 MG .....	22	methylphenidate hcl CHEW PO .....	2
memantine hcl SOLN PO 2 MG/ML 102		metformin hcl TB24 PO 500 MG, 750 MG .....	22	methylphenidate hcl CP24 PO 60 MG .....	2
memantine hcl TABS PO 10 MG .....	102	methadone hcl CONC PO .....	8	methylphenidate hcl CP24 PO .....	2
memantine hcl TABS PO 5 MG ..	102	methadone hcl SOLN PO .....	8	methylphenidate hcl CPCR PO .....	2
memantine hcl TABS PO .....	102	methadone hcl TABS PO .....	8	methylphenidate hcl SOLN PO .....	2
memantine hcl-donepezil hcl CP24 102		methadone hcl TBSO PO .....	8	methylphenidate hcl TABS PO 20 MG .....	2
M-END PE LIQD PO .....	55	METHADOSE CONC PO (methadone hcl) .....	8	methylphenidate hcl TABS PO 5 MG, 10 MG .....	2
MENEST PO 0.3 MG, 0.625 MG, 1.25 MG .....	71	METHADOSE SUGAR-FREE CONC PO (methadone hcl) .....	8	methylphenidate hcl TB24 PO 18 MG, 27 MG, 54 MG .....	2
MENEST PO 2.5 MG .....	71	methamphetamine hcl PO .....	1	methylphenidate hcl TB24 PO 36 MG .....	2
MENOSTAR PTWK .....	71	methazolamide TABS PO .....	67	methylphenidate hcl TBCR PO 10 MG .....	2
meperidine hcl SOLN PO 50 MG/5ML .....	8	methenamine hippurate PO .....	32	methylphenidate hcl TBCR PO 18 MG, 27 MG, 36 MG, 72 MG .....	2
meperidine hcl TABS PO 50 MG ...	8	methenamine mandelate .....	32	methylphenidate hcl TBCR PO 20 MG .....	2
mercaptopurine TABS PO .....	33	methimazole TABS PO .....	107	methylphenidate hcl TBCR PO 54 MG .....	2
mesalamine CP24 .....	72	methocarbamol TABS PO 500 MG, 750 MG .....	94	methylphenidate hcl TBCR PO 54 MG .....	2
mesalamine CPCR PO .....	72	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	33	methylphenidate PTCH .....	2
mesalamine CPDR PO .....	72	METHOTREXATE SODIUM SOLN 50 MG/2ML .....	33	methylprednisolone TABS PO .....	54
mesalamine ENEM PR .....	72	methotrexate sodium TABS PO 2.5 MG .....	33	methylprednisolone TBPK PO .....	54
mesalamine SUPP PR .....	72	methoxsalen rapid PO .....	61	methyltestosterone CAPS PO .....	10
mesalamine TBEC PO 1.2 GM ....	72	methscopolamine bromide PO ...	108	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML .....	71
mesalamine TBEC PO 800 MG ...	72	methsuximide .....	19	metoclopramide hcl TABS PO .....	71
mesna TABS PO .....	39	methyl dopa TABS PO .....	29	metoclopramide hcl TBDP PO .....	71
MESNEX TABS PO .....	39	methylergonovine maleate TABS PO 100		metolazone PO .....	68
MESTINON TABS PO (pyridostigmine bromide) .....	32	METHYLIN SOLN PO (methylphenidate hcl) .....	2	METOPIRONONE PO .....	66
METADATE CD CPCR PO (methylphenidate hcl) .....	2			metoprolol & hydrochlorothiazide TABS PO .....	30
metaxalone PO 800 MG .....	94				
metformin hcl SOLN PO .....	22				

metoprolol succinate TB24 PO	45	MIFEPREX (mifepristone)	70	montelukast sodium PACK PO	13
metoprolol tartrate TABS PO	45	mifepristone	70	montelukast sodium TABS PO	13
METROCREAM CREA (metronidazole (topical))	65	miglitol PO	21	MONUROL (fosfomycin tromethamine)	32
METROGEL GEL 1 % (metronidazole (topical))	65	miglustat	76	morphine sulfate beads PO	8
METROLOTION LOTN (metronidazole (topical))	65	MINASTRIN 24 FE CHEW PO (norethin acet & estrad-fe)	53	morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8
metronidazole (topical) CREA	65	MINIPRESS CAPS PO (prazosin hcl)	29	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8
metronidazole (topical) GEL 0.75 % 65		MINIVELLE PTTW (estradiol)	71	morphine sulfate SUPP PR	8
metronidazole (topical) GEL 1 %	65	minocycline hcl CAPS PO	107	morphine sulfate TABS PO	8
metronidazole (topical) LOTN	65	minocycline hcl TABS PO 50 MG, 100 MG	107	morphine sulfate TBCR PO	8
metronidazole CAPS PO	31	minocycline hcl TABS PO 75 MG	107	MOVANTIK PO	72
metronidazole TABS PO	31	minoxidil PO 2.5 MG, 10 MG	31	moxifloxacin hcl (ophth) SOLN OP	97
metronidazole vaginal	111	MIRALAX POWD PO (polyethylene glycol 3350)	79	moxifloxacin hcl TABS PO	71
metyrosine PO	28	MIRCETTE PO (desogestrel-ethinyl estradiol (biphasic))	53	MRESVIA	111
mexiletine hcl PO	12	mirtazapine TABS PO	19	MS CONTIN TBCR PO (morphine sulfate)	8
MG217 PSORIASIS MULTI- SYMPTOM OINT	65	mirtazapine TBDP PO	19	MUCINEX D TB12 PO (pseudoephedrine-guaifenesin)	55
MIACALCIN IJ (calcitonin (salmon))	68	misoprostol PO	110	MUCOTROL WAFR	91
MICARDIS HCT PO (telmisartan- hydrochlorothiazide)	30	modafinil PO	2	MULPLETA	77
MICARDIS PO 20 MG, 40 MG (telmisartan)	29	MODERNA COVID-19 VAC 6M-11Y SUSY	111	MULTIVITAMIN + FLUORIDE CHEW PO 0.5 MG, 1 MG	92
MICARDIS PO 80 MG (telmisartan)	29	moexipril hcl PO	28	MULTIVITAMIN/FLUORIDE CHEW PO 0.5 MG, 1 MG	92
MICROCHAMBER DEVI	86	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	44	MULTIVITAMIN/FLUORIDE SOLN PO	92
MICROCHAMBER MISC	86	mometasone furoate (nasal) SUSP	96	MULTI-VIT-FLOR CHEW PO 0.5 MG, 1 MG	92
MICROSPACER MISC	86	mometasone furoate CREA	64	mupirocin OINT	59
midazolam hcl SYRP PO	78	mometasone furoate OINT	64	MYALEPT	69
midodrine hcl PO	111	mometasone furoate SOLN	64		
		montelukast sodium CHEW PO	13		

MYAMBUTOL TABS PO 400 MG (ethambutol hcl) .....	33	NAMZARIC CP24 7 MG-10 MG ..	102	neomycin sulfate TABS PO .....	2
mycophenolate mofetil CAPS PO .	90	NAMZARIC CP24 .....	102	neomycin-bacitracin zn-polymyxin	97
mycophenolate mofetil SUSR .....	90	NAPROSYN SUSP PO (naproxen) .	5	neomycin-polymy-dexameth OINT	98
mycophenolate mofetil TABS PO ..	90	NAPROSYN TABS PO 500 MG (naproxen) .....	5	neomycin-polymy-dexameth SUSP	98
mycophenolate sodium PO .....	90	naproxen sodium TABS PO 275 MG, 550 MG .....	5	neomycin-polymyxin-gramicidin ..	97
MYDRIACYL SOLN (tropicamide) .	97	naproxen SUSP PO .....	5	neomycin-polymyxin-hc (ophth) ..	98
MYLERAN TABS PO .....	33	naproxen TABS PO .....	5	neomycin-polymyxin-hc (otic) SOLN .	100
MYSOLINE PO (primidone) .....	17	naratriptan hcl PO .....	88	neomycin-polymyxin-hc (otic) SUSP .	100
MYTESI PO .....	24	NARCAN LIQD (naloxone hcl) ....	24	NEORAL CAPS PO (cyclosporine modified (for microemulsion)) .....	90
nabumetone PO 500 MG .....	5	NARDIL PO (phenelzine sulfate) ..	20	NEORAL SOLN PO (cyclosporine modified (for microemulsion)) .....	90
nabumetone PO 750 MG .....	5	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..	96	NEOTUSS PLUS LIQD PO .....	55
nadolol TABS PO 20 MG, 40 MG, 80 MG .....	45	NASONEX 24HR SUSP (mometasone furoate (nasal)) .....	96	NERLYNX .....	37
naftifine hcl CREA 1 % .....	59	NATACHEW CHEW PO 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG .....	93	NESTABS DHA PO .....	93
naftifine hcl CREA 2 % .....	59	NATAACYN .....	97	NESTABS ONE .....	93
naftifine hcl GEL 2 % .....	59	NATAZIA .....	53	NESTABS PO .....	93
NALFON TABS PO (fenoprofen calcium) .....	5	nateglinide PO .....	23	NEUPRO .....	40
naloxone hcl LIQD .....	24	NATPARA .....	68	NEURONTIN CAPS PO (gabapentin) .....	17
naloxone hcl SOSY 2 MG/2ML ....	24	NAYZILAM .....	16	NEURONTIN SOLN PO (gabapentin) .....	17
naltrexone hcl PO .....	24	neбиволол hcl PO .....	45	NEURONTIN TABS PO (gabapentin) .....	17
NAMENDA TABS PO 10 MG (memantine hcl) .....	102	NEBULIZER CUP/TUBING DEVI .	86	NEVANAC .....	99
NAMENDA TABS PO 5 MG (memantine hcl) .....	102	NEBUSAL NEBU .....	56	nevirapine SUSP PO .....	43
NAMENDA TITRATION PAK TABS PO (memantine hcl) .....	102	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 .....	93	nevirapine TABS PO .....	43
NAMENDA XR CP24 PO (memantine hcl) .....	102	nefazodone hcl PO .....	21	nevirapine TB24 PO .....	43
NAMZARIC C4PK .....	102			NEXAVAR PO (sorafenib tosylate)	37
NAMZARIC CP24 (memantine hcl- donepezil hcl) .....	102			NEXICLON XR TB24 (clonidine) ..	29

