

California

4 Tier Formulary

California Small and Large Group Members

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 All previous versions are no longer in effect.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

California Small and Large Group members

Go to

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

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

Small Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Large Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday



Updated January 1, 2026

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

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

Tier Descriptions

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

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

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-Cancer	These oral cancer drugs have a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order, if applicable).

LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers all self-administered hormonal contraceptives on the Formulary, up to a 12-month supply when dispensed at one time.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan, except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

Step Therapy Exception:

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

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

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

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

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

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

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

Are all contraceptives covered?

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

What blood glucose supplies are covered?

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

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

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

Are preventive drugs covered?

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

What drugs are covered under my medical benefit?

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

Can I go to any pharmacy?

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

network pharmacy near you visit our website at [Find a pharmacy near you](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Are infertility drugs covered?

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

Are Immunizations covered through pharmacies?

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

- Covid-19

- Influenza (Flu)
- RSV

Are Weight Loss Drugs Covered?

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

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			<i>armodafinil</i>	1	PA
Amphetamines			<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily)
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1		<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1		<i>methylphenidate hcl CHEW</i>	1	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily)	<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>amphetamine-dextroamphetamine TABS</i>	1		<i>methylphenidate hcl CP24 60 MG</i>	2	QL(1 EA daily; 90 EA per fill retail)
<i>dextroamphetamine sulfate CP24</i>	1		<i>methylphenidate hcl CPCR</i>	1	QL(1 EA daily)
<i>dextroamphetamine sulfate SOLN</i>	1		<i>methylphenidate hcl SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1		<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 EA daily)	<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>lisdexamfetamine dimesylate CHEW</i>	2	QL(1 EA daily)	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 180 EA per fill retail)
<i>methamphetamine hcl</i>	1	PA	<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
Analeptics			<i>methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG</i>	1	QL(1 EA daily)
<i>caffeine citrate SOLN PO</i>	1		<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)	<i>methylphenidate PTCH</i>	2	QL(1 EA daily)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)	<i>modafinil</i>	1	QL(1 EA daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
Stimulants - Misc.			QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
			QUILLIVANT XR SRER	3	QL(12 ML daily); PA
			AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		

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

Drug Name	Drug Tier	Requirements/ Limits
Aminoglycosides		
ARIKAYCE	4	SP; PA
HUMATIN	2	SP
<i>neomycin sulfate TABS</i>	1	
TOBI PODHALER CAPS	4	SP; PA
<i>tobramycin NEBU</i>	4	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ML daily); SP; PA
RINVOQ TB24	4	QL(1 EA daily); SP; PA
XELJANZ XR TB24	4	QL(1 EA daily); SP; PA
XELJANZ SOLN	4	QL(10 ML daily); SP; PA
XELJANZ TABS	4	QL(2 EA daily); SP; PA
Antirheumatic Antimetabolites		
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
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	SP; PA
RASUVO SOAJ 20 MG/0.4ML	4	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); SP; PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	QL(0.072 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); SP; PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.143 ML daily); SP; PA
HADLIMA SOSY	4	QL(0.143 ML daily); SP; PA
HUMIRA (2 PEN) AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for benefits and copay; QL(0.072 EA daily); SP; PA
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for benefits and copay; QL(3 EA per 365 day(s) retail); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for benefits and copay; QL(2 EA per 365 day(s) retail); SP; PA

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4=High Cost Drugs/Specialty Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit
PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access
SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily; 3 EA per 365 day(s) retail); SP; PA	(Indomethacin) INDOCIN SUPP	4	
HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for benefits and copay; QL(4 EA per 365 day(s) retail); SP; PA	(Tolmetin Sodium) TOLECTIN 600 TABS 600 MG	1	
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA	<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily; 3 EA per 365 day(s) retail); SP; PA	<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA
Gold Compounds			<i>diclofenac potassium TABS 50 MG</i>	1	
AURANOFIN 3 MG	4		<i>diclofenac sodium TB24</i>	1	
RIDAURA	4		<i>diclofenac sodium TBEC</i>	1	
Interleukin-1 Blockers			<i>diclofenac w/ misoprostol TBEC</i>	1	
ARCALYST	4	SP; PA	<i>etodolac CAPS</i>	1	
Interleukin-6 Receptor Inhibitors			<i>etodolac TABS</i>	1	
KEVZARA SOAJ	4	QL(0.082 ML daily); SP; PA	<i>etodolac TB24</i>	1	QL(2 EA daily)
KEVZARA SOSY	4	QL(0.082 ML daily); SP; PA	<i>fenoprofen calcium TABS</i>	3	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>flurbiprofen TABS</i>	1	
(Flurbiprofen) LURBIPR TABS 100 MG	1		<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
			<i>indomethacin CPCR</i>	1	
			<i>indomethacin SUPP</i>	4	
			<i>indomethacin SUSP</i>	2	
			<i>ketoprofen CAPS 50 MG</i>	1	
			<i>ketoprofen CP24</i>	2	
			<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)
			<i>meclofenamate sodium CAPS</i>	1	
			<i>mefenamic acid CAPS</i>	2	
			<i>meloxicam CAPS</i>	3	PA
			<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
			<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
			<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
			<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
			NALFON TABS 600 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 10 MG</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
<i>sulindac TABS 200 MG</i>	1	
<i>tolmetin sodium CAPS</i>	1	
<i>tolmetin sodium TABS 600 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	QL(2 EA daily); SP; PA
OTEZLA TBPk	4	QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	QL(0.143 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	QL(0.28 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	
Salicylates		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	5	PV	(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
(Methadone Hcl) METHADONE HCL INTENSOL CONC				1	
(Methadone Hcl) METHADOSE TBSO				1	
<i>codeine sulfate TABS 30 MG</i>				1	
CODEINE SULFATE TABS				2	
<i>fentanyl citrate LPOP 1600 MCG</i>				2	QL(4 EA daily); PA

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<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA	<i>morphine sulfate TABS</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 TBCR</i>	1	QL(3 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>OXAYDO TABS 5 MG</i>	2	
<i>hydrocodone bitartrate CP12</i>	2	PA	<i>oxycodone hcl CAPS</i>	1	
<i>hydrocodone bitartrate T24A</i>	2	PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl LIQD</i>	1		<i>oxycodone hcl SOLN</i>	1	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	2	QL(4 EA daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	2	QL(2 EA daily)	<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>HYSINGLA ER T24A</i>	3	PA	<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)
<i>levorphanol tartrate TABS</i>	4	PA	<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2		<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>methadone hcl CONC</i>	1		<i>tramadol hcl TB24 300 MG</i>	2	
<i>methadone hcl SOLN PO</i>	1		<i>tramadol hcl TB24 200 MG</i>	2	QL(1 EA daily)
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	<i>tramadol hcl TB24 100 MG</i>	2	QL(3 EA daily)
<i>methadone hcl TBSO</i>	1		Opioid Combinations		
<i>morphine sulfate beads</i>	2	QL(1 EA daily)	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	3	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
<i>morphine sulfate SUPP</i>	2		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine SOLN</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)	<i>OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	3	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		<i>PROLATE TABS</i>	3	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1		<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	3		Opioid Partial Agonists		
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 EA per fill retail)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	3	Not available through Mail Order	<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1		<i>buprenorphine PTWK 5 MCG/HR, 7.5 MCG/HR, 10 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2		<i>buprenorphine PTWK 20 MCG/HR</i>	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 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>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)	<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
			<i>pentazocine w/ naloxone hcl</i>	1	

ANDROGENS-ANABOLIC - Drugs to Regulate Hormones

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Androgens			(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
(Methyltestosterone) METHITEST TABS	4		<i>hydrocortisone (rectal) EX</i> 2.5 %	1	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)	Vasodilating Agents		
<i>danazol CAPS</i>	1		<i>nitroglycerin (intra-anal)</i>	2	
<i>methyltestosterone CAPS</i>	4		ANTHELMINTICS - Drugs to Treat Worm Infections		
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)	Anthelmintics		
<i>testosterone enanthate SOLN IM</i>	1		<i>albendazole</i>	1	QL(4 EA per fill retail)
<i>testosterone GEL TD 1 %</i>	1	Limit 300gms per month; QL(10 GM daily)	BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old); SP
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %</i>	1	Limited to 300 gms per month; QL(10 GM daily)	<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 GM daily); PA	<i>praziquantel</i>	2	
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)	ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			Antianginals-Other		
Intrarectal Steroids			<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
<i>budesonide (intrarectal)</i>	2	PA	<i>ranolazine TB12 1000 MG</i>	1	
CORTIFOAM EX 10 %	2		Nitrates		
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)	<i>isosorbide dinitrate TABS 40 MG</i>	2	
Rectal Combinations			<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
ANALPRAM HC LOTN EX	3		<i>isosorbide mononitrate TABS</i>	1	
ANALPRAM-HC LOTN EX	3		ISOSORBIDE MONONITRATE TABS	2	
PROCTOFOAM HC FOAM EX	2		<i>isosorbide mononitrate TB24</i>	1	
Rectal Steroids			NITRO-BID OINT	2	
			NITRO-DUR PT24	2	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	2	
NORPACE CR CP12	3	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate TABS</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	2	
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); SP; PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); SP; PA
NUCALA SOAJ	4	QL(0.1073 ML daily); SP; PA
NUCALA SOLR	4	QL(0.1073 EA daily); SP; PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); SP; PA	<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	QL(1 EA daily)
Anti-Inflammatory Agents			<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
<i>cromolyn sodium NEBU</i>	1		<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
Bronchodilators - Anticholinergics			<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.8 GM daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1		PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	QVAR REDHALER 80 MCG/ACT	2	QL(0.72 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)	Sympathomimetics		
Leukotriene Modulators			(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
<i>montelukast sodium CHEW</i>	1	QL(1 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>montelukast sodium PACK</i>	1	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)
<i>zileuton TB12</i>	4				
ZYFLO TABS	3				
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
<i>roflumilast</i>	1	QL(1 EA daily)			
Steroid Inhalants					
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)			
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)			
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate AERS</i>	1	QL(0.57 GM daily)
<i>albuterol sulfate NEBU</i>	1	
<i>albuterol sulfate NEBU</i>	1	
ALBUTEROL SULFATE NEBU	2	
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
<i>arformoterol tartrate</i>	2	QL(4 ML daily)
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
<i>formoterol fumarate NEBU</i>	2	QL(4 ML daily)
<i>ipratropium-albuterol SOLN</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)
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)
STRIVERDI RESPIMAT	2	QL(0.14 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>umecclidinium-vilanterol</i>	2	QL(2 EA daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
<i>theophylline ELIX</i>	1	
<i>theophylline SOLN</i>	1	
<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)
<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)
<i>theophylline TB24</i>	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
<i>rivaroxaban SUSR 1 MG/ML</i>	1	QL(900 ML per 30 day(s) retail)
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO TABS 10 MG	2	QL(2 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ML per 7 day(s) retail); SP

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<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(11.2 ML per 7 day(s) retail); SP	FYCOMPA SUSP	4	QL(24 ML daily)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ML per 7 day(s) retail); SP	FYCOMPA TABS 2 MG	4	QL(6 EA daily)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(4.2 ML per 7 day(s) retail); SP	FYCOMPA TABS 6 MG	4	QL(2 EA daily)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ML per 7 day(s) retail); SP	FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ML per 7 day(s) retail); SP	FYCOMPA TABS 4 MG	4	QL(3 EA daily)
<i>fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML</i>	4	QL(4 ML per 90 day(s) retail); SP	<i>perampanel TABS 4 MG</i>	4	QL(3 EA daily)
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ML per 90 day(s) retail); SP	<i>perampanel TABS 2 MG</i>	4	QL(6 EA daily)
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ML per 90 day(s) retail); SP	<i>perampanel TABS 6 MG</i>	4	QL(2 EA daily)
FRAGMIN SOLN 95000 UNIT/3.8ML	4	SP; PA	<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	4	QL(1 EA daily)
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ML per 90 day(s) retail); SP	Anticonvulsants - Benzodiazepines		
FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ML per 90 day(s) retail); SP	<i>clobazam SUSP</i>	2	
FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ML per 90 day(s) retail); SP	<i>clobazam TABS 10 MG</i>	1	QL(1 EA daily)
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ML per 90 day(s) retail); SP	<i>clobazam TABS 20 MG</i>	1	QL(2 EA daily)
FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ML per 90 day(s) retail); SP	<i>clonazepam TABS</i>	1	
Thrombin Inhibitors			<i>clonazepam TBDP</i>	1	
<i>dabigatran etexilate mesylate CAPS</i>	1	QL(2 EA daily)	<i>diazepam (anticonvulsant) GEL</i>	2	Limit 4 per month; QL(0.14 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures			NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
AMPA Glutamate Receptor Antagonists			Anticonvulsants - Misc.		
			(Carbamazepine) EPITOL TABS	1	
			(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	
			(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	
			(Lamotrigine) SUBVENITE TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)	<i>lamotrigine KIT</i>	3	PA
BRIVIACT SOLN PO 10 MG/ML	4	SP; PA	<i>lamotrigine TABS</i>	1	
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG	3	SP; PA	<i>lamotrigine TB24 300 MG</i>	2	QL(2 EA daily); PA
BRIVIACT TABS 100 MG	3	QL(2 EA daily); SP; PA	<i>lamotrigine TB24 250 MG</i>	2	PA
<i>carbamazepine CHEW 100 MG</i>	1		<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>carbamazepine CP12</i>	1		<i>lamotrigine TBDP</i>	3	PA
<i>carbamazepine SUSP</i>	1		<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	
<i>carbamazepine TABS</i>	1		<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)
<i>carbamazepine TB12 100 MG</i>	1		<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)
<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)	<i>levetiracetam TB24</i>	1	QL(4 EA daily)
<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)	LEVETIRACETAM TB3D	3	PA
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); SP; PA	<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); SP; PA	<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)
DIACOMIT PACK 500 MG	4	QL(6 EA daily); SP; PA	<i>oxcarbazepine TABS 150 MG</i>	1	
DIACOMIT PACK 250 MG	4	QL(12 EA daily); SP; PA	<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)
EPIDIOLEX	4	SP; PA	<i>oxcarbazepine TB24 600 MG</i>	2	QL(4 EA daily)
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	3	QL(1 EA daily); ST	<i>oxcarbazepine TB24 150 MG, 300 MG</i>	2	
<i>gabapentin CAPS</i>	1		<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)
<i>gabapentin SOLN</i>	1		<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1		<i>pregabalin SOLN</i>	1	QL(30 ML daily)
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)	<i>primidone 50 MG, 250 MG</i>	1	
<i>lacosamide TABS</i>	1	QL(2 EA daily)	<i>rufinamide SUSP</i>	2	SP
LAMICTAL XR KIT	3	PA	<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily); SP
<i>lamotrigine CHEW</i>	1		<i>rufinamide TABS 200 MG</i>	2	SP
<i>lamotrigine KIT 25 MG</i>	2		SPRITAM TB3D	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
SPRITAM TB3D	3	PA
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA
<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>topiramate TABS 25 MG</i>	1	
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily); SP; PA
(Vigabatrin) VIGADRONE TABS	4	SP; PA
<i>tiagabine hcl</i>	2	
<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP; PA
<i>vigabatrin TABS</i>	4	SP; PA
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN 30 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
Valproic Acid		
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	2	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
<i>phenelzine sulfite</i>	1	
<i>tranylcypromine sulfite</i>	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits
SPRAVATO (56 MG DOSE)	4	SP; PA
SPRAVATO (84 MG DOSE)	4	SP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)
<i>fluoxetine hcl TABS 10 MG</i>	1	
<i>fluvoxamine maleate CP24 150 MG</i>	1	
<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 EA daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
<i>paroxetine hcl SUSP</i>	1	
<i>paroxetine hcl TABS</i>	1	
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl CAPS 150 MG, 200 MG</i>	1	
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS</i>	1	
TRINTELLIX	3	ST
VIIBRYD STARTER PACK KIT	3	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	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
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily)
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 EA daily)
<i>venlafaxine hcl TABS</i>	1	
<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)