NEXTSTELLIS .....	53	nisoldipine PO .....	46	norethindrone acetate TABS PO .	101
niacin (antihyperlipidemic) TABS PO .	28	nitazoxanide TABS PO .....	31	norethindrone acetate-ethinyl estradiol PO .....	70
niacin (antihyperlipidemic) TBCR PO	28	nitisinone CAPS PO .....	69	norethindrone acetate-ethinyl estradiol-fe PO .....	53
nicardipine hcl CAPS PO .....	46	NITRO-BID OINT .....	11	norgestimate-ethinyl estradiol (triphasic) PO .....	53
NICODERM CQ PT24 TD (nicotine) .	106	NITRO-DUR PT24 (nitroglycerin) ..	11	norgestimate-ethinyl estradiol PO .	53
NICORETTE GUM (nicotine polacrilex) .....	106	NITRO-DUR PT24 .....	11	NORPACE CR CP12 PO .....	12
NICORETTE LOZG (nicotine polacrilex) .....	106	nitrofurantoin macrocrystal PO ....	32	NORPRAMIN TABS PO 10 MG, 25 MG (desipramine hcl) .....	21
NICORETTE MINI LOZG (nicotine polacrilex) .....	106	nitrofurantoin monohyd macro PO .	32	NORTHERA (droxidopa) .....	111
NICORETTE STARTER KIT GUM (nicotine polacrilex) .....	106	nitrofurantoin PO .....	32	nortriptyline hcl CAPS PO .....	21
NICOTINE KIT .....	106	nitroglycerin (intra-anal) PR .....	11	nortriptyline hcl SOLN PO .....	21
nicotine polacrilex GUM .....	106	nitroglycerin PT24 .....	11	NORVASC TABS PO 2.5 MG (amlodipine besylate) .....	46
nicotine polacrilex LOZG .....	106	nitroglycerin SOLN TL 0.4 MG/SPRAY .....	11	NORVASC TABS PO 5 MG, 10 MG (amlodipine besylate) .....	46
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	106	nitroglycerin SUBL .....	12	NORVIR PACK .....	43
NICOTROL INHA .....	106	NITROLINGUAL SOLN TL (nitroglycerin) .....	12	NORVIR TABS PO (ritonavir) .....	43
NICOTROL NS SOLN .....	106	NITROSTAT SUBL (nitroglycerin) .	12	NOVAVAX COVID-19 VACCINE SUSY .....	111
nifedipine CAPS PO .....	46	NIVA THYROID TABS PO .....	108	NOVOEIGHT .....	75
nifedipine TB24 PO 30 MG, 60 MG	46	nizatidine CAPS PO .....	109	NOVOSEVEN RT .....	75
nifedipine TB24 PO .....	46	NORDITROPIN FLEXPPO SOPN .	68	NP THYROID TABS PO .....	108
NILANDRON PO (nilutamide) .....	35	norelgestromin-ethinyl estradiol ..	53	NUBEQA .....	35
nilutamide PO .....	35	norethin acet & estrad-fe CAPS ...	53	NUCALA SOAJ .....	13
nimodipine CAPS PO .....	46	norethin acet & estrad-fe CHEW PO .	53	NUCALA SOLR .....	13
nimodipine SOLN PO .....	46	norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	53	NUCALA SOSY .....	13
NINJACOF-XG LIQD PO .....	55	norethindrone & ethinyl estradiol-fe PO .....	53	NUEDEXTA .....	103
NINLARO .....	37	norethindrone (contraceptive) PO .	54	NUPLAZID CAPS .....	40
		norethindrone acet & eth estra TABS PO .....	53	NUPLAZID TABS PO 10 MG .....	40

NUVARING (etonogestrel-ethinyl estradiol) .....	53	OCALIVA 10 MG .....	71	COMPRESSOR DEVI .....	86
NUVESSA .....	111	OCALIVA 5 MG .....	71	omega-3-acid ethyl esters PO .....	26
NUVIGIL PO (armodafinil) .....	2	octreotide acetate SOLN .....	70	omeprazole CPDR PO 20 MG, 40 MG .....	109
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT 75		octreotide acetate SOSY .....	70	omeprazole magnesium CPDR PO 109	
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT .....	75	OCUFLOX (ofloxacin (ophth)) .....	97	OMNIFLEX DIAPHRAGM .....	82
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT .....	75	ODEFSEY .....	43	ondansetron hcl SOLN PO 4 MG/5ML .....	24
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT .....	75	ODOMZO PO .....	34	ondansetron hcl TABS PO 4 MG, 8 MG .....	24
NYSTATIN (nystatin (mouth-throat)) . 91		OFEV .....	106	ondansetron TBDP PO 4 MG, 8 MG . 24	
nystatin (mouth-throat) .....	91	ofloxacin (ophth) .....	98	ONE FLOW SPIROMETER DEVI .87	
nystatin (topical) CREA .....	59	ofloxacin (otic) .....	100	ONETOUCH ULTRA 2 KIT .....	83
nystatin (topical) OINT .....	59	ofloxacin PO 300 MG .....	71	ONETOUCH ULTRA BLUE TEST STRP .....	66
nystatin (topical) POWD EX .....	59	ofloxacin PO 400 MG .....	71	ONETOUCH ULTRA STRP .....	66
nystatin TABS PO .....	25	olanzapine TABS PO 15 MG, 20 MG 41		ONETOUCH ULTRA TEST STRP .66	
nystatin-triamcinolone CREA .....	59	olanzapine TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG .....	41	ONETOUCH VERIO FLEX SYSTEM KIT .....	83
nystatin-triamcinolone OINT .....	59	olanzapine TBDP PO .....	41	ONETOUCH VERIO REFLECT KIT 83	
NYVEPRIA .....	77	olanzapine-fluoxetine hcl PO .....	102	ONETOUCH VERIO STRP .....	66
OB COMPLETE ONE PO .....	93	olmesartan medoxomil PO 40 MG .29		ONUREG TABS .....	33
OB COMPLETE PETITE .....	93	olmesartan medoxomil PO 5 MG, 20 MG .....	29	OPILL PO .....	54
OB COMPLETE PREMIER .....	93	olmesartan medoxomil-amlodipine-hydrochlorothiazide PO .....	30	OPSUMIT .....	48
OB COMPLETE/DHA .....	93	olmesartan medoxomil-hydrochlorothiazide PO 12.5 MG-20 MG .....	30	OPTICHAMBER DIAMOND DEVI .87	
OBIZUR .....	75	olmesartan medoxomil-hydrochlorothiazide PO 12.5 MG-40 MG, 25 MG-40 MG .....	30	OPTICHAMBER DIAMOND MISC .87	
OBSTETRIX DHA MISC .....	93	olopatadine hcl (nasal) .....	95	OPTICHAMBER DIAMOND-LG MASK DEVI .....	87
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 .....	93	olopatadine hcl 0.1 % .....	99	OPTICHAMBER DIAMOND-MD MASK MISC .....	87
		olopatadine hcl 0.2 % .....	99		
		OMBRA TABLE TOP			