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<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	3	
Antidiabetic Combinations		
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	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)

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR	2	
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
Biguanides		
<i>metformin hcl SOLN</i>	2	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
<i>glucagon (rdna)</i>	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	2	
<i>alogliptin benzoate 25 MG</i>	2	QL(1 EA daily)
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(1 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	2	Not available through Mail Order; QL(9 ML per 28 day(s) retail); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order; QL(1.5 ML per 28 day(s) retail); PA	HUMALOG MIX 75/25 SUSP	2	QL(1.34 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA	HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA	HUMALOG SOLN IJ	2	QL(1.5 ML daily)
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA	HUMULIN 70/30 KWIKPEN SUPN	2	QL(1.5 ML daily)
RYBELSUS TABS	2	Not available through Mail Order; QL(1 EA daily); PA	HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
TRULICITY	2	Not available through Mail Order; QL(2 ML per 28 day(s) retail); PA	HUMULIN N KWIKPEN SUPN	2	QL(1.5 ML daily)
Insulin			HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)	HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	INSULIN LISPRO PROT & LISPRO SUPN	2	QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	LANTUS SOLOSTAR SOPN	2	QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1.5 ML daily)	LANTUS SOLN	2	QL(1.5 ML daily)
			TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
			TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
			TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
			TRESIBA SOLN	2	QL(1.5 ML daily)
			Insulin Sensitizing Agents		

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Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
<i>pioglitazone hcl 15 MG</i>	1	
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	SP; PA
<i>deferasirox TABS</i>	4	SP; PA
<i>deferiprone TABS</i>	4	SP
FERRIPROX SOLN	4	Not available through Mail Order; SP
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	SP; PA
VISTOGARD	4	
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(2 EA per fill retail); PA
<i>granisetron hcl TABS</i>	1	Limit 2 per month; QL(2 EA daily); PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)

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<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)	EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
SANCUSO PTCH	4	QL(1 EA per 21 day(s) retail); PA	VARUBI (180 MG DOSE) TBPB	3	QL(4 EA per fill retail)
Antiemetics - Anticholinergic			ANTIFUNGALS - Drugs to Treat Fungal Infections		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC	Antifungals		
<i>meclizine hcl CHEW</i>	1	RX/OTC	<i>flucytosine</i>	4	
<i>meclizine hcl TABS 50 MG</i>	1		<i>griseofulvin microsize SUSP</i>	1	
<i>scopolamine</i>	1		<i>griseofulvin microsize TABS</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1		<i>griseofulvin ultramicrosize</i>	1	
Antiemetics - Miscellaneous			<i>nystatin TABS</i>	1	
AKYNZEO	3	QL(2 EA per 28 day(s) retail)	<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)	Imidazole-Related Antifungals		
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA	CRESEMBA CAPS 186 MG	3	Not available through Mail Order
<i>dronabinol CAPS 10 MG</i>	2	PA	<i>fluconazole SUSR</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			<i>fluconazole TABS</i>	1	
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)	<i>itraconazole CAPS</i>	1	PA
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)	<i>itraconazole SOLN</i>	2	PA
<i>aprepitant CAPS</i>	2	Limit 3 per month; QL(0.1 EA daily)	<i>ketoconazole</i>	1	
			<i>posaconazole SUSP</i>	2	
			<i>posaconazole TBEC</i>	2	
			<i>voriconazole SUSR</i>	2	
			<i>voriconazole TABS</i>	1	QL(2 EA daily)
			ANTI-HISTAMINES - Drugs to Treat Allergies		
			Antihistamines - Ethanolamines		
			(Carbinoxamine Maleate) CARBZAH SOLN	1	
			(Clemastine Fumarate) CLEMASZ TABS 2.68 MG	1	
			<i>carbinoxamine maleate SOLN</i>	1	
			<i>carbinoxamine maleate SUER</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>carbinoxamine maleate TABS 4 MG</i>	1		VASCEPA (<i>icosapent ethyl</i>)	2	PA
<i>clemastine fumarate SYRP</i>	1		Bile Acid Sequestrants		
<i>clemastine fumarate TABS 2.68 MG</i>	1		(Cholestyramine Light) PREVALITE PACK	1	
Antihistamines - Non-Sedating			(Cholestyramine Light) PREVALITE POWD	1	
<i>desloratadine TABS</i>	3	QL(1 EA daily); PA	<i>cholestyramine light PACK</i>	1	
<i>desloratadine TBDP</i>	3	PA	<i>cholestyramine light POWD</i>	1	
Antihistamines - Phenothiazines			<i>cholestyramine PACK</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1		<i>cholestyramine POWD</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)	<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1		<i>colesevelam hcl TABS</i>	2	QL(7 EA daily)
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)	<i>colestipol hcl PACK</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)	<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1		Fibric Acid Derivatives		
Antihistamines - Piperidines			<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
<i>cyproheptadine hcl SYRP</i>	1		<i>choline fenofibrate 45 MG</i>	1	
<i>cyproheptadine hcl TABS</i>	1		<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol			<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
Antihyperlipidemics - Combinations			<i>fenofibrate CAPS</i>	1	
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)	<i>fenofibrate TABS 48 MG</i>	1	
Antihyperlipidemics - Misc.			<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
<i>icosapent ethyl</i>	2	PA	<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)	<i>fenofibric acid</i>	1	
			<i>gemfibrozil TABS</i>	1	
			HMG CoA Reductase Inhibitors		
			<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
			<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
			<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 EA daily); PV	<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>lovastatin TABS 40 MG</i>	1	QL(2 EA daily); SL; PV	<i>moexipril hcl</i>	1	
<i>pitavastatin calcium</i>	1	QL(1 EA daily)	<i>perindopril erbumine</i>	1	
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)	QBRELIS SOLN	3	QL(5 ML daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)	<i>quinapril hcl</i>	1	
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)	<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)	<i>trandolapril</i>	1	
Intestinal Cholesterol Absorption Inhibitors			Agents for Pheochromocytoma		
<i>ezetimibe</i>	1		<i>metirosine</i>	4	SP
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>phenoxybenzamine hcl</i>	1	Not available through Mail Order
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	4	SP; PA	Angiotensin II Receptor Antagonists		
Nicotinic Acid Derivatives			<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
(Niacin (Antihyperlipidemic)) NIACOR TABS	1		<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>niacin (antihyperlipidemic) TABS</i>	1		EDARBI 80 MG	3	QL(1 EA daily)
<i>niacin (antihyperlipidemic) TBCR</i>	1		EDARBI 40 MG	3	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>irbesartan</i>	1	
PRALUENT SOAJ	4	SP; PA	<i>losartan potassium</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
ACE Inhibitors			<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
<i>benazepril hcl</i>	1		<i>telmisartan 80 MG</i>	1	QL(1 EA daily)
<i>captopril</i>	1		<i>telmisartan 20 MG, 40 MG</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)	<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)
<i>fosinopril sodium</i>	1		<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		Antiadrenergic Antihypertensives		
			<i>clonidine hcl TABS</i>	1	
			<i>clonidine TB24</i>	3	
			<i>doxazosin mesylate</i>	1	
			<i>guanfacine hcl</i>	1	
			<i>methyldopa TABS</i>	1	
			<i>prazosin hcl CAPS</i>	1	

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<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	<i>metoprolol & hydrochlorothiazide TABS</i>	1	
Antihypertensive Combinations			<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>telmisartan-amlodipine</i>	1	
<i>atenolol & chlorthalidone</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1		<i>trandolapril-verapamil hcl</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>captopril & hydrochlorothiazide</i>	1		Antihypertensives - Misc.		
EDARBYCLOR	3	QL(1 EA daily)	VECAMYL	4	SP; PA
<i>enalapril maleate & hydrochlorothiazide</i>	1		Direct Renin Inhibitors		
<i>fosinopril sodium & hydrochlorothiazide</i>	1		<i>aliskiren fumarate</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1		Selective Aldosterone Receptor Antagonists (SARAs)		
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		<i>eplerenone</i>	1	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)	Vasodilators		

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<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
IMPAVIDO	4	
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>pentamidine isethionate IN</i>	2	
<i>tinidazole</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	Limit 9 per month; QL(9 EA per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	2	
<i>nitazoxanide TABS</i>	2	
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 per month; QL(0.8 EA daily)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail)
<i>primaquine phosphate TABS</i>	1	
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

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Antimychasthenic/Cholinergic Agents			<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
FIRDAPSE	4	SP; PA	<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
<i>pyridostigmine bromide SOLN PO</i>	2	PA	ONUREG TABS	4	SP; AC; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1		TABLOID	2	SP; AC
<i>pyridostigmine bromide TBCR</i>	2		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			XATMEP SOLN PO	4	AC; PA
Antimycobacterial Agents			Antineoplastic - Angiogenesis Inhibitors		
<i>cycloserine</i>	4		INLYTA	4	SP; AC; PA
<i>ethambutol hcl TABS</i>	1		LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
<i>isoniazid SYRP</i>	1		LENVIMA (12 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
<i>isoniazid TABS</i>	1		LENVIMA (14 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
PRIFTIN	3		LENVIMA (18 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
<i>pyrazinamide</i>	1		LENVIMA (20 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
<i>rifabutin</i>	2		LENVIMA (24 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
<i>rifampin CAPS</i>	1		LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			LENVIMA (8 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
Alkylating Agents			Antineoplastic - Anti-HER2 Agents		
<i>cyclophosphamide CAPS</i>	1	AC	TUKYSA	4	SP; AC; PA
CYCLOPHOSPHAMIDE TABS	2		Antineoplastic - BCL-2 Inhibitors		
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC	VENCLEXTA STARTING PACK TBPK	4	SP; AC; PA
LEUKERAN	2	AC	VENCLEXTA TABS 10 MG	4	QL(2 EA daily); SP; AC; PA
<i>melphalan</i>	1	AC	VENCLEXTA TABS 100 MG	4	QL(4 EA daily); SP; AC; PA
MYLERAN TABS	2	AC	VENCLEXTA TABS 50 MG	4	SP; AC; PA
<i>temozolomide CAPS</i>	2	SP; AC			
Antimetabolites					
<i>capecitabine</i>	2	SP; AC			
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AC			
<i>mercaptopurine TABS</i>	1	AC			

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Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	4	SP; AC; PA
<i>gefitinib</i>	4	SP; AC; PA
GILOTRIF	4	SP; AC; PA
TAGRISSE	4	SP; AC; PA
VIZIMPRO	4	SP; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	SP; PA
ERIVEDGE	4	SP; AC; PA
ODOMZO	4	SP; AC; PA
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	4	SP; AC; PA
<i>abiraterone acetate</i>	4	SP; AC; PA
<i>anastrozole</i>	1	QL(1 EA daily); PV; AC
<i>bicalutamide</i>	1	QL(1 EA daily); AC
ELIGARD KIT SC 7.5 MG	3	SP; PA
EMCYT	2	SP; AC
ERLEADA	4	SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	1	PV; AC
<i>letrozole</i>	1	AC
LUPRON DEPOT (1-MONTH) KIT IM	4	covered w- gender transformation diagnosis; PA required for other diagnosis; SP
LYSODREN	2	SP; AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
<i>nilutamide</i>	4	AC
NUBEQA	4	SP; AC; PA
SOLTAMOX SOLN	2	PV; AC
<i>tamoxifen citrate TABS</i>	1	PV; AC
<i>toremifene citrate</i>	2	AC

Drug Name	Drug Tier	Requirements/ Limits
XTANDI CAPS	4	SP; AC; PA
XTANDI TABS	4	SP; AC; PA
YONSA	4	SP; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); SP; AC; PA
Antineoplastic Combinations		
INQOVI	4	SP; PA
KISQALI FEMARA (200 MG DOSE)	3	SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	3	SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	3	SP; AC; PA
LONSURF	4	SP; AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA
ALECENSA	4	SP; AC; PA
ALUNBRIG TABS	4	SP; AC; PA
ALUNBRIG TBPB	4	SP; AC; PA
BALVERSA	4	SP; AC; PA
BOSULIF CAPS 50 MG	4	QL(1 EA daily); SP; AC; PA
BOSULIF CAPS 100 MG	4	QL(2 EA daily); SP; AC; PA
BOSULIF TABS 400 MG, 500 MG	4	QL(1 EA daily); SP; AC; PA
BOSULIF TABS 100 MG	4	QL(2 EA daily); SP; AC; PA
BRAFTOVI 75 MG	4	SP; AC; PA
BRUKINSA	4	QL(4 EA daily); SP; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 EA daily); SP; AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); SP; AC; PA

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CALQUENCE	4	QL(2 EA daily); SP; AC; PA	LORBRENA	4	SP; AC; PA
CAPRELSA	4	SP; AC; PA	LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	SP; AC; PA	LUMAKRAS 320 MG	4	QL(3 EA daily); SP; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	SP; AC; PA	LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	SP; AC; PA	MEKINIST SOLR	4	SP; AC; PA
COPIKTRA	4	SP; AC; PA	MEKINIST TABS	4	SP; AC; PA
COTELLIC	4	SP; AC; PA	MEKTOVI	4	SP; AC; PA
<i>dasatinib</i>	4	SP; AC; PA	NERLYNX	4	SP; AC; PA
<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA	<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	4	QL(4 EA daily); SP; AC; PA
<i>everolimus TBSO</i>	4	QL(1 EA daily); SP; AC; PA	NINLARO	4	QL(0.1 EA daily); SP; AC; PA
IBRANCE CAPS	3	SP; AC; PA	<i>pazopanib hcl</i>	4	SP; AC; PA
IBRANCE TABS	3	SP; AC; PA	PIQRAY (200 MG DAILY DOSE)	4	SP; AC; PA
ICLUSIG	4	QL(1 EA daily); SP; AC; PA	PIQRAY (250 MG DAILY DOSE)	4	SP; AC; PA
IDHIFA	4	SP; AC; PA	PIQRAY (300 MG DAILY DOSE)	4	SP; AC; PA
<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); SP; AC; PA	QINLOCK	3	SP; AC; PA
<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); SP; AC; PA	RETEVMO CAPS	4	SP; AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA	ROZLYTREK CAPS	4	SP; AC; PA
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA	ROZLYTREK PACK	4	SP; AC; PA
IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA	RUBRACA	4	SP; AC; PA
IMBRUVICA TABS	4	QL(1 EA daily); SP; AC; PA	RYDAPT	4	SP; AC; PA
INREBIC	4	SP; AC; PA	<i>sorafenib tosylate</i>	4	SP; AC; PA
JAKAFI	4	QL(2 EA daily); SP; AC; PA	STIVARGA	4	SP; AC; PA
KISQALI (200 MG DOSE)	3	QL(1 EA daily); SP; AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	QL(1 EA daily); SP; AC; PA
KISQALI (400 MG DOSE)	3	QL(1 EA daily); SP; AC; PA	<i>sunitinib malate 25 MG</i>	2	SP; AC; PA
KISQALI (600 MG DOSE)	3	QL(1 EA daily); SP; AC; PA	TABRECTA	4	SP; AC; PA
KOSELUGO	4	SP; AC; PA	TAFINLAR CAPS	4	SP; AC; PA
<i>lapatinib ditosylate</i>	4	SP; AC; PA	TAFINLAR TBSO	4	SP; AC; PA
			TALZENNA	4	SP; AC; PA
			TAZVERIK	4	SP; AC; PA
			TIBSOVO	4	SP; AC; PA

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TURALIO 125 MG	4	SP; AC; PA
VERZENIO	4	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	4	SP; AC; PA
VITRAKVI SOLN	4	SP; AC; PA
VOTRIENT	4	SP; AC; PA
XALKORI CAPS	4	SP; AC; PA
XALKORI CPSP	4	SP; AC; PA
XOSPATA	4	SP; AC; PA
ZEJULA TABS	4	SP; AC; PA
ZELBORAF	4	SP; AC; PA
ZOLINZA	4	SP; AC; PA
ZYKADIA TABS	4	SP; AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
ALFERON N	4	SP; PA
<i>bexarotene</i>	4	SP; AC; PA
<i>hydroxyurea</i>	1	AC
MATULANE	4	SP; AC
<i>tretinoin (chemotherapy)</i>	2	SP; AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
<i>mesna TABS</i>	3	SP; AC
MESNEX TABS	3	SP; AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	2	SP; AC; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		

Drug Name	Drug Tier	Requirements/ Limits
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	2	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
<i>carbidopa-levodopa TBDP</i>	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)

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<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
RYTARY CPR	3	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
Benzisoxazoles		
<i>paliperidone</i>	3	
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>asenapine maleate</i>	2	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP</i>	2	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TB24</i>	1	
VERSACLOZ SUSP	4	QL(18 ML daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl ELIX</i>	2		DESCOVY 120 MG-15 MG	2	
<i>fluphenazine hcl TABS</i>	1		DOVATO	2	
<i>perphenazine TABS</i>	1		EDURANT	2	
<i>prochlorperazine</i>	1	QL(2 EA daily)	<i>efavirenz CAPS</i>	1	
<i>prochlorperazine maleate TABS</i>	1		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1		<i>efavirenz TABS</i>	1	
<i>trifluoperazine hcl TABS</i>	1		<i>emtricitabine CAPS</i>	1	
Quinolinone Derivatives			<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	
<i>aripiprazole SOLN PO</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		EMTRIVA SOLN	2	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)	<i>etravirine</i>	1	
REXULTI	3		EVOTAZ	2	
Thioxanthenes			<i>fosamprenavir calcium TABS</i>	1	
<i>thiothixene</i>	1		FUZEON SOLR	4	SP; PA
ANTIVIRALS - Drugs to Treat Viral Infections			GENVOYA	2	
Antiretrovirals			INTELENCE 25 MG	2	
<i>abacavir sulfate-lamivudine</i>	1		ISENTRESS HD TABS	2	
<i>abacavir sulfate SOLN</i>	1		ISENTRESS CHEW	2	
<i>abacavir sulfate TABS</i>	1		ISENTRESS TABS	2	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	JULUCA	2	
APTIVUS CAPS	2		KALETRA SOLN	2	
<i>atazanavir sulfate CAPS</i>	1		<i>lamivudine SOLN</i>	1	
BIKTARVY	2		<i>lamivudine TABS</i>	1	
CIMDUO	2		<i>lamivudine-zidovudine</i>	1	
<i>darunavir TABS</i>	1		<i>lopinavir-ritonavir SOLN</i>	1	
DELSTRIGO	2				
DESCOVY 200 MG-25 MG	5	PV			

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<i>lopinavir-ritonavir TABS</i>	1		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>maraviroc TABS</i>	1				
<i>nevirapine SUSP</i>	1		PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>nevirapine TABS</i>	1				
<i>nevirapine TB24 400 MG</i>	1		CMV Agents		
NORVIR PACK	2		<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)
ODEFSEY	2		<i>valganciclovir hcl TABS</i>	1	
PIFELTRO	2		Hepatitis Agents		
PREZCOBIX	2		<i>adefovir dipivoxil</i>	1	
PREZISTA SUSP	2		<i>entecavir TABS</i>	2	
PREZISTA TABS 75 MG, 150 MG	2		EPCLUSA PACK	2	SP; PA
REYATAZ PACK	2		EPCLUSA TABS	2	SP; PA
<i>ritonavir TABS</i>	1		EPCLUSA TABS	2	SP; PA
RUKOBIA	4		<i>lamivudine (hbv) TABS</i>	2	
SELZENTRY SOLN	2		MAVYRET TABS	4	SP; PA
STRIBILD	2		PEGASYS SOLN	4	SP; PA
SYMTUZA	2		VEMLIDY	4	SP; PA
<i>tenofovir disoproxil fumarate TABS</i>	1		VOSEVI	2	SP; PA
TIVICAY TABS	2		Herpes Agents		
TRIUMEQ PD TBSO	2		<i>acyclovir CAPS</i>	1	
TRIUMEQ TABS	2		<i>acyclovir SUSP</i>	1	
TYBOST	2		<i>acyclovir TABS PO 400 MG</i>	1	
VIRACEPT TABS	2		<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
VIREAD POWD	2		<i>famciclovir</i>	1	
VIREAD TABS 150 MG, 200 MG, 250 MG	2		SITAVIG TABS BU	3	PA
<i>zidovudine CAPS</i>	1		<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)
<i>zidovudine SYRP</i>	1		<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
<i>zidovudine TABS</i>	1		Influenza Agents		
Antiviral Combinations			<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate SUSR</i>	1	QL(125 ML per 5 day(s) retail)
RELENZA DISKHALER	3	QL(20 EA per fill retail)
<i>rimantadine hydrochloride TABS</i>	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
Beta Blockers Non-Selective		
HEMANGEOL SOLN PO	3	SP; PA
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/afll)</i>	1	
<i>sotalol hcl TABS</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)
<i>nimodipine CAPS</i>	2	
<i>nimodipine SOLN</i>	3	
<i>nisoldipine</i>	2	
<i>verapamil hcl CP24 360 MG</i>	2	QL(1 EA daily)
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	2	
<i>verapamil hcl CP24 120 MG, 240 MG</i>	1	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TBCR 120 MG</i>	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	PA

Drug Name	Drug Tier	Requirements/ Limits
ENTRESTO CPSP	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily)
Impotence Agents		
<i>sildenafil citrate</i>	1	Check plan documents for benefits and copay; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	Check plan documents for benefits and copay; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for benefits and copay; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
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	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); SP; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); SP; PA
TYVASO REFILL KIT SOLN IN	4	SP; PA
TYVASO STARTER KIT SOLN IN	4	SP; PA
TYVASO SOLN IN	4	SP; PA
VENTAVIS IN	4	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
<i>bosentan TABS</i>	4	SP; PA
<i>bosentan TBSO 32 MG</i>	4	SP; PA
OPSUMIT	4	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	3	QL(2 EA daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	3	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); SP; PA
UPTRAVI TABS 200 MCG	4	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		

Drug Name	Drug Tier	Requirements/ Limits
ADEMPAS	4	SP; PA
Sinus Node Inhibitors		
<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); SP; PA
VYNDAQEL	4	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
SUPRAX CHEW	3	

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Drug Name	Drug Tier	Requirements/ Limits
SUPRAX SUSR 500 MG/5ML	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV			
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE	5	PV			
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV			
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV			

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(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 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, VYFEMLA, WERA 35 MCG-1 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, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	PV
			(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV

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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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTec 28, VYLIBRA	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	5	PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINest, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV	<i>desogestrel-ethinyl estradiol (biphasic)</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	5	PV	<i>drospirenone-ethinyl estradiol</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	5	PV	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
			<i>ethynodiol diacet & eth estrad</i>	5	PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
			LO LOESTRIN FE TABS	5	PV
			NATAZIA	5	PV
			NEXTSTELLIS	5	PV
			<i>norethin acet & estrad-fe CAPS</i>	5	PV
			<i>norethin acet & estrad-fe CHEW</i>	5	PV
			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
			<i>norethindrone & ethinyl estradiol-fe</i>	5	PV

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<i>norethindrone acet & eth estra TABS</i>	5	PV	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV	Progestin Contraceptives - Oral		
<i>norgestimate-ethinyl estradiol</i>	5	PV	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV	<i>norethindrone (contraceptive)</i>	5	PV
TYBLUME CHEW	5	PV	OPILL	5	PV
Combination Contraceptives - Transdermal			SLYND	5	PV
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>norelgestromin-ethinyl estradiol</i>	5	PV	Glucocorticosteroids		
TWIRLA	5	PV	(Deflazacort) JAYTHARI TABS	4	SP; PA
Combination Contraceptives - Vaginal			(Deflazacort) PYQUI SUSP	4	SP; PA
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV	AGAMREE	4	SP; PA
ANNOVERA	5	PV	<i>budesonide TB24</i>	2	PA
<i>etonogestrel-ethinyl estradiol</i>	5	PV	<i>deflazacort SUSP</i>	4	SP; PA
Emergency Contraceptives			<i>deflazacort TABS</i>	4	SP; PA
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV	DEXAMETHASONE INTENSOL CONC	2	
ELLA	5	PV	<i>dexamethasone ELIX</i>	1	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV	<i>dexamethasone SOLN</i>	1	
Progestin Contraceptives - Injectable			<i>dexamethasone TABS</i>	1	
			<i>hydrocortisone TABS</i>	1	
			MEDROL TABS	2	
			<i>methylprednisolone TABS</i>	1	
			<i>methylprednisolone TBPk</i>	1	

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<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML</i>	1		(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)
<i>prednisolone sodium phosphate SOLN 25 MG/5ML</i>	2		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>prednisolone sodium phosphate TBDP</i>	2		(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12	1	
PREDNISONE INTENSOL CONC	2		(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12 600 MG-60 MG	1	
<i>prednisone SOLN</i>	1		(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG	1	
<i>prednisone TABS</i>	1				
<i>prednisone TBPk</i>	1				
Mineralocorticoids					
<i>fludrocortisone acetate TABS</i>	1				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1				
<i>benzonatate</i>	1				
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1				
Cough/Cold/Allergy Combinations					
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1				
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1				
(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	1				

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CODITUSSIN AC LIQD	2		RYDEX	2	
ED BRON GP LIQD	2		TUSNEL C SYRP	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3	
GILTUSS COUGH & COLD TABS	3		TUSNEL TABS	3	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	VANACOF	2	
GLENMAX PEB LIQD	3		Expectorants		
<i>guaifenesin-codeine SOLN</i>	1		(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, HM CHEST CONGESTION RELIEF, KLS MUCUS RELIEF CHEST, MUCOSA, MUCUS RELIEF, MUCUS RELIEF CHEST CONGESTION, PHARBINEX, QC MEDIFIN 400, REFENESEN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1		<i>guaifenesin TABS 400 MG</i>	1	
LOHIST-DM SYRP	2		<i>potassium iodide (expectorant) SOLN</i>	1	
MAR-COF BP	3		Misc. Respiratory Inhalants		
MAR-COF CG EXPECTORANT LIQD	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
MAXI-TUSS PE MAX LIQD	2		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
M-END PE LIQD	3		HYPERSAL NEBU	2	
NEOTUSS PLUS LIQD	3		NEBUSAL NEBU	3	
NINJACOF-XG LIQD	2				
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)			
<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)			
<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)			
<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)			
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3				
PSE-DEXCHLORPHEN-CHLOPHEDIANOL	2				
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1				
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	1				