OPTICHAMBER DIAMOND-SM MASK MISC .....	87	OVACE WASH LIQD (sulfacetamide sodium) .....	62	OXYCODONE-ACETAMINOPHEN TABS PO 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....	9
OPTIONS GYNOL II CONTRACEPTIVE GEL .....	111	oxaprozin TABS PO .....	5	oxymorphone hcl TABS PO 10 MG ..	8
ORACIT PO .....	73	OXAYDO TABS PO 5 MG .....	8	oxymorphone hcl TABS PO 5 MG ..	8
ORAL CITRATE PO .....	73	oxazepam CAPS PO 10 MG, 15 MG ..	12	oxymorphone hcl TB12 PO .....	8
ORAVIG .....	91	oxazepam CAPS PO 30 MG .....	12	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN .....	22
ORENITRAM MONTH 1 TEPK ....	47	oxcarbazepine SUSP PO .....	18	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML .....	22
ORENITRAM MONTH 2 TEPK ....	47	oxcarbazepine TABS PO 150 MG ..	18	OZEMPIC (2 MG/DOSE) SOPN ...	22
ORENITRAM MONTH 3 TEPK ....	47	oxcarbazepine TABS PO 300 MG ..	18	paliperidone PO .....	41
ORENITRAM TBCR .....	47	oxcarbazepine TABS PO 600 MG ..	18	PALYNZIQ .....	69
ORFADIN CAPS PO (nitisinone) ..	69	oxcarbazepine TB24 150 MG, 300 MG .....	18	PAMELOR CAPS PO (nortriptyline hcl) .....	21
ORFADIN SUSP .....	69	oxcarbazepine TB24 600 MG .....	18	PANCREAZE CPEP PO 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 .....	67
ORIAHNN .....	70	oxiconazole nitrate CREA .....	59	PANRETIN .....	60
ORKAMBI PACK .....	106	OXISTAT LOTN .....	59	pantoprazole sodium PACK .....	110
ORKAMBI TABS .....	106	oxybutynin chloride TABS PO 5 MG . 110		pantoprazole sodium TBEC PO ..	110
orlistat PO .....	1	oxybutynin chloride TB24 PO ....	110	PARI MANUAL INTERRUPTER DEVI .....	87
orphenadrine citrate TB12 PO ....	94	oxycodone hcl CAPS PO .....	8	PARI TREK S COMBO PACK DEVI .	87
oseltamivir phosphate CAPS PO ..	45	oxycodone hcl CONC PO 100 MG/5ML .....	8	paricalcitol CAPS PO 1 MCG, 2 MCG .....	69
oseltamivir phosphate SUSR PO ..	45	oxycodone hcl SOLN PO .....	8	paricalcitol CAPS PO 4 MCG .....	69
OSMOPREP PO .....	79	oxycodone hcl TABS PO 30 MG ...	8	PARLODEL CAPS PO (bromocriptine mesylate) .....	40
OSPHENA PO .....	68	oxycodone hcl TABS PO 5 MG, 10 MG, 15 MG, 20 MG .....	8		
OTEZLA TABS PO 20 MG .....	5	oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-7.5 MG	9		
OTEZLA TABS PO 30 MG .....	5				
OTEZLA TBPK PO .....	5				
OTEZLA TBPK PO .....	6				
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML .....	3				
OVACE PLUS WASH LIQD (sulfacetamide sodium) .....	62				



PARLODEL TABS PO (bromocriptine mesylate) .....	40	penicillin v potassium SOLR PO .	101	PHEXXI .....	111
paromomycin sulfate PO .....	2	penicillin v potassium TABS PO ..	101	phytonadione TABS PO 5 MG ...	112
paroxetine hcl SUSP PO .....	20	pentamidine isethionate IN .....	31	PIFELTRO .....	43
paroxetine hcl TABS PO .....	20	PENTASA CPCR PO 250 MG .....	72	pilocarpine hcl (oral) PO 5 MG ...	91
paroxetine hcl TB24 PO .....	20	pentazocine w/ naloxone hcl PO ...	10	pilocarpine hcl (oral) PO 7.5 MG ..	91
PATADAY 0.1 % (olopatadine hcl)	99	pentoxifylline PO .....	76	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	97
PATADAY 0.2 % (olopatadine hcl)	99	PEPCID TABS PO 40 MG (famotidine) .....	109	pimecrolimus .....	65
PATADAY 0.7 % .....	99	PERCOCET TABS PO 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) .....	9	pimozide PO .....	103
PATANASE (olopatadine hcl (nasal)) .....	95	PERCOCET TABS PO 325 MG-2.5 MG (oxycodone w/ acetaminophen) 10		pindolol TABS PO .....	45
PAXIL CR TB24 PO (paroxetine hcl) .	20	PERCOCET TABS PO 325 MG-5 MG (oxycodone w/ acetaminophen) 9		pioglitazone hcl PO 15 MG .....	23
PAXIL SUSP PO (paroxetine hcl) .	20	PERCOCET TABS PO 325 MG-5 MG (oxycodone w/ acetaminophen) 9		pioglitazone hcl PO 30 MG, 45 MG	23
PAXIL TABS PO (paroxetine hcl) .	20	perindopril erbumine PO .....	28	pioglitazone hcl-glimepiride .....	22
PAXLOVID (150/100) .....	44	permethrin CREA .....	66	pioglitazone hcl-metformin hcl TABS PO .....	22
PAXLOVID (300/100) .....	44	perphenazine TABS PO .....	41	PIQRAY (200 MG DAILY DOSE) .	37
pazopanib hcl .....	37	perphenazine-amitriptyline PO ...	102	PIQRAY (250 MG DAILY DOSE) .	38
PEDIAPRED SOLN PO (prednisolone sodium phosphate) .	54	phenelzine sulfate PO .....	20	PIQRAY (300 MG DAILY DOSE) .	38
pediatric multivitamins w/fl CHEW PO 0.5 MG, 1 MG .....	92	phenobarbital ELIX PO .....	77	pirfenidone CAPS .....	106
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid PO .....	78	phenobarbital TABS PO .....	77	pirfenidone TABS PO .....	106
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO 236 GM .....	78	phenoxybenzamine hcl PO .....	28	piroxicam CAPS PO 10 MG .....	5
peg 3350-potassium chloride-sod bicarbonate-sod chloride PO .....	78	phentermine hcl CAPS PO .....	1	piroxicam CAPS PO 20 MG .....	5
PEGASYS SOLN .....	44	phenylephrine hcl (mydriatic) SOLN 10 % .....	97	PLAN B ONE-STEP PO (levonorgestrel (emergency oc)) ...	53
PEG-PREP PO .....	78	phenylephrine hcl (mydriatic) SOLN 2.5 % .....	97	PLAVIX PO 75 MG (clopidogrel bisulfate) .....	76
penicillamine CAPS PO .....	90	phenytoin CHEW PO .....	19	PLEGRIDY SOAJ .....	103
penicillamine TABS PO .....	90	phenytoin sodium extended PO 100 MG, 200 MG, 300 MG .....	19	PLEGRIDY SOSY IM .....	103
		phenytoin SUSP PO .....	19	PLEGRIDY SOSY SC .....	103
				PLEGRIDY STARTER PACK SOAJ .	103

PLEGRIDY STARTER PACK SOSY SC .....	89	103	potassium chloride CPCR PO .....	90	prasugrel hcl PO .....	76
PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	58		potassium chloride microencapsulated crystals er PO	.90	pravastatin sodium PO 10 MG, 20 MG, 80 MG .....	27
PLEXION CREA (sulfacetamide sodium w/ sulfur) .....	58		potassium chloride PACK PO 20 MEQ .....	90	pravastatin sodium PO 40 MG .....	27
PLEXION LOTN (sulfacetamide sodium w/ sulfur) .....	58		potassium chloride SOLN PO 10 %, 20 %, 10 % .....	90	praziquantel PO .....	11
PNV-DHA+DOCUSATE PO .....	93		potassium chloride TBCR PO 20 MEQ .....	90	prazosin hcl CAPS PO .....	29
PNV-OMEGA PO .....	93		potassium chloride TBCR PO 8 MEQ, 10 MEQ .....	90	PRECISION XTRA BLOOD GLUCOSE STRP .....	66
POCKET CHAMBER DEVI .....	87		potassium citrate (alkalinizer) TBCR PO .....	73	PRECISION XTRA KETONE .....	66
POCKET SPACER DEVI .....	87		potassium citrate-citric acid SOLN PO .....	73	PRED MILD .....	98
PODOCON-25 SOLN .....	65		potassium iodide (expectorant) SOLN PO .....	56	PREDNISOLONE SODIUM PHOSPHATE .....	98
podofilox GEL .....	65		POVIDONE-IODINE .....	98	prednisolone sodium phosphate SOLN PO 25 MG/5ML .....	54
podofilox SOLN .....	65		PRALUENT SOAJ .....	28	prednisolone sodium phosphate SOLN PO .....	54
POLY HUB NEEDLE .....	85		pramipexole dihydrochloride TABS PO 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG .....	40	prednisolone sodium phosphate TBDP PO .....	54
polyethylene glycol 3350 POWD PO .	79		pramipexole dihydrochloride TABS PO 1 MG .....	40	PREDNISOLONE-MOXIFLOXACIN SOLN .....	98
polymyxin b-trimethoprim .....	98		pramipexole dihydrochloride TABS PO 1.5 MG .....	40	PREDNISONE INTENSOL CONC	54
POLYTRIM (polymyxin b-trimethoprim) .....	98		pramipexole dihydrochloride TB24 PO 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG .....	40	prednisone SOLN PO .....	54
POLY-VI-FLOR CHEW PO 0.5 MG, 1 MG .....	92		pramipexole dihydrochloride TB24 PO 3 MG .....	40	prednisone TABS PO .....	54
POLY-VI-FLOR SUSP .....	92		PRAMOSONE LOTN .....	64	prednisone TBPK PO .....	54
POLY-VI-FLOR/IRON CHEW PO .	92		PRAMOSONE OINT 1 %-1 % .....	64	pregabalin CAPS PO 225 MG, 300 MG .....	18
POLY-VI-FLOR/IRON SUSP .....	92		PRAMOSONE OINT 2.5 %-1 % .....	64	pregabalin CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	18
POMALYST .....	35				pregabalin SOLN .....	18
posaconazole SUSP .....	25				PREMARIN .....	111
posaconazole TBEC .....	25				PREMARIN TABS PO .....	71
pot & sod citrates w/citric ac SOLN PO .....	73				PREMESISRX .....	93
pot phosphate monobasic w/ sod phosphate dibasic & monobasic PO						