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

Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	1	QL(1.5 GM daily); PA
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>adapalene CREA</i>	1	QL(45 GM per fill retail)
<i>adapalene GEL 0.1 %</i>	1	QL(45 GM per fill retail); RX/OTC
<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
<i>clindamycin phosphate (topical) FOAM</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1	
<i>clindamycin phosphate (topical) LOTN</i>	1	
<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>clindamycin phosphate (topical) SWAB</i>	1	
<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
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily); PA
DIFFERIN LOTN	2	QL(1.97 ML daily)
<i>erythromycin (acne aid) GEL</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>mupirocin OINT</i>	1	
<i>isotretinoin 40 MG</i>	1	QL(5 EA daily)	Antifungals - Topical		
<i>isotretinoin 10 MG, 20 MG, 25 MG, 30 MG, 35 MG</i>	1	QL(2 EA daily)	(Ciclopirox) CICLODAN SOLN	1	
<i>sulfacetamide sodium (acne)</i>	1		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Ketoconazole (Topical)) KETODAN FOAM	2	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	1		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)	<i>ciclopirox olamine CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1		<i>ciclopirox olamine SUSP</i>	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	2		<i>ciclopirox GEL</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>ciclopirox SHAM</i>	1	
<i>tretinoin microsphere 0.08 %</i>	2	PA	<i>ciclopirox SOLN</i>	1	
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 GM daily)	<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		<i>econazole nitrate CREA</i>	1	
<i>tretinoin GEL 0.05 %</i>	1	QL(1.5 GM daily)	ECONAZOLE NITRATE FOAM 1 %	3	Limit 70gms per month; QL(2.34 GM daily)
Agents for External Genital and Perianal Warts			ECOZA FOAM	3	Limit 70gms per month; QL(2.34 GM daily)
VEREGEN	3	QL(30 GM per fill retail)	ERTACZO	4	PA
Antibiotics - Topical			EXODERM	2	
<i>gentamicin sulfate (topical) CREA</i>	1		<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1		<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)
			<i>ketoconazole (topical) FOAM</i>	2	
			<i>ketoconazole (topical) SHAM 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naftifine hcl CREA</i>	2		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
<i>naftifine hcl GEL 2 %</i>	2		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin (topical) CREA</i>	1		<i>bexarotene (topical)</i>	2	SP; PA
<i>nystatin (topical) OINT</i>	1		<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
<i>nystatin (topical) POWD EX</i>	1		<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)
<i>nystatin-triamcinolone CREA</i>	1		<i>fluorouracil (topical) CREA 5 %</i>	2	
<i>nystatin-triamcinolone OINT</i>	1		<i>fluorouracil (topical) SOLN</i>	1	
<i>oxiconazole nitrate CREA</i>	2		PANRETIN	3	PA
OXISTAT LOTN	3		VALCHLOR	4	SP; PA
<i>sulconazole nitrate CREA</i>	2		Antipruritics - Topical		
<i>sulconazole nitrate SOLN</i>	2		<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)
Anti-inflammatory Agents - Topical			Antipsoriatics		
(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	(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	<i>acitretin 17.5 MG</i>	1	
			<i>acitretin 10 MG</i>	1	QL(1 EA daily)
			<i>acitretin 25 MG</i>	1	QL(2 EA daily)
			<i>calcipotriene CREA</i>	1	QL(5 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>	2	Limit 100gms per month; QL(3.34 GM daily)
			COSENTYX (300 MG DOSE) SOSY	4	QL(0.72 ML daily); SP; PA
			COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.72 ML daily); SP; PA
			COSENTYX SENSOREADY PEN SOAJ	4	QL(0.72 ML daily); SP; PA

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COSENTYX UNOREADY SOAJ	4	QL(0.72 ML daily); SP; PA	sulfacetamide sodium LIQD	1	
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); SP; PA	Antivirals - Topical		
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); SP; PA	acyclovir topical CREA	1	QL(0.17 GM daily); PA
methoxsalen rapid	2		acyclovir topical OINT	1	QL(1 GM daily)
SKYRIZI PEN SOAJ	4	Check plan documents for benefits and copay; QL(1 ML per 84 day(s) retail); SP; PA	Burn Products		
SKYRIZI SOSY	4	Check plan documents for benefits and copay; QL(1 ML per 84 day(s) retail); SP; PA	(Silver Sulfadiazine) SSD	1	
SORILUX FOAM	4	QL(4 GM daily)	mafenide acetate PACK	2	
STELARA SOLN 45 MG/0.5ML	4	SP; PA	silver sulfadiazine	1	
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA	SULFAMYLON CREA	3	
STELARA SOSY 90 MG/ML	4	QL(1 ML per 45 day(s) retail); SP; PA	Corticosteroids - Topical		
tazarotene CREA	1	QL(1 GM daily)	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
tazarotene GEL	1	QL(1 GM daily)	(Clobetasol Propionate Emulsion) TOVET	2	
TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA	(Clobetasol Propionate) CLODAN SHAM	1	
TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA	(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	2	
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); SP; PA	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	2	
Antiseborrheic Products			(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
selenium sulfide LOTN 2.5 %	1		alclometasone dipropionate CREA	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		alclometasone dipropionate OINT	1	
			amcinonide OINT	3	
			APEXICON E CREA	2	
			betamethasone dipropionate (topical) CREA	1	
			betamethasone dipropionate (topical) LOTN	1	

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<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1		CORDRAN TAPE	3	
<i>betamethasone valerate CREA</i>	1		<i>desonide CREA</i>	1	
<i>betamethasone valerate FOAM</i>	2		<i>desonide GEL</i>	2	
<i>betamethasone valerate LOTN</i>	1		<i>desonide LOTN</i>	1	
<i>betamethasone valerate OINT</i>	1		<i>desonide OINT</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	2	Use steroid and Vectical or Dovonex; QL(2 GM daily)	<i>desoximetasone CREA</i>	1	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	2	QL(2 GM daily); ST	<i>desoximetasone GEL</i>	2	
<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>desoximetasone LIQD</i>	2	ST
<i>clobetasol propionate emulsion</i>	2		<i>desoximetasone OINT 0.05 %</i>	2	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>desoximetasone OINT 0.25 %</i>	1	
<i>clobetasol propionate FOAM</i>	2		<i>diflorasone diacetate CREA</i>	2	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>diflorasone diacetate OINT</i>	2	
<i>clobetasol propionate LIQD</i>	2		EPIFOAM FOAM	3	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinolone acetonide CREA</i>	1	
			<i>fluocinolone acetonide OIL</i>	1	
			<i>fluocinolone acetonide OINT</i>	1	
			<i>fluocinolone acetonide SOLN</i>	1	
			<i>fluocinonide emulsified base</i>	1	
			<i>fluocinonide CREA</i>	1	
			<i>fluocinonide GEL</i>	1	
			<i>fluocinonide OINT</i>	1	
			<i>fluocinonide SOLN</i>	1	
			<i>fluticasone propionate CREA 0.05 %</i>	1	

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<i>fluticasone propionate</i> LOTN	1		PRAMOSONE OINT 1 %-1 %	3	
<i>fluticasone propionate</i> OINT	1		<i>triamcinolone acetonide (topical)</i> AERS	1	
<i>halobetasol propionate</i> CREA	1		<i>triamcinolone acetonide (topical)</i> CREA	1	
<i>halobetasol propionate</i> OINT	1		<i>triamcinolone acetonide (topical)</i> LOTN	1	
<i>hydrocortisone (topical)</i> CREA 2.5 %	1		<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.1 %, 0.5 %	1	
<i>hydrocortisone (topical)</i> LOTN 2 %	2		ULTRAVATE LOTN	3	PA
<i>hydrocortisone (topical)</i> LOTN 2.5 %	1		Eczema Agents		
<i>hydrocortisone (topical)</i> OINT 2.5 %	1		DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); SP; PA
<i>hydrocortisone (topical)</i> SOLN 2.5 %	2		DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ML daily); SP; PA
<i>hydrocortisone butyrate</i> CREA	1		DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA
<i>hydrocortisone butyrate</i> LOTN	2	PA	DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); SP; PA
<i>hydrocortisone butyrate</i> OINT	1		Enzymes - Topical		
<i>hydrocortisone butyrate</i> SOLN	1		SANTYL OINT	3	
<i>hydrocortisone valerate</i> CREA	1		Immunomodulating Agents - Topical		
<i>hydrocortisone valerate</i> OINT	1		<i>imiquimod</i> 5 %	1	
LOCOID LIPOCREAM	2		Immunosuppressive Agents - Topical		
<i>mometasone furoate</i> CREA	1		<i>pimecrolimus</i>	1	QL(60 GM per fill retail)
<i>mometasone furoate</i> OINT	1		<i>tacrolimus (topical)</i> OINT 0.03 %	1	QL(2 GM daily); AL(At least 2 yrs old)
<i>mometasone furoate</i> SOLN	1		<i>tacrolimus (topical)</i> OINT 0.1 %	1	QL(2 GM daily); AL(At least 15 yrs old)
PRAMOSONE LOTN	3		Keratolytic/Antimitotic/Vesicant Agents		
PRAMOSONE OINT 2.5 %-1 %	2		(Salicylic Acid) KERALYT SHAM 6 %	1	

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BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	2	
<i>podofilox SOLN</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
<i>salicylic acid SOLN 26 %</i>	2	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	2	PA
<i>doxycycline (rosacea)</i>	2	QL(1 EA daily); PA
FINACEA FOAM	3	
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)
RHOFADE	3	PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	1	
<i>ivermectin (pediculicide)</i>	1	
<i>malathion</i>	2	
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
<i>spinosad</i>	2	AL(At least 4 yrs old)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ACCU-CHEK GUIDE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ACCU-CHEK SMARTVIEW STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
CHEMSTRIP K STRP	2	QL(50 EA per fill retail)
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST	5	PV
COVID-19 FLU A+B ANTIGEN TEST	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV

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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
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail)
KETOSTIX STRP	2	QL(50 EA per fill retail)
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
RAPIDGO FLU A/B COVID-19 HOME	5	PV
RELION KETONE TEST STRP	2	QL(50 EA per fill retail)
SPEEDY SWAB COVID-19/FLU HOME	5	PV
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	

Drug Name	Drug Tier	Requirements/ Limits
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)	<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
Loop Diuretics			<i>calcitonin (salmon) NA</i>	1	
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1		<i>calcitonin (salmon) IJ</i>	4	PA
<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)	<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
<i>ethacrynic acid</i>	2	ST	PROLIA SOSY	4	SP; PA
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1		<i>risedronate sodium TABS 35 MG</i>	1	Limit 4 for 28 days; QL(0.15 EA daily)
<i>furosemide TABS</i>	1		<i>risedronate sodium TABS 150 MG</i>	1	Limit 1 per month; QL(0.04 EA daily)
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1		<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)	<i>teriparatide SOPN</i>	4	PA
Potassium Sparing Diuretics			TYMLOS	4	SP; PA
<i>amiloride hcl TABS</i>	1		Fertility Regulators		
<i>spironolactone TABS</i>	1		(Clomiphene Citrate) CLOMID TABS	1	QL(15 EA per 30 day(s) retail); GL
<i>triamterene CAPS</i>	2		CHORIONIC GONADOTROPIN IM	4	Check plan documents for benefits and copay; PA
Thiazides and Thiazide-Like Diuretics			<i>clomiphene citrate TABS</i>	1	QL(15 EA per 30 day(s) retail); GL
<i>chlorthalidone 25 MG, 50 MG</i>	1		FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	4	Check plan documents for benefits and copay; PA
DIURIL SUSP	3		GONAL-F SOLR IJ 450 UNIT	4	Check plan documents for benefits and copay; PA
<i>hydrochlorothiazide CAPS</i>	1		MENOPUR SC	4	Check plan documents for benefits and copay; PA
<i>hydrochlorothiazide TABS</i>	1		NOVAREL IM	4	Check plan documents for benefits and copay; PA
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1				
<i>metolazone</i>	1				
THALITONE	2				
ENDOCRINE AND METABOLIC AGENTS - MISC.					
- Drugs to Treat Bone Disease and Regulate Hormones					
Bone Density Regulators					
<i>alendronate sodium SOLN</i>	2				
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 EA daily)			

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OVIDREL SOSY	4	Check if fertility benefits apply; PA	Suppressants		
PREGNYL IM	4	Check plan documents for benefits and copay; PA	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis; SP
GnRH/LHRH Antagonists			SYNAREL	2	SP
(Ganirelix Acetate) FYREMADEL	4	Check plan documents for benefits and copay; PA	Metabolic Modifiers		
<i>cetorelix acetate</i>	4	Check plan documents for benefits and copay; PA	(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK	4	SP
<i>ganirelix acetate</i>	4	Check plan documents for benefits and copay; PA	(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	SP
Growth Hormone Receptor Antagonists			<i>betaine</i>	4	SP; PA
SOMAVERT	4	SP; PA	<i>calcitriol CAPS 0.25 MCG</i>	1	
Growth Hormone Releasing Hormones (GHRH)			<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
EGRIFTA SV	4	SP; PA	<i>calcitriol SOLN PO</i>	1	
Growth Hormones			<i>cinacalcet hcl</i>	2	SP; PA
HUMATROPE CART IJ	4	Check plan documents for benefits and copay; SP; PA	<i>doxercalciferol CAPS</i>	2	
NORDITROPIN FLEXPON	4	Check plan documents for benefits and copay; SP; PA	GALAFOLD	4	QL(0.5 EA daily); SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	SP; PA	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
ZORBTIVE SC	4	SP; PA	<i>levocarnitine (metabolic modifiers) TABS</i>	2	
Hormone Receptor Modulators			MYALEPT	4	SP; PA
OSPHENA	3	QL(1 EA daily)	<i>nitisinone CAPS</i>	4	SP; PA
<i>raloxifene hcl</i>	1	PV	ORFADIN SUSP	4	SP; PA
Insulin-Like Growth Factors (Somatomedins)			PALYNZIQ	4	SP; PA
INCRELEX	4	SP; PA	<i>paricalcitol CAPS 4 MCG</i>	2	
LHRH/GnRH Agonist Analog Pituitary			<i>paricalcitol CAPS 1 MCG, 2 MCG</i>	1	
			<i>sapropterin dihydrochloride PACK</i>	4	SP
			<i>sapropterin dihydrochloride TABS</i>	4	SP

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium phenylbutyrate POWD</i>	2	SP; PA	(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
<i>sodium phenylbutyrate TABS</i>	2	SP; PA	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
STRENSIQ	4	SP; PA	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
Posterior Pituitary Hormones			ANGELIQ	3	
<i>desmopressin acetate spray</i>	1		CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 EA daily)
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1		COMBIPATCH PTTW	3	
DESMOPRESSIN ACETATE SOLN NA	3	SP	DUAVEE	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1		<i>estradiol & norethindrone acetate TABS</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)	<i>norethindrone acetate-ethinyl estradiol</i>	1	
Progesterone Receptor Antagonists			ORIAHNN	4	PA
<i>mifepristone</i>	5	PV	PREMPHASE	2	QL(1 EA daily)
Prolactin Inhibitors			PREMPRO	2	QL(1 EA daily)
<i>cabergoline</i>	1		Estrogens		
Somatostatic Agents			(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
<i>octreotide acetate SOLN</i>	4	SP; PA	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
<i>octreotide acetate SOSY</i>	4	SP; PA	ELESTRIN GEL	3	QL(1.74 GM daily)
SIGNIFOR	4	SP; PA	<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
Vasopressin Receptor Antagonists			<i>estradiol GEL</i>	1	
<i>tolvaptan TBPk 15 MG</i>	4	SP; PA	<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
Estrogen Combinations			<i>estradiol PTWK</i>	1	Limit 4 per 28 days; QL(0.15 EA daily)
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1				
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1				

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Drug Name	Drug Tier	Requirements/ Limits
estradiol TABS	1	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENOSTAR PTWK	3	Limit 4 per 28 days; QL(0.15 EA daily)
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	1	
CIPRO SUSR	2	
levofloxacin SOLN PO	1	
levofloxacin TABS	1	QL(14 EA per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 400 MG	2	QL(28 EA per 90 day(s) retail)
ofloxacin 300 MG	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OALIVA	4	QL(1 EA daily); SP; PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	4	SP; PA
CTEXLI 250 MG	4	SP; PA
ursodiol CAPS	1	
ursodiol TABS	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone	1	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	2	
metoclopramide hcl TABS	1	
metoclopramide hcl TBDP	2	

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

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Drug Name	Drug Tier	Requirements/ Limits
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>ferric citrate</i>	3	PA
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)
<i>lanthanum carbonate CHEW 500 MG</i>	2	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 400 MG</i>	1	PA
<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		

Drug Name	Drug Tier	Requirements/ Limits
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	SP; PA
PROCYSBI CPDR	4	SP; PA
PROCYSBI PACK	4	SP; PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)
<i>silodosin 8 MG</i>	1	QL(1 EA daily)
<i>silodosin 4 MG</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	2	SP
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	SP
<i>tiopronin TBEC</i>	2	SP

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Drug Name	Drug Tier	Requirements/ Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	SP; PA
ADYNOVATE	4	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	SP; PA
ALPHANATE SOLR	4	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
ALPROLIX	4	SP; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	SP; PA
BALFAXAR	4	SP; PA
BENEFIX KIT	4	SP; PA
COAGADEX	4	SP; PA
CORIFACT	4	SP; PA
ELOCTATE	4	SP; PA
ESPEROCT	4	SP; PA
ESPEROCT	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
FEIBA	4	SP; PA
FIBRYGA	4	SP; PA
HEMLIBRA	4	SP; PA
HEMLIBRA	4	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	SP; PA
HEMOFIL M SOLR 1700 UNIT	4	SP; PA
HUMATE-P SOLR	4	SP; PA
IDELVION	4	SP; PA
IXINITY SOLR	4	SP; PA
JIVI	4	SP; PA
JIVI	4	SP; PA
KCENTRA	4	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	SP; PA
KOATE SOLR	3	SP; PA
KOGENATE FS KIT	4	SP; PA
KOVALTRY	4	SP; PA
NOVOEIGHT	4	SP; PA
NOVOSEVEN RT	4	SP; PA
NUWIQ KIT	4	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	SP; PA
OBIZUR	4	SP; PA
PROFILNINE	4	SP; PA
REBINYN	4	SP; PA
RECOMBINATE SOLR	4	SP; PA
RIASTAP	4	SP; PA
RIXUBIS SOLR	4	SP; PA
SEVENFACT	4	SP; PA
TRETTEN	4	SP; PA
VONVENDI	4	SP; PA
WILATE KIT	4	SP; PA
XYNTHA	4	SP; PA

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XYNTHA SOLOFUSE	4	SP; PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
Bradykinin B2 Receptor Antagonists					
(Icatibant Acetate) SAJAZIR SOSY	4	SP; PA			
<i>icatibant acetate SOSY</i>	4	SP; PA			
Complement Inhibitors					
HAEGARDA SOLR SC	4	SP; PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
Hemataologic - Tyrosine Kinase Inhibitors					
TAVALISSE	4	SP; PA			
Hematorheologic Agents					
<i>pentoxifylline</i>	1	QL(3 EA daily)			
Human Protein C			(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
CEPROTIN	4	SP; PA			
Platelet Aggregation Inhibitors					
<i>anagrelide hcl</i>	1				
<i>aspirin-dipyridamole</i>	2				
<i>cilostazol</i>	1	QL(2 EA daily)	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)			
<i>dipyridamole</i>	1				
<i>prasugrel hcl</i>	1				
<i>ticagrelor 60 MG, 90 MG</i>	2	QL(2 EA daily)			
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
Agents for Gaucher Disease			<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
(Miglustat) YARGESA	4	SP; PA	<i>folic acid TABS 1 MG</i>	1	RX/OTC
CERDELGA	4	SP; PA	Hematopoietic Growth Factors		
<i>miglustat</i>	4	SP; PA	<i>eltrombopag olamine PACK 12.5 MG</i>	4	QL(1 EA daily); SP; PA
Agents for Sickle Cell Disease			<i>eltrombopag olamine PACK 25 MG</i>	4	QL(1 EA daily); SP; PA
DROXIA CAPS	2		<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	4	QL(1 EA daily); SP; PA
<i>glutamine (sickle cell)</i>	2	QL(6 EA daily); SP; PA	MULPLETA	4	SP; PA
SIKLOS TABS	4	AC; PA			
Folic Acid/Folates					

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NYVEPRIA	4	SP; PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	SP; PA
RETACRIT 20000 UNIT/ML	4	SP; PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	SP; PA
ZARXIO	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2	SP
<i>aminocaproic acid TABS</i>	2	SP
<i>tranexamic acid TABS</i>	1	QL(6 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 EA daily)
<i>flurazepam hcl 30 MG</i>	3	QL(1 EA daily)
<i>flurazepam hcl 15 MG</i>	3	QL(2 EA daily)
<i>midazolam hcl SYRP</i>	2	
<i>quazepam</i>	3	
<i>temazepam 15 MG</i>	1	QL(2 EA daily)
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>temazepam 7.5 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>triazolam 0.125 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>zaleplon</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	QL(4000 ML per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 EA per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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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	1	QL(17.6 GM daily)	(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C- LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX- WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>lactulose SOLN</i>	1				
<i>polyethylene glycol 3350 POWD</i>	1	QL(17.6 GM daily)			
Stimulant Laxatives			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/ Limits
<i>bisacodyl SUPP</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
ZITHROMAX PACK	2	
Clarithromycin		
<i>clarithromycin SUSR</i>	2	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	3	QL(14 EA per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	2	
Fidaxomicin		

Drug Name	Drug Tier	Requirements/ Limits
<i>fidaxomicin TABS 200 MG</i>	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICI DE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	OMNIFLEX DIAPHRAGM	5	PV
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
			TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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TRUSTEX LUB/RIBBED/STUDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX-NONNOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 60	5	PV
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 65	5	PV
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 70	5	PV
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 75	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 80	5	PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 85	5	PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 90	5	PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 95	5	PV
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	Diabetic Supplies		
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK GUIDE ME 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); PV	ACCU-CHEK GUIDE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
			FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
			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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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Parenteral Therapy Supplies			BD VEO INSULIN SYR U/F 1/2UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	CAREPOINT POLY HUB NEEDLE	2	RX/OTC
BD DISP NEEDLES	2	RX/OTC	COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY COMFORT INSULIN SYRINGE	2	
BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)	EMBECTA INS SYR U/F 1/2 UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	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	EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC
			EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC

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EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily)	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	RX/OTC
POLY HUB NEEDLE	2	RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	RX/OTC
ADULT MASK DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	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
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	RX/OTC	BREATHE COMFORT CHAMBER/ADULT DEVI	2	RX/OTC
			BREATHE COMFORT CHAMBER/CHILD DEVI	2	RX/OTC
			BREATHE EASE LARGE DEVI	2	RX/OTC

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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	INSPIREASE MISC	2	RX/OTC
EASIVENT MASK SMALL MISC	2	RX/OTC	MICROCHAMBER DEVI	2	RX/OTC
EASIVENT MISC	2	RX/OTC	MICROCHAMBER MISC	2	RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC	MICROSPACER MISC	2	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC	NEBULIZER CUP/TUBING DEVI	2	RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC	ONE FLOW SPIROMETER DEVI	2	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC	OPTICHAMBER DIAMOND DEVI	2	RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	2	RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	2	RX/OTC
			OPTICHAMBER DIAMOND MISC	2	RX/OTC
			OPTICHAMBER DIAMOND-SM MASK MISC	2	RX/OTC

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PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
PARI TREK S COMBO PACK DEVI	2	RX/OTC
POCKET CHAMBER DEVI	2	RX/OTC
POCKET SPACER DEVI	2	RX/OTC
PRO COMFORT SPACER ADULT MISC	2	RX/OTC
PRO COMFORT SPACER CHILD MISC	2	RX/OTC
PRO COMFORT SPACER INFANT DEVI	2	RX/OTC
PROCARE SPACER/ADULT MASK DEVI	2	RX/OTC
PROCARE SPACER/CHILD MASK DEVI	2	RX/OTC
PROCHAMBER VHC DEVI	2	RX/OTC
PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	2	RX/OTC
QUAKE DEVI	2	RX/OTC
RITEFLO DEVI	2	RX/OTC
SPIRO PD DEVI	2	RX/OTC
THRESHOLD PEP DEVI	2	RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
VERSAPAP DEVI	2	RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	RX/OTC

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)	<i>sodium fluoride SOLN 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)	<i>sodium fluoride TABS</i>	5	AL(Up to 6 yrs old); PV
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 EA daily)	SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)	Iodine Products		
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)	<i>iodine strong (lugol's)</i>	3	
<i>sumatriptan succinate SOAJ</i>	1	QL(0.14 ML daily)	Phosphate		
<i>sumatriptan succinate SOCT</i>	1	QL(0.14 ML daily)	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	QL(2 ML per 30 day(s) retail); PA	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 EA daily)	Potassium		
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 EA daily)	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
MINERALS & ELECTROLYTES			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
Calcium			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
CALCIFOL	3				
Fluoride					
FLORIVA	3				
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV			
<i>sodium fluoride CHEW 1 MG</i>	1	AL(Up to 6 yrs old)			

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(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 8 MEQ	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 10 MEQ	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
(Potassium Chloride) Klor-Con Pack PO 20 MEQ	1		ASTAGRAF XL CP24	3	PA
EFFER-K	3		<i>azathioprine TABS 75 MG, 100 MG</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	1		<i>azathioprine TABS 50 MG</i>	1	
<i>potassium chloride CPCR</i>	1		<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>potassium chloride PACK PO 20 MEQ</i>	1		<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1		<i>cyclosporine CAPS</i>	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1		<i>everolimus (immunosuppressant)</i>	4	
Zinc			<i>mycophenolate mofetil CAPS</i>	1	
GALZIN	3		<i>mycophenolate mofetil SUSR</i>	2	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>mycophenolate mofetil TABS</i>	1	
Chelating Agents			<i>mycophenolate sodium</i>	2	
<i>penicillamine CAPS</i>	4	PA	PROGRAF PACK	4	PA
<i>penicillamine TABS</i>	4		SANDIMMUNE SOLN PO 100 MG/ML	2	
<i>trientine hcl 500 MG</i>	4	SP; PA	<i>sirolimus SOLN</i>	2	
<i>trientine hcl 250 MG</i>	4	SP; PA	<i>sirolimus TABS</i>	2	
Immunomodulators			<i>tacrolimus CAPS</i>	2	
<i>lenalidomide</i>	4	QL(1 EA daily); SP; AC; PA	Potassium Removing Agents		
REVLIMID	4	QL(1 EA daily); SP; AC; PA	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
THALOMID	3	SP; AC; PA	LOKELMA	3	QL(1 EA daily); PA
Immunosuppressive Agents			<i>sodium polystyrene sulfonate POWD</i>	1	
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2				

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Systemic Lupus Erythematosus Agents			<i>ped multivitamins w/fl & iron SOLN</i>	1	RX/OTC
BENLYSTA SOAJ	4	SP; PA	POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
BENLYSTA SOSY	4	SP; PA	POLY-VI-FLOR/IRON SUSP	3	RX/OTC
MOUTH/THROAT/DENTAL AGENTS			QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Anesthetics Topical Oral			Ped MV w/ Fluoride		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1		(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORID E CHEW 0.5 MG, 1 MG	1	AL(Up to 6 yrs old); RX/OTC
Anti-infectives - Throat			(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
<i>clotrimazole</i>	1		(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
<i>nystatin (mouth-throat)</i>	1		FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
ORAVIG	3		FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
Dental Products			FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
<i>sodium fluoride (dental) SOLN 0.2 %</i>	3		FLOTREX CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
Steroids - Mouth/Throat/Dental			MULTIVITAMIN/FLUORID E CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1		MULTIVITAMIN/FLUORID E SOLN	2	AL(Up to 6 yrs old); RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1		MULTIVITAMIN/FLUORID E SUSP 0.25 MG/ML	3	
Throat Products - Misc.			MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
<i>cevimeline hcl</i>	1	QL(3 EA daily)	<i>pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG</i>	1	AL(Up to 6 yrs old); RX/OTC
MUCOTROL WAFR	3		POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)	POLY-VI-FLOR SUSP	3	
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMINS					
Ped Multi Vitamins w/FI & FE					
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC			

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QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL MEDLEY	3	
TRI-VI-FLOR SUSP 0.25 MG/ML	3		C-NATE DHA CAPS	3	
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3		COMPLETENATE CHEW	2	
VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CONCEPT DHA	2	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			CONCEPT OB	2	
FLORIVA	3		CVS WOMENS PRENATAL+DHA MISC	3	
Prenatal Vitamins			DUET DHA 400 MISC	3	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		ENBRACE HR	3	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		FOLIVANE-OB	2	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	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	2		NEONATAL + DHA MISC	3	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NESTABS	3	
CITRANATAL ASSURE	2		NESTABS DHA	2	
			OB COMPLETE ONE	3	
			OB COMPLETE PETITE	3	
			OB COMPLETE PREMIER	3	
			OB COMPLETE/DHA	3	
			OBSTETRIX DHA MISC	2	

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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		VINATE DHA RF	3	
PNV 27-CA/FE/FA TABS	2		VINATE ONE TABS	2	
PNV-DHA+DOCUSATE	3		VITAFOL GUMMIES	3	
PNV-OMEGA	3		VITAFOL-NANO	3	
PREMESISR	3		VITAFOL-ONE CAPS	3	
PRENA 1 TRUE	2		VITAMEDMD ONE RX/QUATREFOLIC	3	
PRENA1 PEARL	3		VITAPEARL	3	
PRENAISSANCE	3		VITATRUE	2	
PRENAISSANCE PLUS CAPS	3		VIVA DHA CAPS	3	
PRENATAL 19 CHEW	2		WESCAP-C DHA	2	
PRENATAL 19 TABS	2	RX/OTC	WESNATE DHA CAPS	3	
PRENATAL+DHA MISC	3		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENATAL-U CAPS	2		Central Muscle Relaxants		
PRENATE	3		(Carisoprodol) VANADOM TABS 350 MG	1	
PRENATE AM	3		(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
PRENATE ENHANCE	3		<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
PROVIDA OB	2		<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
RELNATE DHA CAPS	3		<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
SELECT-OB+DHA MISC	3		<i>baclofen TABS 5 MG</i>	1	
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3		<i>carisoprodol TABS</i>	1	
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		<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 EA daily)
SE-NATAL 19 CHEW	2		<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
SE-NATAL 19 TABS	2	RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
THRIVITE RX TABS	2	RX/OTC	<i>metaxalone 800 MG</i>	2	QL(4 EA daily)
TRINATAL RX 1 TABS	2		<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
			<i>orphenadrine citrate TB12</i>	1	
			<i>tizanidine hcl CAPS</i>	1	
			<i>tizanidine hcl TABS 2 MG</i>	1	
			<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)