PREMPHASE PO .....	70	PREZISTA TABS (darunavir) .....	43	PROGRAF PACK .....	90
PREMPRO PO .....	70	PREZISTA TABS 75 MG, 150 MG	43	PROLATE TABS PO .....	10
PRENA 1 TRUE .....	93	PRIFTIN PO .....	33	PROLIA SOSY .....	68
PRENA1 PEARL .....	93	PRILOSEC PACK PO .....	110	PROMACTA PACK 12.5 MG .....	77
PRENAISSANCE PLUS CAPS PO	93	PRIMAQUINE PHOSPHATE TABS		PROMACTA PACK 25 MG .....	77
		PO (primaquine phosphate) .....	32	PROMACTA TABS PO .....	77
PRENAISSANCE PO .....	93	primaquine phosphate TABS PO ..	32	promethazine & phenylephrine SYRP	
PRENATAL 19 CHEW PO .....	93	primidone PO 50 MG, 250 MG ....	18	PO .....	55
PRENATAL 19 TABS PO .....	93	PRISTIQ PO (desvenlafaxine		promethazine hcl SOLN PO 6.25	
PRENATAL+DHA MISC PO .....	93	succinate) .....	21	MG/5ML .....	26
PRENATAL-U CAPS PO .....	93	PRO COMFORT SPACER ADULT		promethazine hcl SUPP PR 12.5 MG,	
PRENATE .....	93	MISC .....	87	25 MG .....	26
PRENATE AM .....	94	PRO COMFORT SPACER CHILD		promethazine hcl TABS PO 12.5 MG	
		MISC .....	87	26	
PRENATE DHA 90 MG-26 MG-400		PRO COMFORT SPACER INFANT		promethazine hcl TABS PO 25 MG	
MCG-400 UNIT-25 MCG-155 MG-50		DEVI .....	87	26	
MG-300 MG-40 UNIT-600 MCG-18		PROAIR RESPICCLICK AEPB .....	14	promethazine hcl TABS PO 50 MG	
MG .....	94	probenecid PO .....	74	26	
PRENATE ENHANCE PO .....	94	PROCARDIA XL TB24 PO		promethazine w/codeine SOLN PO	
PRENATE ESSENTIAL 90 MG-26		(nifedipine) .....	46	55	
MG-280 MCG-400 MCG-220 UNIT-		PROCARE SPACER/ADULT MASK		promethazine w/codeine SYRP PO	
13 MCG-155 MG-50 MG-300 MG-		DEVI .....	87	55	
150 MCG-10 UNIT-40 MG-600 MCG-		PROCARE SPACER/CHILD MASK		promethazine-dm SYRP PO .....	55
18 MG .....	94	DEVI .....	87	PROMETRIUM CAPS PO	
PRENATE PIXIE .....	94	PROCHAMBER VHC DEVI .....	87	(progesterone) .....	101
PRENATE RESTORE PO .....	94	prochlorperazine maleate TABS PO .		propafenone hcl CP12 PO .....	12
PREPIDIL GEL .....	100	41		propafenone hcl TABS PO 150 MG	
PREVACID 24HR CPDR PO		prochlorperazine PR .....	41	12	
(lansoprazole) .....	110	PROCTOFOAM HC FOAM EX ....	11	propafenone hcl TABS PO 225 MG,	
PREVACID CPDR PO 30 MG		PROCYSBI CPDR PO .....	73	300 MG .....	12
(lansoprazole) .....	110	PROCYSBI PACK .....	73	propranolol hcl .....	98
PREVIDENT SOLN (sodium fluoride		PROFILNINE .....	76	proparacaine hcl .....	98
(dental)) .....	91	progesterone CAPS PO .....	101	propranolol hcl CP24 PO .....	45
PREZCOBIX .....	43			propranolol hcl SOLN PO 20	
PREZISTA SUSP .....	43				

MG/5ML, 40 MG/5ML .....	46	(budesonide (inhalation)) .....	14	MG, 50 MG, 100 MG, 150 MG .....	41
propranolol hcl TABS PO .....	46	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) .....	14	quetiapine fumarate TABS PO 300 MG, 400 MG .....	41
propylthiouracil PO .....	107	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) .....	14	quetiapine fumarate TB24 PO .....	41
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....	55	PULMOZYME .....	106	QUFLORA FE PEDIATRIC LIQD PO	92
PROSCAR PO (finasteride) .....	73	PURE COMFORT 3-BALL BREATHE EX DEVI .....	87	QUFLORA PEDIATRIC CHEW PO 0.5 MG, 1 MG .....	92
PROTONIX TBEC PO (pantoprazole sodium) .....	110	PURE COMFORT SPACER CHAMBER DEVI .....	87	QUFLORA PEDIATRIC SOLN PO	92
PROTOPIC OINT 0.03 % (tacrolimus (topical)) .....	65	PURIXAN SUSP .....	33	QUILLICHEW ER CHER PO 20 MG, 40 MG .....	2
PROTOPIC OINT 0.1 % (tacrolimus (topical)) .....	65	pyrazinamide PO .....	33	QUILLICHEW ER CHER PO 30 MG . 2	
protriptyline hcl PO .....	21	pyridostigmine bromide SOLN PO	32	QUILLIVANT XR SRER PO .....	2
PROVERA PO 10 MG (medroxyprogesterone acetate) ..	101	pyridostigmine bromide TABS PO 60 MG .....	32	quinapril hcl PO .....	28
PROVERA PO 5 MG (medroxyprogesterone acetate) ..	101	pyridostigmine bromide TBCR PO	33	quinapril-hydrochlorothiazide PO 12.5 MG-10 MG, 12.5 MG-20 MG	30
PROVIDA OB PO .....	94	QBRELIS SOLN .....	28	quinapril-hydrochlorothiazide PO 25 MG-20 MG .....	30
PROVIGIL PO (modafinil) .....	2	QINLOCK .....	38	quinidine gluconate TBCR PO .....	12
PROZAC CAPS PO 10 MG, 20 MG (fluoxetine hcl) .....	20	QSYMIA .....	1	quinine sulfate CAPS PO 324 MG	32
PROZAC CAPS PO 40 MG (fluoxetine hcl) .....	20	QUAKE DEVI .....	87	QVAR REDIHALER 80 MCG/ACT	14
PSE-DEXCHLORPHEN- CHLOPHEDIANOL PO .....	56	QUALAQUIN CAPS PO (quinine sulfate) .....	32	RABEPRAZOLE SODIUM CPSP PO	110
pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML .....	56	QUARTETTE PO (levonorgestrel- ethinyl estradiol (91-day)) .....	53	rabeprazole sodium TBEC PO ...	110
pseudoephedrine-guaifenesin TB12 PO 600 MG-60 MG .....	56	quazepam PO .....	78	RADICAVA ORS STARTER KIT SUSP .....	96
PULMICORT FLEXHALER AEPB 180 MCG/ACT .....	14	QUESTRAN LIGHT POWD PO (cholestyramine light) .....	27	RADICAVA ORS SUSP .....	96
PULMICORT FLEXHALER AEPB 90 MCG/ACT .....	14	QUESTRAN PACK PO (cholestyramine) .....	27	raloxifene hcl PO .....	68
PULMICORT SUSP 0.25 MG/2ML		QUESTRAN POWD PO (cholestyramine) .....	27	ramelteon PO .....	78
		quetiapine fumarate TABS PO 200 MG .....	41	ramipril CAPS PO .....	28
		quetiapine fumarate TABS PO 25		ranolazine TB12 PO 1000 MG .....	11
				ranolazine TB12 PO 500 MG .....	11

RAPAFLO PO 4 MG (silodosin) ... 73	hydrobromide) .....88	REYATAZ CAPS PO 200 MG, 300 MG (atazanavir sulfate) .....43
RAPAFLO PO 8 MG (silodosin) ... 73	RELYVRIO ..... 96	REYATAZ PACK .....43
rasagiline mesylate PO ..... 40	REMERON SOLTAB TBDP PO (mirtazapine) ..... 19	RHOFADE .....65
RASUVO SOAJ 20 MG/0.4ML .....3	REMERON TABS PO 15 MG, 30 MG (mirtazapine) ..... 19	RIASTAP ..... 76
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	REVELA PACK 0.8 GM (sevelamer carbonate) .....72	RIDAURA PO ..... 4
RAZADYNE ER CP24 PO (galantamine hydrobromide) ..... 102	REVELA PACK 2.4 GM (sevelamer carbonate) .....72	rifabutin PO ..... 33
REALITY LATEX CONDOMS MISC . 82	REVELA TABS PO (sevelamer carbonate) .....72	rifampin CAPS PO .....33
REALITY LATEX/ULTRA TEXTURED DEVI .....82	repaglinide PO ..... 23	RILUTEK TABS PO (riluzole) .....96
REALITY LATEX/ULTRA THIN DEVI 82	RESTORIL PO 15 MG (temazepam) . 78	riluzole TABS PO ..... 96
REBIF REBIDOSE SOAJ ..... 103	RESTORIL PO 22.5 MG, 30 MG (temazepam) .....78	rimantadine hydrochloride TABS PO . 45
REBIF REBIDOSE TITRATION PACK SOAJ ..... 103	RESTORIL PO 7.5 MG (temazepam) .....78	RINVOQ LQ SOLN .....3
REBIF SOSY ..... 103	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML ..... 77	RINVOQ TB24 PO ..... 3
REBIF TITRATION PACK SOSY .103	RETACRIT 20000 UNIT/ML ..... 77	risedronate sodium TABS PO 150 MG ..... 68
REBINYN 3000 UNIT .....76	RETEVMO CAPS .....38	risedronate sodium TABS PO 35 MG 68
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT .....76	RETIN-A CREA (tretinoin) ..... 58	risedronate sodium TABS PO 5 MG, 30 MG .....68
RECOMBINATE SOLR ..... 76	RETIN-A GEL (tretinoin) ..... 58	RISPERDAL SOLN PO (risperidone) 41
REGLAN TABS PO (metoclopramide hcl) ..... 71	RETIN-A MICRO (tretinoin microsphere) ..... 58	RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) .... 41
REGRANEX .....66	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere) ..... 58	RISPERDAL TABS PO 3 MG (risperidone) .....41
RELENZA DISKHALER .....45	RETROVIR CAPS PO (zidovudine) 43	risperidone SOLN PO .....41
RELEXII TBCR PO 72 MG .....2	RETROVIR SYRP PO (zidovudine) 43	risperidone TABS PO 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG ..... 41
RELION INSULIN SYRINGE .....85	REXULTI ..... 42	risperidone TABS PO 3 MG ..... 41
RELNATE DHA CAPS PO .....94		risperidone TBDP PO 0.25 MG ....41
RELPAK PO (eletriptan		risperidone TBDP PO 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG .....41

RITALIN LA CP24 PO (methylphenidate hcl) .....	2	ROZEREM PO (ramelteon) .....	78	SANDIMMUNE CAPS PO (cyclosporine) .....	91
RITALIN TABS PO 20 MG (methylphenidate hcl) .....	2	ROZLYTREK CAPS .....	38	SANDIMMUNE SOLN PO 100 MG/ML .....	91
RITALIN TABS PO 5 MG, 10 MG (methylphenidate hcl) .....	2	ROZLYTREK PACK .....	38	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate) .....	70
RITEFLO DEVI .....	87	RUBRACA .....	38	SANTYL OINT .....	64
ritonavir TABS PO .....	43	rufinamide SUSP .....	18	sapropterin dihydrochloride PACK .	69
rivastigmine .....	102	rufinamide TABS PO 200 MG .....	18	sapropterin dihydrochloride TABS .	69
rivastigmine tartrate CAPS PO ...	102	rufinamide TABS PO 400 MG .....	18	SAVELLA TABS PO .....	102
RIXUBIS SOLR .....	76	RUKOBIA .....	43	SAVELLA TITRATION PACK MISC 102	
rizatriptan benzoate TABS PO ....	88	RYBELSUS TABS PO .....	22	saxagliptin hcl PO .....	22
rizatriptan benzoate TBDP PO ....	88	RYDAPT .....	38	saxagliptin-metformin hcl PO .....	22
ROBINUL TABS PO (glycopyrrolate) .	108	RYDEX PO .....	56	SAXENDA .....	1
ROBINUL-FORTE TABS PO (glycopyrrolate) .....	108	RYTARY CPCR PO 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG- 61.25 MG .....	40	scopolamine .....	25
ROCALTROL CAPS PO 0.25 MCG (calcitriol) .....	69	RYTARY CPCR PO 95 MG-23.75 MG .....	40	SEASONIQUE PO (levonorgestrel- ethinyl estradiol (91-day)) .....	53
ROCALTROL CAPS PO 0.5 MCG (calcitriol) .....	69	RYVENT TABS PO .....	26	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 .....	94
ROCALTROL SOLN PO (calcitriol) 69		SABRIL PACK (vigabatrin) .....	19	SELECT-OB CHEW PO 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 .....	94
roflumilast PO .....	13	SABRIL TABS (vigabatrin) .....	19	SELECT-OB+DHA MISC PO .....	94
ropinirole hydrochloride TABS PO .	40	sacubitril-valsartan TABS PO .....	47	selegiline hcl CAPS PO .....	40
ropinirole hydrochloride TB24 PO 12 MG .....	40	SAFYRAL PO .....	53	selegiline hcl TABS PO .....	40
ropinirole hydrochloride TB24 PO 2 MG, 4 MG, 6 MG, 8 MG .....	40	SALAGEN PO 5 MG (pilocarpine hcl (oral)) .....	91	selenium sulfide LOTN 2.5 % .....	62
rosuvastatin calcium TABS PO ....	27	SALAGEN PO 7.5 MG (pilocarpine hcl (oral)) .....	91	SELZENTRY SOLN .....	43
ROXICODONE TABS PO 15 MG (oxycodone hcl) .....	8	SALICYLIC ACID OINT .....	65	SELZENTRY TABS PO (maraviroc) 43	
ROXICODONE TABS PO 30 MG (oxycodone hcl) .....	8	salicylic acid SHAM 6 % .....	65		
		salicylic acid SOLN 26 % .....	65		
		SALIMEZ CREA .....	65		
		salsalate PO .....	7		
		SALYCIM CREA .....	65		
		SANCUSO PTCH .....	25		

SE-NATAL 19 CHEW PO	94	silodosin PO 4 MG	73	sodium fluoride TABS PO 0.5 MG	89
SE-NATAL 19 TABS PO	94	silodosin PO 8 MG	73	sodium fluoride TABS PO 1 MG	89
SEREVENT DISKUS	14	SILVADENE (silver sulfadiazine)	62	SODIUM OXYBATE SOLN PO	101
SEROQUEL TABS PO 200 MG (quetiapine fumarate)	41	silver sulfadiazine	62	sodium phenylbutyrate POWD PO	69
SEROQUEL TABS PO 25 MG, 50 MG, 100 MG (quetiapine fumarate)	41	simvastatin TABS PO	27	sodium phenylbutyrate TABS PO	69
SEROQUEL TABS PO 300 MG, 400 MG (quetiapine fumarate)	41	SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	40	sodium polystyrene sulfonate POWD PO	91
SEROQUEL XR TB24 PO (quetiapine fumarate)	41	SINGULAIR CHEW PO (montelukast sodium)	13	SODIUM SULFACETAMIDE- BAKUCHIOL LIQD	62
SEROSTIM SC 4 MG, 5 MG, 6 MG	68	SINGULAIR PACK PO (montelukast sodium)	13	sodium sulfate-potassium sulfate- magnesium sulfate	78
SERTRALINE HCL CAPS	20	SINGULAIR TABS PO (montelukast sodium)	13	solifenacin succinate TABS PO 10 MG	110
sertraline hcl CONC PO	20	sirolimus SOLN	91	solifenacin succinate TABS PO 5 MG	110
sertraline hcl TABS PO	20	sirolimus TABS PO	91	SOLTAMOX SOLN PO	35
sevelamer carbonate PACK 0.8 GM	72	SITAVIG TABS BU	44	SOLUVITA ACD WITH FLUORIDE SOLN PO	92
sevelamer carbonate PACK 2.4 GM	72	SIVEXTRO TABS	32	SOLUVITA SOLN PO	89
sevelamer carbonate TABS PO	72	SKLICE (ivermectin (pediculicide))	66	SOLUVITA WITH FLUORIDE SOLN PO	92
sevelamer hcl PO 400 MG	73	SKYRIZI PEN SOAJ	61	SOMA TABS PO (carisoprodol)	94
sevelamer hcl PO 800 MG	72	SKYRIZI SOCT	72	SOMAVERT	68
SFROWASA ENEM PR	72	SKYRIZI SOSY	61	SOOLANTRA (ivermectin (rosacea))	65
SIGNIFOR	70	SLYND PO	54	sorafenib tosylate PO	38
SIKLOS TABS 100 MG	77	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	56	SORILUX FOAM	61
SIKLOS TABS 1000 MG	77	sodium fluoride (dental) SOLN 0.2 %	91	sotalol hcl (afib/af) PO	46
sildenafil citrate (pulmonary hypertension) SUSR	48	sodium fluoride CHEW PO 0.25 MG, 0.5 MG	89	sotalol hcl TABS PO	46
sildenafil citrate (pulmonary hypertension) TABS PO	48	sodium fluoride CHEW PO 1 MG, 2.2 MG	89	SPEEDY SWAB COVID-19/FLU HOME	66
sildenafil citrate PO	47	sodium fluoride SOLN PO	89	spinosad	66
				SPIRIVA RESPIMAT AERS 1.25	

MCG/ACT	13	(buprenorphine hcl-naloxone hcl dihydrate)	10	sulindac TABS PO 200 MG	5
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	13	SUBSYS LIQD	8	sumatriptan 20 MG/ACT	88
SPIRO PD DEVI	87	sucralfate SUSP PO	109	sumatriptan 5 MG/ACT	88
spironolactone & hydrochlorothiazide PO	67	sucralfate TABS PO	109	sumatriptan succinate SOAJ 4 MG/0.5ML	88
spironolactone TABS PO	67	sulconazole nitrate CREA	59	sumatriptan succinate SOAJ 6 MG/0.5ML	88
SPORANOX CAPS PO (itraconazole)	25	sulconazole nitrate SOLN	59	sumatriptan succinate SOCT 4 MG/0.5ML	88
SPRAVATO (56 MG DOSE)	20	sulfacetamide sodium (acne)	58	sumatriptan succinate SOCT 6 MG/0.5ML	88
SPRAVATO (84 MG DOSE)	20	sulfacetamide sodium (ophth) OINT 98		sumatriptan succinate SOLN 6 MG/0.5ML	88
SPRITAM TB3D	18	sulfacetamide sodium (ophth) SOLN 98		sumatriptan succinate TABS PO	88
SPRYCEL (dasatinib)	38	sulfacetamide sodium LIQD	62	sunitinib malate PO 12.5 MG, 37.5 MG, 50 MG	38
SSKI SOLN PO (potassium iodide (expectorant))	56	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	58	sunitinib malate PO 25 MG	38
STELARA SOLN 45 MG/0.5ML	61	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	58	SUPRAX CAPS PO (cefixime)	49
STELARA SOSY 45 MG/0.5ML	61	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	58	SUPRAX CHEW PO	49
STELARA SOSY 90 MG/ML	61	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	58	SUPRAX SUSR PO 200 MG/5ML (cefixime)	49
STIOLTO RESPIMAT	14	sulfacetamide sod-prednisolone SOLN	98	SUPRAX SUSR PO 500 MG/5ML	49
STIVARGA	38	SULFACETAMIDE-SULFUR IN UREA EMUL	58	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	78
STRATTERA PO 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	1	sulfadiazine TABS PO	106	SUSTIVA CAPS PO (efavirenz)	43
STRATTERA PO 60 MG, 80 MG, 100 MG (atomoxetine hcl)	1	sulfamethoxazole-trimethoprim SUSP PO	31	SYMBICORT (budesonide-formoterol fumarate dihydrate)	15
STRENSIQ	69	sulfamethoxazole-trimethoprim TABS PO	31	SYMDEKO	106
STRIBILD	43	SULFAMYLON CREA	62	SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	43
STRIVERDI RESPIMAT	15	sulfasalazine TABS PO	72	SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	43
STROMECTOL PO (ivermectin)	11	sulfasalazine TBEC PO	72	SYMTUZA	43
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	10	sulindac TABS PO 150 MG	5		
SUBOXONE FILM SL 3 MG-12 MG					