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Direct Muscle Relaxants			(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC
<i>dantrolene sodium CAPS</i>	1				
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agent Combinations					
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 bottle per month; QL(0.77 GM daily)			
Nasal Antiallergy					
(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	QL(1.22 ML daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC	(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>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ML daily)			
<i>olopatadine hcl (nasal)</i>	1				
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids			<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 GM daily); RX/OTC
			<i>mometasone furoate (nasal) SUSP</i>	1	QL(1.22 GM daily); RX/OTC
			<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)

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

Drug Name	Drug Tier	Requirements/ Limits
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	2	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl 1 %</i>	1	
ISOPTO ATROPINE SOLN	2	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	2	
<i>tropicamide SOLN</i>	1	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	

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AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>levofloxacin (ophth) 1.5 %</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
<i>polymyxin b-trimethoprim</i>	1	
POVIDONE-IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
ZIRGAN GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>difluprednate</i>	2	
FLAREX	2	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	2	
LOTEMAX OINT	3	
<i>loteprednol etabonate GEL</i>	2	
<i>loteprednol etabonate SUSP 0.5 %</i>	2	QL(0.2 ML daily)
<i>loteprednol etabonate SUSP 0.2 %</i>	2	
MAXIDEX SUSP OP	2	
<i>neomycin-polymy-dexameth OINT</i>	1	
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>bepotastine besilate</i>	1	QL(0.34 ML daily)
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.34 ML daily)
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	Limit 4 bottles per month; QL(2.15 ML daily); SP; PA
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	QL(0.34 ML daily)
DORZOLAMIDE HCL	2	QL(0.34 ML daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
PATADAY 0.7 %	3	Limit 1 bottle per month; QL(0.084 ML daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ML daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
LATANOPROST SOLN	2	QL(0.0949 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 ML daily)
<i>tafluprost</i>	1	QL(1 EA daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ML daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	2	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylonol) CORTIC-ND	1	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail)
<i>ciprofloxacin-fluocinolone acetoneide</i>	2	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetoneide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		

Drug Name	Drug Tier	Requirements/ Limits
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		

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Drug Name	Drug Tier	Requirements/ Limits
BASE GELATIN GUMMY TROCHE	3	RX/OTC
GUM BASE (GELATIN)	3	RX/OTC
KLEAR GUMMY BASE	3	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>megestrol acetate (appetite)</i>	2	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	2	QL(18 ML daily); SP; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide SOLN</i>	2	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	1	PA
<i>memantine hcl-donepezil hcl CP24</i>	3	PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)
<i>memantine hcl TABS</i>	1	
NAMZARIC C4PK	3	PA
NAMZARIC CP24 7 MG-10 MG	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>olanzapine-fluoxetine hcl</i>	2	
<i>perphenazine-amitriptyline</i>	3	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA
SAVELLA TABS	4	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO 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 6 MG, 9 MG	4	QL(2 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO TABS 12 MG	4	QL(4 EA daily); SP; PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 EA daily); SP; PA
INGREZZA CAPS 60 MG	4	QL(1 EA daily); SP; 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
tetrabenazine	2	SP
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail); SP
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily); SP
AVONEX PEN AJKT	4	SP; PA
AVONEX PREFILLED PSKT	4	SP; PA
BETASERON KIT	4	SP; PA
dalfampridine	2	SP; PA
dimethyl fumarate CDPK	2	QL(60 EA per 365 day(s) retail); SP
dimethyl fumarate CPDR	2	QL(2 EA daily); SP
 fingolimod hcl	2	QL(1 EA daily); SP
glatiramer acetate SOSY 20 MG/ML	2	QL(1 ML daily); SP
glatiramer acetate SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail); SP
PLEGRIDY STARTER PACK SOAJ	4	SP; PA
PLEGRIDY STARTER PACK SOSY SC	4	SP; PA
PLEGRIDY SOAJ	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOSY IM	4	SP; PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	SP; PA
REBIF REBIDOSE SOAJ	4	SP; PA
REBIF TITRATION PACK SOSY	4	SP; PA
REBIF SOSY	4	SP; PA
teriflunomide	2	QL(1 EA daily); SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	2	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	3	
pimozide	1	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV

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

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(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	5	PV
			APO-VARENICLINE TABS	5	QL(2 EA daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			NICOTINE KIT	5	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS SOLN	5	PV
NICOTROL INHA	5	PV
<i>varenicline tartrate TABS</i>	5	QL(2 EA daily); PV
<i>varenicline tartrate TBPk</i>	5	QL(53 EA per 365 day(s) retail); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	SP; PA
KALYDECO TABS	4	SP; PA
ORKAMBI PACK	4	SP; PA
ORKAMBI TABS	4	QL(4 EA daily); SP; PA
PULMOZYME	4	QL(5 ML daily); SP; PA
SYMDEKO	4	SP; PA
TRIKAFTA TBPk 50 MG-25 MG	4	QL(3 EA daily); SP; PA
TRIKAFTA TBPk 100 MG-50 MG	4	QL(3 EA daily); SP; PA
TRIKAFTA THPK	4	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); SP; PA
<i>pirfenidone CAPS</i>	2	QL(3 EA daily); SP; PA
<i>pirfenidone TABS</i>	2	QL(3 EA daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS</i>	1	
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 150 MG</i>	1	ST
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl TABS</i>	1	
<i>tetracycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1		(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC
GLYCOPYRROLATE TABS	3				
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1				
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1				
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
<i>methscopolamine bromide</i>	1				
H-2 Antagonists			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
<i>cimetidine hcl PO 300 MG/5ML</i>	1				
<i>cimetidine TABS 300 MG, 800 MG</i>	1				
<i>cimetidine TABS 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	1	QL(1 EA daily)
<i>famotidine SUSR</i>	1				
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)			
<i>nizatidine CAPS</i>	1				
Misc. Anti-Ulcer					
<i>sucralfate SUSP</i>	1				
<i>sucralfate TABS</i>	1	QL(4 EA daily)			
Proton Pump Inhibitors			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	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	<i>lansoprazole CPDR</i>	1	QL(1 EA daily); RX/OTC
			<i>lansoprazole TBDD 15 MG</i>	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole TBDD 30 MG</i>	2	QL(1 EA daily); AL(Up to 12 yrs old)	<i>tropium chloride TABS</i>	1	QL(2 EA daily)
<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)	Urinary Antispasmodics - Cholinergic Agonists		
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)	<i>bethanechol chloride</i>	1	
<i>pantoprazole sodium PACK</i>	2	QL(1 EA daily)	Urinary Antispasmodics - Direct Muscle Relaxants		
<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)	<i>flavoxate hcl</i>	1	
PRILOSEC PACK	3	PA	VACCINES		
RABEPRAZOLE SODIUM CPSP	3	PA	Viral Vaccines		
<i>rabeprazole sodium TBEC</i>	3	QL(1 EA daily); PA	COVID VACCINES	5	
Ulcer Drugs - Prostaglandins			VAGINAL AND RELATED PRODUCTS		
<i>misoprostol</i>	1		Miscellaneous Vaginal Products		
Ulcer Therapy Combinations			INTRAROSA	3	QL(1 EA daily)
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail	Spermicides		
HELIDAC THERAPY	3		ENCARE SUPP 100 MG	5	PV
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			TODAY SPONGE MISC	5	PV
<i>darifenacin hydrobromide</i>	2		VCF VAGINAL CONTRACEPTIVE FILM	5	PV
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)	VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)	VCF VAGINAL CONTRACEPTIVE GEL	5	PV
<i>oxybutynin chloride TB24</i>	1		Vaginal Anti-infectives		
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	2	
<i>solifenacin succinate TABS 5 MG</i>	1		CLEOCIN SUPP	3	
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)	<i>clindamycin phosphate vaginal CREA</i>	1	
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)	CLINDESSE	3	
<i>tropium chloride CP24</i>	1		GYNAZOLE-1	3	
			<i>metronidazole vaginal</i>	1	
			NUVESSA	3	PA
			<i>terconazole vaginal CREA</i>	1	
			<i>terconazole vaginal SUPP</i>	1	
			VANAZOLE	2	

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Drug Name	Drug Tier	Requirements/ Limits
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 1 per fill mail)
FEMRING	3	Limit 1 per month; QL(0.04 EA daily)
PREMARIN	2	QL(2 GM daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	Check plan documents for benefits and copay; PA
ENDOMETRIN INST	3	Check plan documents for benefits and copay; PA
FIRST-PROGESTERONE VGS SUPP	3	Check plan documents for benefits and copay; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	SP; PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
<i>ergocalciferol CAPS</i>	1	PV
<i>phytonadione TABS 5 MG</i>	2	

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(Lactulose (Encephalopathy)) ENULOSE, GENERLAC52	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)35	(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG80
(Lactulose) CONSTULOSE SOLN 10 GM/15ML56	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESE35	(Liothyronine Sodium) LIOMNY TABS 5 MCG80
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 12	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESE35	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI- DIARRHEAL CAPS18
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT12		(Lorazepam) LORAZEPAM INTENSOL CONC9
(Lamotrigine) SUBVENITE TABS . 12		(Meclizine Hcl) BONINE, CVS
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .. 81		
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG ..81		

FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR 78	HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 36	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 36
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 78	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 35	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG 36
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR 78	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 35	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG 36
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR 78	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 35	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG 36
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 38	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 35	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 36
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE,	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 36	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 36
		(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG 36
		(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA,

JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL38	ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7 37	KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 81
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG36	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO- SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 37	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 81
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG- 30 MCG 37	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 37	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 6
	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 37	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG . 6
	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 42	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 6
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 37	(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 % 73	(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML 67
(Norethindrone Acetate) GALLIFREY TABS 75	(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 % . 73	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG 67
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 51		(Pediatric Multivitamins W/FI) MULTI- VITAMIN/FLUORIDE SOLN 67
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 51		(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN 67
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE 37	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, GAVILYTE-N WITH FLAVOR PACK	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT 56
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7,		(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM 56
		(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride)

56		SUPP 50 MG20
(Phenylephrine Hcl (Mydriatic))	Microencapsulated Crystals ER)	(Pseudoephed-Bromphen-DM)
ALTAFRIN SOLN 10 %71	KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 65	BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML 39
(Phenylephrine Hcl (Mydriatic))	(Potassium Chloride) KLOR-CON	(Pseudoephedrine-Guaifenesin) CVS
ALTAFRIN SOLN 2.5 % 71	PACK PO 20 MEQ66	MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ
(Phenylephrine-Chlorphen-DM) ED- A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML .. 39	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ66	MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT
(Phenytoin Sodium Extended)	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ66	MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH,
PHENYTEK 200 MG, 300 MG14	(Potassium Citrate-Citric Acid)	MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER,
(Phenytoin) PHENYTOIN INFATABS CHEW14	CYTRA K CRYSTALS PACK53	MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX
(Polyethylene Glycol 3350)	(Potassium Citrate-Citric Acid)	STRENGTH TB12 600 MG-60 MG 39
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 POWD57	CYTRA-K SOLN 53	
	(Potassium Phosphate Monobasic)	(Pseudoephedrine-Guaifenesin) CVS
	PHOSPHO-TRIN K500 TABS 65	MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ
	(Pramoxine-HC-Chloroxylenol)	MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT
	CORTIC-ND74	MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH,
	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS68	MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER,
	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .68	MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX
	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT68	STRENGTH TB12 39
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic)	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT- 8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG-4000 UNIT- 200 MG-150 MCG-30 UNIT-29 MG 68	(Pseudoephedrine-Guaifenesin)
PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL65		MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG 39
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 65	(Prochlorperazine) COMPRO28	(Salicylic Acid) KERALYT SHAM 6 %46
(Potassium Chloride Microencapsulated Crystals ER)	(Promethazine & Phenylephrine)	(Sapropterin Dihydrochloride)
KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 65	PROMETHAZINE VC SYRP39	JAVYGTOR TABS50
(Potassium Chloride Microencapsulated Crystals ER)	(Promethazine Hcl) PROMETHEGAN	(Sapropterin Dihydrochloride)
KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 65	SUPP 12.5 MG, 25 MG20	JAVYGTOR, ZELVYSIA PACK50
(Potassium Chloride	(Promethazine Hcl) PROMETHEGAN	(Silver Sulfadiazine) SSD 44
		(Sodium Chloride (Inhalant))

NEBUSAL, PULMOSAL NEBU 3 % 40 (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 40 (Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML66	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 AERO70	acetazolamide CP1248 acetazolamide TABS 125 MG48 acetazolamide TABS 250 MG48 acetic acid (otic)74 acetylcysteine SOLN41 acitretin 10 MG43 acitretin 17.5 MG43 acitretin 25 MG43
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %41 (Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM41 (Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %41 (Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP .. 23 (Tadalafil (Pulmonary Hypertension)) ALYQ TABS33 (Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM8 (Tetracaine Hcl (Ophth)) ALTACAIN72 (Theophylline) ELIXOPHYLLIN ELIX . 11 (Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 71 (Tiopronin) VENXXIVA TBEC53 (Tolmetin Sodium) TOLECTIN 600 TABS 600 MG3 (Tretinoin) AVITA CREA 0.025 % . 41 (Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE67 (Triamcinolone Acetonide (Nasal))	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %44 (Vigabatrin) VIGADRONE TABS .. 14 (Vigabatrin) VIGADRONE, VIGPODER PACK14 (Warfarin Sodium) JANTOVEN TABS11 (Zolmitriptan) ZOMIG TABS64 abacavir sulfate SOLN29 abacavir sulfate TABS29 abacavir sulfate-lamivudine29 abiraterone acetate25 acamprosate calcium75 acarbose16 ACCU-CHEK AVIVA PLUS STRP .47 ACCU-CHEK GUIDE KIT60 ACCU-CHEK GUIDE ME KIT60 ACCU-CHEK GUIDE TEST STRP 47 ACCU-CHEK SMARTVIEW STRP 47 acebutolol hcl CAPS31 acetaminophen w/ codeine SOLN .. 7 acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG7 acetaminophen w/ codeine TABS 60 MG-300 MG7	ACTIMMUNE 100 MCG/0.5ML27 ACUVAIL73 acyclovir CAPS30 acyclovir SUSP30 acyclovir TABS PO 400 MG30 acyclovir TABS PO 800 MG30 acyclovir topical CREA44 acyclovir topical OINT44 ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML2 ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML2 ADALIMUMAB-ADAZ SOSY2 adapalene CREA41 adapalene GEL 0.1 %41 adapalene GEL 0.3 %41 adapalene-benzoyl peroxide GEL 2.5 %-0.1 %41 adapalene-benzoyl peroxide GEL 2.5 %-0.3 %41 adefovir dipivoxil30 ADEMPAS33 ADTHYZA TABS80

ADULT MASK DEVI	62	AEROCHAMBER Z-STAT PLUS MISC	62	alendronate sodium TABS 5 MG, 10 MG	49
ADVATE	54	AEROCHAMBER Z-STAT PLUS/LARGE MISC	62	ALFERON N	27
ADYNOVATE	54	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	62	alfuzosin hcl	53
AEROBIKA DEVI	62	AEROCHAMBER Z-STAT PLUS/SMALL MISC	62	ALINIA SUSR	23
AEROCHAMBER HOLDING CHAMBER DEVI	62	AEROCHAMBER2GO ANTI-STATIC DEVI	62	aliskiren fumarate	22
AEROCHAMBER MINI CHAMBER DEVI	62	AEROVENT PLUS DEVI	62	ALL FLOW 1000 PFT FILTER DEVI .	62
AEROCHAMBER MV MISC	62	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	54	ALL FLOW 2000 PFT FILTER DEVI .	62
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	62	AGAMREE	38	ALL FLOW 3000 PFT FILTER DEVI .	62
AEROCHAMBER PLUS FLO-VU INTERM DEVI	62	AIMSCO LUBRICATED MISC	58	ALL FLOW 4000 PFT FILTER DEVI .	62
AEROCHAMBER PLUS FLO-VU LARGE DEVI	62	AJOVY SOAJ	64	ALL FLOW 5000 PFT FILTER DEVI .	62
AEROCHAMBER PLUS FLO-VU LARGE MISC	62	AJOVY SOSY	64	ALL FLOW 6000 PFT FILTER DEVI .	62
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	62	AKTEN	72	ALL FLOW 7000 PFT FILTER DEVI .	62
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	62	AKYNZEO	19	allopurinol 100 MG	54
AEROCHAMBER PLUS FLO-VU MISC	62	albendazole	8	allopurinol 300 MG	54
AEROCHAMBER PLUS FLO-VU SMALL DEVI	62	albuterol sulfate AERS	10	almotriptan malate	64
AEROCHAMBER PLUS FLO-VU SMALL MISC	62	albuterol sulfate AERS	11	ALOCRIAL	73
AEROCHAMBER PLUS FLO-VU W/MASK MISC	62	albuterol sulfate NEBU	11	alogliptin benzoate 25 MG	16
AEROCHAMBER PLUS FLOW VU MISC	62	ALBUTEROL SULFATE NEBU	11	alogliptin benzoate 6.25 MG, 12.5 MG	16
AEROCHAMBER W/FLOWSIGNAL MISC	62	albuterol sulfate SYRP	11	ALOMIDE	73
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	62	albuterol sulfate TABS	11	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	51
		alclometasone dipropionate CREA	44	alosetron hcl	52
		alclometasone dipropionate OINT	44	ALPHANATE SOLR	54
		ALECENSA	25	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	54
		alendronate sodium SOLN	49		
		alendronate sodium TABS 35 MG, 70 MG	49		

ALPRAZOLAM INTENSOL CONC .9	amlodipine besylate-valsartan 10	ANNOVERA .38
alprazolam TABS .9	MG-160 MG .22	ANZEMET TABS 50 MG .18
alprazolam TB24 .9	amlodipine besylate-valsartan 10	APEXICON E CREA .44
alprazolam TBDP .9	MG-320 MG, 5 MG-160 MG, 5 MG-320 MG .22	APO-VARENICLINE TABS .78
ALPROLIX .54	amlodipine-valsartan-hydrochlorothiazide .22	apraclonidine hcl .71
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT .54	amoxapine .15	aprepitant CAPS 40 MG .19
ALUNBRIG TABS .25	amoxicillin & pot clavulanate CHEW .74	aprepitant CAPS 80 MG, 125 MG .19
ALUNBRIG TBPK .25	amoxicillin & pot clavulanate SUSR 74	aprepitant CAPS .19
alvimopan .52	amoxicillin & pot clavulanate TABS 74	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .29
amantadine hcl CAPS .27	amoxicillin & pot clavulanate TB12 74	APTIVUS CAPS .29
amantadine hcl TABS .27	amoxicillin CAPS .74	ARCALYST .3
ambrisentan .33	amoxicillin CHEW 125 MG, 250 MG .74	arformoterol tartrate .11
amcinonide OINT .44	amoxicillin SUSR .74	ARIKAYCE .2
amiloride & hydrochlorothiazide .48	amoxicillin TABS .74	aripiprazole SOLN PO .29
amiloride hcl TABS .49	amoxicillin-clarithromycin w/ lansoprazole THPK .82	aripiprazole TABS 15 MG .29
aminocaproic acid SOLN PO 0.25 GM/ML .56	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG .1	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG .29
aminocaproic acid TABS .56	amphetamine-dextroamphetamine TABS .1	aripiprazole TABS 20 MG .29
amiodarone hcl TABS .9	ampicillin CAPS 500 MG .74	armodafinil .1
amitriptyline hcl TABS .15	anagrelide hcl .55	ARMOUR THYROID TABS .80
amlodipine besylate TABS 2.5 MG 31	ANALPRAM HC LOTN EX .8	asenapine maleate .28
amlodipine besylate TABS 5 MG, 10 MG .31	ANALPRAM-HC LOTN EX .8	aspirin CHEW .5
amlodipine besylate-atorvastatin calcium .32	anastrozole .25	aspirin TBEC 81 MG .5
amlodipine besylate-benazepril hcl 10 MG-2.5 MG .22	ANDEXXA 200 MG .18	aspirin-dipyridamole .55
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 22	ANGELIQ .51	ASSURE ID INSULIN SAFETY SYR 61
		ASTAGRAF XL CP24 .66
		ATABEX EC TBEC .68
		atazanavir sulfate CAPS .29
		atenolol & chlorthalidone .22

atenolol TABS	31	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	70	BD PEN NEEDLE ORIG ULTRAFINE	61
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azelastine hcl-fluticasone propionate SUSP	70	BD PEN NEEDLE SHORT ULTRAFINE	61
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin PACK	58	BD SAFETYGLIDE INSULIN SYRINGE	61
atorvastatin calcium TABS	20	azithromycin SUSR	58	BD VEO INSULIN SYR U/F 1/2UNIT	61
atovaquone	23	azithromycin TABS 250 MG	58	BD VEO INSULIN SYR ULTRAFINE	61
atovaquone-proguanil hcl	23	azithromycin TABS 500 MG	58		
atropine sulfate (ophthalmic) OINT 71		azithromycin TABS 600 MG	58	BELLADONNA ALKALOIDS-OPIMUM	80
atropine sulfate (ophthalmic) SOLN 71		bacitracin (ophthalmic)	72	BELSOMRA	56
ATROPINE SULFATE SOLN 1 % .71		bacitracin-polymyxin b (ophth)	72	benazepril & hydrochlorothiazide .	22
ATROVENT HFA	10	bacitracin-poly-neomycin-hc	72	benazepril hcl	21
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	74	baclofen TABS 10 MG	69	BENEFIX KIT	54
AURANOFIN 3 MG	3	baclofen TABS 15 MG	69	BENLYSTA SOAJ	67
AUSTEDO TABS 12 MG	76	baclofen TABS 20 MG	69	BENLYSTA SOSY	67
AUSTEDO TABS 6 MG, 9 MG	75	baclofen TABS 5 MG	69	BENSAL HP OINT	47
AUSTEDO XR PATIENT TITRATION TEPK	75	BALFAXAR	54	BENZNIDAZOLE	8
AUSTEDO XR TB24	75	balsalazide disodium CAPS	52	benzonatate	39
AVONEX PEN AJKT	76	BALVERSA	25	benzoyl peroxide-erythromycin GEL . 41	
AVONEX PREFILLED PSKT	76	BASE GELATIN GUMMY TROCHE . 75		benztropine mesylate TABS	27
AYVAKIT	25	BD AUTOSHIELD DUO	61	bepotastine besilate	73
AZASITE	72	BD DISP NEEDLES	61	BESIVANCE	72
azathioprine TABS 50 MG	66	BD ECLIPSE LUER-LOK NEEDLE 61		BETADINE OPHTHALMIC PREP .	72
azathioprine TABS 75 MG, 100 MG 66		BD PEN NEEDLE MICRO ULTRAFINE	61	betaine	50
azelaic acid GEL	47	BD PEN NEEDLE MINI ULTRAFINE	61	betamethasone dipropionate (topical) CREA	44
azelastine hcl (ophth)	73	BD PEN NEEDLE NANO 2ND GEN . 61		betamethasone dipropionate (topical) LOTN	44
azelastine hcl 0.1 %, 137 MCG/SPRAY	70	BD PEN NEEDLE NANO ULTRAFINE	61	betamethasone dipropionate (topical)	

OINT	45	BOSULIF TABS 100 MG	25	budesonide (inhalation) SUSP 1 MG/2ML	10
betamethasone dipropionate augmented CREA	45	BOSULIF TABS 400 MG, 500 MG	25	budesonide (intrarectal)	8
betamethasone dipropionate augmented GEL 0.05 %	45	BRAFTOVI 75 MG	25	budesonide TB24	38
betamethasone dipropionate augmented LOTN	45	BREATHE COMFORT CHAMBER/ADULT DEVI	62	budesonide-formoterol fumarate dihydrate	11
betamethasone dipropionate augmented OINT	45	BREATHE COMFORT CHAMBER/CHILD DEVI	62	bumetanide TABS 0.5 MG, 1 MG ..	49
betamethasone valerate CREA ...	45	BREATHE EASE LARGE DEVI ...	62	bumetanide TABS 2 MG	49
betamethasone valerate FOAM ...	45	BREATHE EASE MEDIUM DEVI ..	63	buprenorphine hcl SUBL 2 MG	7
betamethasone valerate LOTN	45	BREATHE EASE SMALL DEVI ...	63	buprenorphine hcl SUBL 8 MG	7
betamethasone valerate OINT	45	BREATHERITE VALVED MDI CHAMBER DEVI	63	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7
BETASERON KIT	76	BREZTRI AEROSPHERE	11	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7
betaxolol hcl (ophth) SOLN	71	brimonidine tartrate (topical)	47	buprenorphine hcl-naloxone hcl dihydrate SUBL	7
betaxolol hcl	31	brimonidine tartrate	71	buprenorphine PTWK 15 MCG/HR ..	7
bethanechol chloride	82	brimonidine tartrate-timolol maleate 71	71	buprenorphine PTWK 20 MCG/HR ..	7
BETOPTIC-S SUSP	71	brinzolamide	73	buprenorphine PTWK 5 MCG/HR, 7.5 MCG/HR, 10 MCG/HR	7
bexarotene (topical)	43	BRIVIACT SOLN PO 10 MG/ML ...	13	bupropion hcl (smoking deterrent)	78
bexarotene	27	BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG	13	bupropion hcl TABS	14
bicalutamide	25	BRIVIACT TABS 100 MG	13	bupropion hcl TB12	14
BIKTARVY	29	bromfenac sodium (ophth) 0.07 %, 0.075 %	73	bupropion hcl TB24 150 MG, 300 MG	14
bimatoprost SOLN	73	bromfenac sodium (ophth) 0.09 % ..	73	bupropion hcl TB24 450 MG	14
bisacodyl SUPP	58	bromocriptine mesylate CAPS	27	buspirone hcl	9
bisacodyl TBEC	58	bromocriptine mesylate TABS 2.5 MG	27	butalbital-acetaminophen CAPS 50 MG-300 MG	4
bisoprolol & hydrochlorothiazide ..	22	BRUKINSA	25	butalbital-acetaminophen TABS 50 MG-300 MG	4
bisoprolol fumarate	31	budesonide (inhalation) SUSP 0.25 MG/2ML	10	butalbital-acetaminophen TABS 50 MG-325 MG	4
bosentan TABS	33	budesonide (inhalation) SUSP 0.5 MG/2ML	10		
bosentan TBSO 32 MG	33				
BOSULIF CAPS 100 MG	25				
BOSULIF CAPS 50 MG	25				

butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG4	TABS53	61
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG4	CALQUENCE26	carisoprodol TABS69
butalbital-acetaminophen-caffeine w/ codeine7	candesartan cilexetil 32 MG21	carteolol hcl (ophth)71
butalbital-aspirin-caffeine CAPS4	candesartan cilexetil 4 MG, 8 MG, 16 MG21	carvedilol 3.125 MG31
butalbital-aspirin-caffeine w/cod7	candesartan cilexetil- hydrochlorothiazide22	carvedilol 6.25 MG, 12.5 MG, 25 MG 31
butorphanol tartrate NA 10 MG/ML .7	capecitabine24	carvedilol phosphate31
cabergoline51	CAPRELSA26	CAYA DPRH58
CABOMETYX TABS 20 MG, 60 MG .25	captopril & hydrochlorothiazide ...22	cefaclor CAPS33
CABOMETYX TABS 40 MG25	captopril21	CEFACLOR ER TB1233
caffeine citrate SOLN PO1	carbamazepine CHEW 100 MG ...13	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML33
CALCIFOL65	carbamazepine CP1213	cefadroxil CAPS33
calcipotriene CREA43	carbamazepine SUSP13	cefadroxil SUSR33
CALCIPOTRIENE FOAM43	carbamazepine TABS13	cefadroxil TABS33
calcipotriene OINT43	carbamazepine TB12 100 MG13	cefdinir CAPS33
calcipotriene SOLN43	carbamazepine TB12 200 MG13	cefdinir SUSR33
calcipotriene-betamethasone dipropionate OINT45	carbamazepine TB12 400 MG13	cefixime CAPS33
calcipotriene-betamethasone dipropionate SUSP45	carbidopa27	cefixime SUSR33
calcitonin (salmon) IJ49	carbidopa-levodopa TABS27	cefpodoxime proxetil SUSR33
calcitonin (salmon) NA49	carbidopa-levodopa TBCR 100 MG- 25 MG27	cefpodoxime proxetil TABS33
calcitriol (topical)43	carbidopa-levodopa TBCR 200 MG- 50 MG27	cefprozil SUSR33
calcitriol CAPS 0.25 MCG50	carbidopa-levodopa TBDP27	cefprozil TABS33
calcitriol CAPS 0.5 MCG50	carbidopa-levodopa-entacapone .27	cefuroxime axetil TABS33
calcitriol SOLN PO50	carbinoxamine maleate SOLN19	celecoxib 400 MG3
calcium acetate (phosphate binder) CAPS53	carbinoxamine maleate SUER19	celecoxib 50 MG, 100 MG, 200 MG 3
calcium acetate (phosphate binder)	carbinoxamine maleate TABS 4 MG . 20	cephalexin CAPS33
	CARDURA XL53	cephalexin SUSR33
	CAREPOINT POLY HUB NEEDLE	CEPROTIN55
		CERDELGA55
		CERVIDIL INST74