SYNALAR CREA (fluocinolone acetone)ide) .....	64	TAMIFLU CAPS PO (oseltamivir phosphate) .....	31	telmisartan PO 20 MG, 40 MG ....	29
SYNALAR OINT (fluocinolone acetone)ide) .....	64	TAMIFLU SUSR PO (oseltamivir phosphate) .....	45	telmisartan PO 80 MG .....	29
SYNALAR SOLN (fluocinolone acetone)ide) .....	64	tamoxifen citrate TABS PO .....	35	telmisartan-amlodipine PO .....	30
SYNAREL .....	69	tamsulosin hcl PO .....	73	telmisartan-hydrochlorothiazide PO 30	
SYNJARDY TABS .....	22	TARCEVA (erlotinib hcl) .....	34	temazepam PO 15 MG .....	78
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....	22	TARGRETIN PO (bexarotene) ....	39	temazepam PO 22.5 MG, 30 MG ..	78
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG .....	22	TASIGNA .....	38	temazepam PO 7.5 MG .....	78
SYNTHROID TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) .....	108	TASMAR PO (tolcapone) .....	39	temozolomide CAPS PO .....	33
SYNTHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) .....	108	TAVALISSE 100 MG .....	76	tenofovir disoproxil fumarate TABS PO .....	43
SYPRINE PO (trientine hcl) .....	90	TAVALISSE 150 MG .....	76	TENORETIC 100 PO (atenolol & chlorthalidone) .....	30
TABLOID PO .....	33	TAYTULLA CAPS (norethin acet & estradiol-fe) .....	53	TENORETIC 50 PO (atenolol & chlorthalidone) .....	31
TABRECTA .....	38	tazarotene CREA .....	61	TENORMIN TABS PO (atenolol) ..	45
tacrolimus (topical) OINT 0.03 % ..	65	TAZAROTENE FOAM .....	58	terazosin hcl PO 1 MG, 2 MG, 5 MG .	29
tacrolimus (topical) OINT 0.1 % ...	65	tazarotene GEL .....	61	terazosin hcl PO 10 MG .....	29
tacrolimus CAPS PO .....	91	TAZORAC CREA (tazarotene) ....	61	terbinafine hcl TABS PO .....	25
tadalafil (pulmonary hypertension) TABS PO .....	48	TAZORAC GEL (tazarotene) .....	61	terbutaline sulfate TABS PO .....	15
tadalafil PO 2.5 MG .....	47	TAZVERIK .....	38	terconazole vaginal CREA .....	111
tadalafil PO 5 MG, 10 MG, 20 MG .	47	TECHLITE INSULIN SYRINGE ...	85	terconazole vaginal SUPP .....	111
TAFINLAR CAPS PO .....	38	TEGRETOL SUSP PO (carbamazepine) .....	18	teriflunomide PO .....	103
TAFINLAR TBSO .....	38	TEGRETOL TABS PO (carbamazepine) .....	18	teriparatide SOPN .....	68
tafluprost .....	100	TEGRETOL-XR TB12 PO 100 MG (carbamazepine) .....	18	TESTIM GEL TD (testosterone) ...	10
TAGRISSO .....	34	TEGRETOL-XR TB12 PO 200 MG (carbamazepine) .....	18	testosterone cypionate SOLN IM ..	10
TALZENNA .....	38	TEGRETOL-XR TB12 PO 400 MG (carbamazepine) .....	18	testosterone enanthate SOLN IM ..	10
		TEGSEDI .....	106	testosterone GEL TD 1 % .....	10
		TEKTURNA PO (aliskiren fumarate) .		testosterone GEL TD 10 MG/ACT .	10
				testosterone GEL TD .....	11

tetrabenazine PO .....	102	maleate (ophth)) .....	96	(topiramate) .....	18
tetracaine hcl (ophth) .....	98	tinidazole PO .....	31	TOPAMAX TABS PO 25 MG (topiramate) .....	18
tetracycline hcl CAPS PO .....	107	tiopronin TABS .....	73	TOPAMAX TABS PO 50 MG (topiramate) .....	18
THALITONE PO .....	68	tiopronin TBEC .....	73	TOPICORT CREA (desoximetasone) .....	64
THALOMID PO .....	90	tiotropium bromide monohydrate CAPS .....	13	TOPICORT GEL (desoximetasone) 64	
THEO-24 CP24 PO .....	15	TIROSINT CAPS PO 37.5 MCG, 44 MCG, 62.5 MCG .....	108	TOPICORT OINT 0.25 % (desoximetasone) .....	64
theophylline ELIX PO .....	15	TIVICAY TABS 50 MG .....	43	topiramate CP24 PO 200 MG .....	18
theophylline SOLN PO .....	15	tizanidine hcl CAPS PO .....	94	topiramate CP24 PO 25 MG, 50 MG, 100 MG .....	18
theophylline TB12 PO 300 MG ....	15	tizanidine hcl TABS PO 2 MG ....	95	topiramate CPSP PO 15 MG, 25 MG 18	
theophylline TB12 PO 450 MG ....	15	tizanidine hcl TABS PO 4 MG ....	95	topiramate CS24 PO 100 MG, 150 MG, 200 MG .....	18
theophylline TB24 PO .....	15	TOBI NEBU (tobramycin) .....	2	topiramate CS24 PO 25 MG, 50 MG . 18	
thioridazine hcl PO 10 MG, 25 MG, 100 MG .....	42	TOBI PODHALER CAPS .....	2	topiramate TABS PO 100 MG .....	18
thioridazine hcl PO 50 MG .....	41	TOBRADEX OINT .....	98	topiramate TABS PO 200 MG .....	18
thiothixene PO .....	42	TOBRADEX ST SUSP .....	98	topiramate TABS PO 25 MG .....	18
THRESHOLD PEP DEVI .....	87	TOBRADEX SUSP (tobramycin- dexamethasone) .....	98	topiramate TABS PO 50 MG .....	18
THRIVITE RX TABS PO .....	94	tobramycin (ophth) SOLN .....	98	TOPROL XL TB24 PO (metoprolol succinate) .....	45
THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	108	tobramycin NEBU .....	2	toremifene citrate PO .....	35
tiagabine hcl PO .....	19	tobramycin-dexamethasone SUSP 98		torsemide TABS PO 100 MG .....	67
TIAZAC PO (diltiazem hcl extended release beads) .....	46	TOBEX OINT .....	98	torsemide TABS PO 5 MG, 10 MG, 20 MG .....	67
TIBSOVO .....	38	TODAY SPONGE MISC .....	111	TOUJEO MAX SOLOSTAR SOPN 23	
timolol .....	96	tolcapone PO .....	39	TOUJEO SOLOSTAR SOPN .....	23
timolol maleate (ophth) SOLG ....	96	tolterodine tartrate CP24 PO ....	110	TOVIAZ (fesoterodine fumarate) 110	
timolol maleate (ophth) SOLN ....	96	tolterodine tartrate TABS PO ....	110		
timolol maleate TABS PO 10 MG ..	46	TOPAMAX SPRINKLE CPSP PO (topiramate) .....	18		
timolol maleate TABS PO 5 MG, 20 MG .....	46	TOPAMAX TABS PO 100 MG (topiramate) .....	18		
TIMOPTIC SOLN (timolol maleate (ophth)) .....	96	TOPAMAX TABS PO 200 MG			

TPOXX (TECOVIRIMAT CAP 200 MG) .....	45	tretinoin (chemotherapy) PO .....	39	TRICOR TABS PO 145 MG (fenofibrate) .....	27
TPOXX CAPS .....	45	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	58	TRICOR TABS PO 48 MG (fenofibrate) .....	27
TRACLEER TABS 125 MG (bosentan) .....	48	tretinoin GEL 0.01 %, 0.025 % .....	58	TRIDESILON CREA 0.05 % (desonide) .....	64
TRACLEER TABS 62.5 MG (bosentan) .....	48	tretinoin GEL 0.05 % .....	59	trientine hcl PO 250 MG .....	90
TRACLEER TBSO .....	48	tretinoin microsphere 0.04 %, 0.1 % 58		trientine hcl PO 500 MG .....	90
tramadol hcl TABS PO 100 MG .....	8	tretinoin microsphere 0.08 % .....	58	trifluoperazine hcl TABS PO .....	42
tramadol hcl TABS PO 50 MG .....	8	TRETEN .....	76	trifluridine .....	98
tramadol hcl TB24 PO 100 MG .....	9	TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG .....	33	trihexyphenidyl hcl SOLN .....	39
tramadol hcl TB24 PO 200 MG .....	9	triamcinolone acetonide (mouth) ..	91	trihexyphenidyl hcl TABS PO .....	39
tramadol hcl TB24 PO 300 MG .....	9	triamcinolone acetonide (nasal) AERO .....	96	TRIJARDY XR .....	22
tramadol-acetaminophen PO .....	10	triamcinolone acetonide (topical) AERS .....	64	TRIKAFTA TBPK 100 MG-50 MG 106	
trandolapril PO .....	28	triamcinolone acetonide (topical) CREA .....	64	TRIKAFTA TBPK 50 MG-25 MG .	106
trandolapril-verapamil hcl PO .....	31	triamcinolone acetonide (topical) LOTN .....	64	TRIKAFTA THPK .....	106
tranexamic acid TABS PO .....	77	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....	64	TRILEPTAL SUSP PO (oxcarbazepine) .....	18
TRANSDERM-SCOP (scopolamine) 25		triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG .....	67	TRILEPTAL TABS PO 150 MG (oxcarbazepine) .....	18
tranylcypromine sulfate PO .....	20	triamterene & hydrochlorothiazide TABS PO 25 MG-37.5 MG .....	67	TRILEPTAL TABS PO 300 MG (oxcarbazepine) .....	18
TRAVATAN Z SOLN (travoprost) 100		triazolam PO 0.125 MG .....	78	TRILEPTAL TABS PO 600 MG (oxcarbazepine) .....	18
travoprost SOLN .....	100	triazolam PO 0.25 MG .....	78	TRILIPIX PO 135 MG (choline fenofibrate) .....	27
trazodone hcl TABS PO .....	21	TRIBENZOR PO (olmesartan medoxomil-amlodipine-hydrochlorothiazide) .....	31	TRILIPIX PO 45 MG (choline fenofibrate) .....	27
TRECTOR PO .....	33			trimethobenzamide hcl CAPS PO .	25
TRELEGY ELLIPTA .....	15			trimethoprim TABS PO .....	31
TREMFYA SOAJ 100 MG/ML .....	61			trimipramine maleate CAPS PO ...	21
TREMFYA SOAJ 200 MG/2ML ...	61			TRINATAL RX 1 TABS PO .....	94
TREMFYA SOSY 100 MG/ML .....	61				
TREMFYA SOSY 200 MG/2ML ...	61				
TRESIBA FLEXTOUCH SOPN .....	23				
TRESIBA SOLN .....	23				

TRINTELLIX PO .....	21	LUBRICATED/SPERMICIDE MISC 82	POWD .....	48
TRISTART DHA PO .....	94	TRUSTEX NATURAL CONDOMS + LUBE MISC .....	TYVASO DPI TITRATION KIT POWD .....	48
TRIUMEQ PD TBSO .....	43	TRUSTEX NON-LUBRICATED MISC .....	TYVASO REFILL KIT SOLN IN ...	48
TRIUMEQ TABS .....	43	TRUSTEX RIA LUB/SPERMICIDE MISC .....	TYVASO SOLN IN .....	48
TROJAN ENZ MISC .....	82	TRUSTEX RIA LUBRICATED MISC . 83	TYVASO STARTER KIT SOLN IN	48
TROJAN MAGNUM MISC .....	82	TRUSTEX RIA NON-LUBRICATED MISC .....	UBRELVY PO .....	87
TROJAN ULTRA THIN MISC .....	82	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC .....	UDENYCA ONBODY SOSY .....	77
TROJAN ULTRA THIN/SPERMICIDAL MISC .....	82	TRUVADA PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate) .....	UDENYCA SOAJ .....	77
TROJAN-ENZ LUBRICATED MISC 82		TRUVADA PO 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) .....	UDENYCA SOSY .....	77
TROJAN-ENZ/SPERMICIDAL MISC . 82		TUKYSA .....	ULORIC 40 MG (febuxostat) .....	74
tropicamide SOLN .....	97	TURALIO PO .....	ULORIC 80 MG (febuxostat) .....	74
tropium chloride CP24 PO .....	110	TUSNEL C SYRP PO .....	ULTRAVATE LOTN .....	64
tropium chloride TABS PO .....	110	TUSNEL PEDIATRIC LIQD PO 50 MG/5ML-5 MG/5ML-15 MG/5ML ..	UPTRAVI TABS 200 MCG .....	48
TRUE COVER DEVI .....	82	TUSNEL TABS PO .....	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG .....	48
TRULICITY .....	22	TWIRLA .....	UPTRAVI TITRATION TBPK .....	48
TRUSOPT (dorzolamide hcl) .....	99	TYBLUME CHEW .....	UROCIT-K 10 TBCR PO (potassium citrate (alkalinizer)) .....	73
TRUSTEX COLOR CONDOMS + LUBE MISC .....	82	TYBOST .....	UROCIT-K 15 TBCR PO (potassium citrate (alkalinizer)) .....	73
TRUSTEX LUB/RIBBED/STUDED MISC .....	82	TYKERB (lapatinib ditosylate) ....	UROCIT-K 5 TBCR PO (potassium citrate (alkalinizer)) .....	73
TRUSTEX LUB/SPERMICIDE EX ST MISC .....	82	TYMLOS .....	UROXATRAL PO (alfuzosin hcl) ..	73
TRUSTEX LUB/SPERMICIDE XL MISC .....	82	TYVASO DPI INSTITUTIONAL KIT POWD .....	URSO 250 TABS PO (ursodiol) ...	71
TRUSTEX LUBRICATED EX LARGE MISC .....	82	TYVASO DPI MAINTENANCE KIT	URSO FORTE TABS PO (ursodiol) 71	
TRUSTEX LUBRICATED EXTRA ST MISC .....	82		ursodiol CAPS PO .....	71
TRUSTEX LUBRICATED MISC ...	82		ursodiol TABS PO .....	71
TRUSTEX			VAGIFEM TABS (estradiol vaginal) 111	
			valacyclovir hcl PO 1 GM .....	44

valacyclovir hcl PO 500 MG .....	44	VARUBI (180 MG DOSE) TBPK PO .	25	verapamil hcl CP24 PO 180 MG ..	46
VALCHLOR .....	60	VASCEPA (icosapent ethyl) .....	26	verapamil hcl CP24 PO 360 MG ..	46
VALCYTE SOLR (valganciclovir hcl) .	44	VASERETIC PO 25 MG-10 MG		verapamil hcl TABS PO .....	47
VALCYTE TABS PO (valganciclovir		(enalapril maleate &		verapamil hcl TBCR PO 120 MG ..	47
hcl) .....	44	hydrochlorothiazide) .....	31	verapamil hcl TBCR PO 180 MG, 240	
valganciclovir hcl SOLR .....	44	VASOTEC TABS PO (enalapril		MG .....	47
valganciclovir hcl TABS PO .....	44	maleate) .....	28	VEREGEN .....	59
VALIUM TABS PO 10 MG		VCF VAGINAL CONTRACEPTIVE		VERELAN CP24 PO 120 MG, 240	
(diazepam) .....	12	FILM .....	111	MG (verapamil hcl) .....	47
VALIUM TABS PO 2 MG, 5 MG		VCF VAGINAL CONTRACEPTIVE		VERELAN CP24 PO 180 MG	
(diazepam) .....	12	FOAM .....	111	(verapamil hcl) .....	47
valproate sodium SOLN PO 250		VCF VAGINAL CONTRACEPTIVE		VERSACLOZ SUSP PO .....	41
MG/5ML, 500 MG/10ML .....	19	GEL .....	111	VERSAPAP DEVI .....	87
valproic acid CAPS PO .....	19	VECAMYL PO .....	31	VERSAPAP W/UNIVERSAL TUBING	
valsartan TABS PO 160 MG .....	29	VECTICAL (calcitriol (topical)) ...	61	DEVI .....	87
valsartan TABS PO 40 MG, 80 MG,		VEMLIDY .....	44	VERZENIO .....	38
320 MG .....	29	VENCLEXTA STARTING PACK		VESICARE TABS PO 10 MG	
valsartan-hydrochlorothiazide PO		TBPK .....	34	(solifenacin succinate) .....	110
12.5 MG-160 MG, 12.5 MG-320 MG,		VENCLEXTA TABS 10 MG .....	34	VESICARE TABS PO 5 MG	
12.5 MG-80 MG, 25 MG-320 MG ..	31	VENCLEXTA TABS 100 MG .....	34	(solifenacin succinate) .....	110
valsartan-hydrochlorothiazide PO 25		VENCLEXTA TABS 50 MG .....	34	VFEND TABS PO (voriconazole) ..	25
MG-160 MG .....	31	venlafaxine hcl CP24 PO 150 MG .	21	VIAGRA PO (sildenafil citrate) ....	47
VALTREX PO 1 GM (valacyclovir hcl)		venlafaxine hcl CP24 PO 37.5 MG,		VIBERZI .....	72
.....	44	75 MG .....	21	VIBRAMYCIN CAPS PO	
VALTREX PO 500 MG (valacyclovir		venlafaxine hcl TABS PO .....	21	(doxycycline hyclate) .....	107
hcl) .....	45	venlafaxine hcl TB24 PO 225 MG .	21	VIBRAMYCIN SUSR PO	
VANACOF PO .....	56	venlafaxine hcl TB24 PO 37.5 MG,		(doxycycline (monohydrate)) .....	107
VANCOCIN CAPS PO (vancomycin		75 MG, 150 MG .....	21	vigabatrin PACK .....	19
hcl) .....	31	VENTAVIS IN .....	48	vigabatrin TABS .....	19
vancomycin hcl CAPS PO .....	32	verapamil hcl CP24 PO 100 MG, 200		VIGAMOX SOLN OP (moxifloxacin	
VANDAZOLE .....	111	MG, 300 MG .....	46	hcl (ophth)) .....	98
VANOS CREA (fluocinonide) .....	64	verapamil hcl CP24 PO 120 MG, 240		VIIBRYD STARTER PACK KIT PO	
varenicline tartrate TABS PO .....	106	MG .....	47	21	

VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl) .....	21	VIVA DHA CAPS PO .....	94	WESTGEL DHA PO .....	94
VIIBRYD TABS 20 MG (vilazodone hcl) .....	21	VIVELLE-DOT PTTW (estradiol) ..	71	WIDE-SEAL DIAPHRAGM 60 ....	83
vilazodone hcl TABS 10 MG, 40 MG .	21	VIZIMPRO .....	34	WIDE-SEAL DIAPHRAGM 65 ....	83
vilazodone hcl TABS 20 MG .....	21	VOGELXO GEL TD (testosterone) 11		WIDE-SEAL DIAPHRAGM 70 ....	83
VIMPAT SOLN PO 10 MG/ML (lacosamide) .....	18	VOLTAREN ARTHRITIS PAIN GEL		WIDE-SEAL DIAPHRAGM 75 ....	83
VIMPAT TABS PO (lacosamide) ..	18	EX (diclofenac sodium (topical)) ..	60	WIDE-SEAL DIAPHRAGM 80 ....	83
VINATE DHA RF .....	94	VONVENDI .....	76	WIDE-SEAL DIAPHRAGM 85 ....	83
VINATE ONE TABS PO .....	94	voriconazole SUSR PO .....	25	WIDE-SEAL DIAPHRAGM 90 ....	83
VIRACEPT TABS PO .....	44	voriconazole TABS PO .....	25	WIDE-SEAL DIAPHRAGM 95 ....	83
VIREAD POWD .....	44	VORTEX HOLD		WILATE KIT .....	76
VIREAD TABS PO (tenofovir disoproxil fumarate) .....	44	CHMBR/MASK/CHILD DEVI .....	87	XALATAN SOLN (latanoprost) ...	100
VIREAD TABS PO 150 MG, 200 MG, 250 MG .....	44	VORTEX HOLD		XALKORI CAPS .....	38
VIRT-NATE DHA CAPS PO .....	94	CHMBR/MASK/TODDLER DEVI ..	87	XALKORI CPSP .....	39
VISTARIL CAPS PO (hydroxyzine pamoate) .....	12	VORTEX VALVED HOLDING		XANAX TABS PO (alprazolam) ....	12
VISTOGARD .....	24	CHAMBER DEVI .....	87	XANAX XR TB24 PO (alprazolam)	12
VITAFOL GUMMIES .....	94	VOSEVI .....	44	XARELTO STARTER PACK TBPK	15
VITAFOL-NANO .....	94	VOTRIENT (pazopanib hcl) .....	38	XARELTO SUSR .....	15
VITAFOL-ONE CAPS PO .....	94	VRAYLAR CAPS .....	40	XARELTO TABS 10 MG .....	15
VITAMEDMD ONE		VRAYLAR CPPK .....	40	XARELTO TABS 2.5 MG, 15 MG, 20	15
RX/QUATREFOLIC PO .....	94	VYNDAMAX .....	49	MG .....	15
VITAMINS ACD-FLUORIDE SOLN		VYNDAQEL .....	49	XATMEP SOLN PO .....	33
PO .....	92	VYTONE 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle) ....	59	XELJANZ SOLN .....	3
VITAPEARL .....	94	VYTORIN PO (ezetimibe- simvastatin) .....	26	XELJANZ TABS .....	3
VITATRUE .....	94	VYVANSE CHEW .....	1	XELJANZ XR TB24 PO .....	3
VITRAKVI CAPS PO .....	38	warfarin sodium TABS PO .....	15	XENICAL PO (orlistat) .....	1
VITRAKVI SOLN .....	38	WELLBUTRIN SR TB12 PO		XERAC AC .....	65
		(bupropion hcl) .....	20	XERMELO .....	73
		WELLBUTRIN XL TB24 PO		XHANCE EXHU .....	96
		(bupropion hcl) .....	20	XIFAXAN PO 200 MG .....	31
		WESCAP-C DHA PO .....	94	XIFAXAN PO 550 MG .....	31
		WESNATE DHA CAPS PO .....	94		

XIGDUO XR PO 1000 MG-10 MG, 500 MG-10 MG .....	22	ZANAFLEX TABS PO 4 MG (tizanidine hcl) .....	95	44	ZIAGEN TABS PO (abacavir sulfate)	44
XIGDUO XR PO 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG .....	22	ZARONTIN CAPS PO (ethosuximide)	19	44	zidovudine CAPS PO .....	44
XOPENEX (levalbuterol hcl) .....	15	ZARONTIN SOLN PO (ethosuximide)	19	44	zidovudine SYRP PO .....	44
XOPENEX CONCENTRATE (levalbuterol hcl) .....	15	ZARXIO .....	77	44	zileuton TB12 PO .....	13
XOSPATA .....	39	ZAVESCA (miglustat) .....	77	44	ZIOPTAN (tafluprost) .....	100
XPOVIO (100 MG ONCE WEEKLY) PO 50 MG .....	35	ZEJULA TABS .....	39	40	ziprasidone hcl PO 20 MG, 40 MG	40
XPOVIO (40 MG ONCE WEEKLY) PO 40 MG .....	35	ZELAPAR TBDP .....	40	40	ziprasidone hcl PO 60 MG, 80 MG	40
XPOVIO (40 MG TWICE WEEKLY) PO 40 MG .....	35	ZELBORAF PO .....	39	98	ZIRGAN GEL .....	98
XPOVIO (60 MG ONCE WEEKLY) PO 60 MG .....	35	ZEMPLAR CAPS PO 1 MCG, 2 MCG (paricalcitol) .....	69	80	ZITHROMAX PACK PO .....	80
XPOVIO (60 MG TWICE WEEKLY) PO .....	35	ZENPEP CPEP PO 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 ...	67	80	ZITHROMAX SUSR PO (azithromycin) .....	80
XPOVIO (80 MG ONCE WEEKLY) PO 40 MG .....	35	ZESTORETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide) .....	31	80	ZITHROMAX TABS PO 250 MG (azithromycin) .....	80
XPOVIO (80 MG TWICE WEEKLY) PO .....	35	ZESTORETIC PO 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	31	80	ZITHROMAX TABS PO 500 MG (azithromycin) .....	80
XTANDI CAPS .....	35	ZESTRIL TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril) .	28	80	ZITHROMAX TRI-PAK TABS PO (azithromycin) .....	80
XTANDI TABS .....	35	ZETIA PO (ezetimibe) .....	28	80	ZITHROMAX Z-PAK TABS PO (azithromycin) .....	80
XYNTHA .....	76	ZIAC PO (bisoprolol & hydrochlorothiazide) .....	31	28	ZOCOR TABS PO 10 MG, 20 MG, 40 MG (simvastatin) .....	28
XYNTHA SOLOFUSE .....	76	ZIAGEN SOLN PO (abacavir sulfate)		39	ZOLINZA .....	39
XYREM SOLN PO .....	101			88	zolmitriptan SOLN .....	88
YASMIN 28 PO (drospirenone-ethinyl estradiol) .....	53			88	zolmitriptan TABS PO .....	88
YAZ PO (drospirenone-ethinyl estradiol) .....	53			89	zolmitriptan TBDP PO .....	89
YONSA .....	35			20	ZOLOFT CONC PO (sertraline hcl)	20
zaleplon PO .....	78			21	ZOLOFT TABS PO (sertraline hcl)	21
ZANAFLEX CAPS PO (tizanidine hcl)				78	zolpidem tartrate TABS PO .....	78
				78	zolpidem tartrate TBCR PO .....	78

ZOMIG SOLN (zolmitriptan) .....	89
ZONEGRAN CAPS PO 100 MG (zonisamide) .....	18
ZONEGRAN CAPS PO 25 MG (zonisamide) .....	18
zonisamide CAPS PO 100 MG ....	19
zonisamide CAPS PO 25 MG, 50 MG .....	18
ZORBTIVE SC .....	68
ZORTRESS (everolimus (immunosuppressant)) .....	91
ZOVIRAX CREA (acyclovir topical) 62	
ZOVIRAX OINT (acyclovir topical) .	62
ZOVIRAX SUSP PO (acyclovir) ...	45
ZYDELIG .....	39
ZYFLO TABS PO .....	13
ZYKADIA TABS .....	39
ZYLET .....	98
ZYLOPRIM PO 100 MG (allopurinol) . 74	
ZYLOPRIM PO 300 MG (allopurinol) . 74	
ZYMAXID (gatifloxacin (ophth)) ...	98
ZYPREXA TABS PO 15 MG, 20 MG (olanzapine) .....	41
ZYPREXA TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine) .....	41
ZYPREXA ZYDIS TBDP PO (olanzapine) .....	41
ZYTIGA (abiraterone acetate) ....	35
ZYVOX SUSR (linezolid) .....	32
ZYVOX TABS PO (linezolid) .....	32