cetorelix acetate50	cimetidine TABS 300 MG, 800 MG 81	CLEVER CHOICE HOLDING CHAMBER DEVI63
cevimeline hcl67	cimetidine TABS 400 MG81	CLIMARA PRO51
CHEMET18	cinacalcet hcl50	clindamycin hcl23
CHEMSTRIP K STRP47	CIPRO HC74	clindamycin palmitate hydrochloride . 23
chlordiazepoxide hcl CAPS9	CIPRO SUSR52	clindamycin phosphate (topical) FOAM41
chlordiazepoxide hcl-clidinium bromide80	ciprofloxacin hcl (ophth) SOLN72	clindamycin phosphate (topical) GEL 41
chlordiazepoxide-amitriptyline75	ciprofloxacin hcl (otic)74	clindamycin phosphate (topical) LOTN41
chloroquine phosphate TABS23	ciprofloxacin hcl TABS52	clindamycin phosphate (topical) SOLN41
chlorpromazine hcl TABS28	ciprofloxacin-dexamethasone74	clindamycin phosphate (topical) SWAB41
chlorthalidone 25 MG, 50 MG49	ciprofloxacin-fluocinolone acetonide . 74	clindamycin phosphate vaginal CREA82
chlorzoxazone TABS 250 MG69	citalopram hydrobromide SOLN ...15	clindamycin phosphate-benzoyl peroxide (refrigerate)41
chlorzoxazone TABS 375 MG, 500 MG, 750 MG69	citalopram hydrobromide TABS ...15	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %41
cholestyramine light PACK20	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG68	clindamycin phosphate-tretinoin ..41
cholestyramine light POWD20	CITRANATAL ASSURE68	CLINDESSE82
cholestyramine PACK20	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 68	clobazam SUSP12
cholestyramine POWD20	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG68	clobazam TABS 10 MG12
choline fenofibrate 135 MG20	CITRANATAL MEDLEY68	clobazam TABS 20 MG12
choline fenofibrate 45 MG20	clarithromycin SUSR58	clobetasol propionate CREA 0.05 % . 45
CHORIONIC GONADOTROPIN IM 49	clarithromycin TABS58	clobetasol propionate emollient base 0.05 %45
ciclopirox GEL42	clarithromycin TB2458	clobetasol propionate emulsion ...45
ciclopirox olamine CREA42	clemastine fumarate SYRP20	clobetasol propionate FOAM45
ciclopirox olamine SUSP42	clemastine fumarate TABS 2.68 MG . 20	clobetasol propionate GEL 0.05 % 45
ciclopirox SHAM42	CLEOCIN SUPP82	
ciclopirox SOLN42		
cilostazol55		
CILOXAN OINT72		
CIMDUO29		
cimetidine hcl PO 300 MG/5ML ...81		

clobetasol propionate LIQD	45	colchicine TABS	54	CORTISPORIN-TC	74
clobetasol propionate LOTN	45	colchicine w/ probenecid	54	COSENTYX (300 MG DOSE) SOSY .	43
clobetasol propionate OINT 0.05 %	45	colesevelam hcl PACK	20	COSENTYX SENSOREADY (300	
clobetasol propionate SHAM	45	colesevelam hcl TABS	20	MG) SOAJ	43
clobetasol propionate SOLN 0.05 % .	45	colestipol hcl GRAN	20	COSENTYX SENSOREADY PEN	
clocortolone pivalate	45	colestipol hcl PACK	20	SOAJ	43
clomiphene citrate TABS	49	colestipol hcl TABS	20	COSENTYX SOSY 150 MG/ML ...	44
clomipramine hcl	15	COMBIPATCH PTTW	51	COSENTYX SOSY 75 MG/0.5ML .	44
clonazepam TABS	12	COMBIVENT RESPIMAT AERS ..	11	COSENTYX UNOREADY SOAJ ..	44
clonazepam TBDP	12	COMETRIQ (100 MG DAILY DOSE)		COTELLIC	26
clonidine hcl TABS	21	KIT	26	COVID VACCINES	82
clonidine TB24	21	COMETRIQ (140 MG DAILY DOSE)		COVID-19 AT HOME TEST KITS .	47
clopidogrel bisulfate	55	KIT	26	COVID-19 FLU A&B 3-IN-1 TEST	47
clorazepate dipotassium TABS	9	COMETRIQ (60 MG DAILY DOSE)		COVID-19 FLU A+B ANTIGEN TEST	47
clotrimazole	67	KIT	26		47
clotrimazole w/ betamethasone		COMFORT EZ INSULIN SYRINGE .		CREON CPEP	48
CREA	42	61		CRESEMBA CAPS 186 MG	19
clotrimazole w/ betamethasone		COMPACT SPACE CHAMBER DEVI		CRINONE GEL 8 %	83
LOTN	42		63	cromolyn sodium (ophth)	73
clozapine TABS	28	COMPACT SPACE CHAMBER/LG		cromolyn sodium NEBU	10
clozapine TBDP	28	MASK DEVI	63	CTEXLI 250 MG	52
C-NATE DHA CAPS	68	COMPACT SPACE CHAMBER/MED		CVS WOMENS PRENATAL+DHA	
CO MONITOR DEVI	63	MASK DEVI	63	MISC	68
COAGADEX	54	COMPACT SPACE CHAMBER/SM		cyclobenzaprine hcl TABS 5 MG, 10	
COARTEM	23	MASK DEVI	63	MG	69
codeine sulfate TABS 30 MG	5	COMPLETENATE CHEW	68	CYCLOGYL	71
CODEINE SULFATE TABS	5	CONCEPT DHA	68	CYCLOMYDRIL	71
CODITUSSIN AC LIQD	40	CONCEPT OB	68	cyclopentolate hcl 1 %	71
colchicine CAPS	54	CONDOMS	58	cyclophosphamide CAPS	24
		COPIKTRA	26	CYCLOPHOSPHAMIDE TABS	24
		CORDRAN TAPE	45	cycloserine	24
		CORIFACT	54		
		CORTIFOAM EX 10 %	8		

cyclosporine (ophth) EMUL	72	DAURISMO	25	desoximetasone GEL	45
cyclosporine CAPS	66	deferasirox PACK	18	desoximetasone LIQD	45
cyclosporine modified (for microemulsion) CAPS	66	deferasirox TABS	18	desoximetasone OINT 0.05 %	45
cyclosporine modified (for microemulsion) SOLN	66	deferiprone TABS	18	desoximetasone OINT 0.25 %	45
cyproheptadine hcl SYRP	20	deflazacort SUSP	38	desvenlafaxine succinate	15
cyproheptadine hcl TABS	20	deflazacort TABS	38	dexamethasone ELIX	38
CYSTAGON CAPS	53	DELSTRIGO	29	DEXAMETHASONE INTENSOL CONC	38
CYSTARAN	73	demeclocycline hcl TABS	79	dexamethasone sodium phosphate (ophth)	72
CYTOMEL TABS 25 MCG, 50 MCG (lithyronine sodium)	80	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	38	dexamethasone SOLN	38
CYTOMEL TABS 5 MCG (lithyronine sodium)	80	DESCOVY 120 MG-15 MG	29	dexamethasone TABS	38
CYTRA-3 SYRP	53	DESCOVY 200 MG-25 MG	29	dexmethylphenidate hcl CP24	1
dabigatran etexilate mesylate CAPS . 12		desipramine hcl TABS	15	dexmethylphenidate hcl TABS	1
dalfampridine	76	desloratadine TABS	20	dextroamphetamine sulfate CP24 ...	1
danazol CAPS	8	desloratadine TBDP	20	dextroamphetamine sulfate SOLN ..	1
dantrolene sodium CAPS	70	DESMOPRESSIN ACETATE SOLN NA	51	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
dapagliflozin propanediol	18	desmopressin acetate spray	51	DHIVY TABS	27
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	16	desmopressin acetate spray refrigerated 0.01 %	51	DIACOMIT CAPS 250 MG	13
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	16	desmopressin acetate TABS 0.1 MG 51		DIACOMIT CAPS 500 MG	13
dapsone (topical) 5 %	41	desmopressin acetate TABS 0.2 MG 51		DIACOMIT PACK 250 MG	13
dapsone (topical) 7.5 %	41	desogestrel-ethinyl estradiol (biphasic)	37	DIACOMIT PACK 500 MG	13
dapsone 100 MG	23	desonide CREA	45	diazepam (anticonvulsant) GEL ...	12
dapsone 25 MG	23	desonide GEL	45	diazepam CONC	9
darifenacin hydrobromide	82	desonide LOTN	45	diazepam SOLN PO 5 MG/5ML	9
darunavir TABS	29	desonide OINT	45	diazepam TABS 10 MG	9
dasatinib	26	desonide OINT	45	diazepam TABS 2 MG, 5 MG	9
		desoximetasone CREA	45	diazoxide	16
				diclofenac potassium TABS 50 MG .	3
				diclofenac sodium (actinic keratoses)	

EX	43	diltiazem hcl TB24	32	doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	79
diclofenac sodium (ophth)	73	dimethyl fumarate CDPK	76	doxycycline (rosacea)	47
diclofenac sodium (topical) GEL EX 43		dimethyl fumarate CPDR	76	doxycycline hyclate CAPS	79
diclofenac sodium (topical) SOLN EX 1.5 %	43	diphenoxylate w/ atropine LIQD ...	18	doxycycline hyclate TABS 20 MG, 100 MG	79
diclofenac sodium TB24	3	diphenoxylate w/ atropine TABS ...	18	doxylamine-pyridoxine TBEC	19
diclofenac sodium TBEC	3	dipyridamole	55	dronabinol CAPS 10 MG	19
diclofenac w/ misoprostol TBEC	3	disopyramide phosphate CAPS	9	dronabinol CAPS 2.5 MG, 5 MG ...	19
dicloxacillin sodium	74	disulfiram	75	DROPLET INSULIN SYRINGE ...	61
dicyclomine hcl CAPS	80	DIURIL SUSP	49	DROPSAFE SAFETY SYRINGE/NEEDLE	61
dicyclomine hcl SOLN PO	80	divalproex sodium CSDR	14	drospirenone-ethinyl estradiol	37
dicyclomine hcl TABS	80	divalproex sodium TB24	14	drospirenone-ethinyl estradiol-levomefolate calcium	37
DIFFERIN LOTN	41	divalproex sodium TBEC	14	DROXIA CAPS	55
diflorasone diacetate CREA	45	dofetilide	9	droxidopa	83
diflorasone diacetate OINT	45	DOJOLVI	71	DRYSOL SOLN	47
diflunisal TABS	5	donepezil hydrochloride TABS	75	DUAVEE	51
difluprednate	72	donepezil hydrochloride TBDP	75	DUET DHA 400 MISC	68
digoxin SOLN PO 0.05 MG/ML	32	dorzolamide hcl	73	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	15
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	32	DORZOLAMIDE HCL	73	DUOPA SUSP	27
dihydroergotamine mesylate SOLN IJ 1 MG/ML	64	DORZOLAMIDE HCL-TIMOLOL MAL	71	DUPIXENT SOAJ 200 MG/1.14ML 46	
dihydroergotamine mesylate SOLN NA 4 MG/ML	64	dorzolamide hcl-timolol maleate ..	71	DUPIXENT SOAJ 300 MG/2ML ...	46
DILANTIN 30 MG	14	DOVATO	29	DUPIXENT SOSY 100 MG/0.67ML 46	
diltiazem hcl coated beads CP24 ..	31	doxazosin mesylate	21	DUPIXENT SOSY 200 MG/1.14ML 46	
diltiazem hcl CP12	31	doxepin hcl (antipruritic)	43	DUPIXENT SOSY 300 MG/2ML ...	46
diltiazem hcl CP24	32	doxepin hcl CAPS	15	DUREX EXTRA SENSITIVE THIN DEVI	58
diltiazem hcl extended release beads	31	doxepin hcl CONC	15		
diltiazem hcl TABS	32	doxercalciferol CAPS	50		
		doxycycline (monohydrate) CAPS ..	79		
		doxycycline (monohydrate) SUSR ..	79		
		doxycycline (monohydrate) TABS 150 MG	79		

DUREX EXTRA SENSITIVE THIN MISC	58	ECOZA FOAM	42	EMBECTA PEN NEEDLE NANO ..	61
DUREX TROPICAL MISC	58	ED BRON GP LIQD	40	EMBECTA PEN NEEDLE NANO 2 GEN	61
dutasteride	53	EDARBI 40 MG	21	EMBECTA PEN NEEDLE ULTRAFINE	62
dutasteride-tamsulosin hcl	53	EDARBI 80 MG	21	EMCYT	25
EASIVENT MASK LARGE MISC ..	63	EDARBYCLOR	22	EMEND SUSR	19
EASIVENT MASK MEDIUM MISC	63	EDURANT	29	EMGALITY SOAJ	64
EASIVENT MASK SMALL MISC ..	63	efavirenz CAPS	29	EMGALITY SOSY	64
EASIVENT MISC	63	efavirenz TABS	29	EMSAM	14
EASY COMFORT INSULIN SYRINGE	61	efavirenz-emtricitabine-tenofovir disoproxil fumarate	29	emtricitabine CAPS	29
EASY FLOW BLACK/BLUE DEVI ..	63	efavirenz-lamivudine-tenofovir disoproxil fumarate	29	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	29
EASY FLOW BLACK/ORANGE DEVI	63	EFFER-K	66	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	29
EASY FLOW BLACK/RED DEVI ..	63	EGRIFTA SV	50	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	29
EASY FLOW BLACK/WHITE DEVI 63		ELESTRIN GEL	51	EMTRIVA SOLN	29
EASY FLOW BLACK/YELLOW DEVI	63	eletriptan hydrobromide	64	enalapril maleate & hydrochlorothiazide	22
EASY FLOW WHITE/BLUE DEVI ..	63	ELIGARD KIT SC 7.5 MG	25	enalapril maleate TABS	21
EASY FLOW WHITE/GREEN DEVI 63		ELIQUIS DVT/PE STARTER PACK TBPK	11	ENBRACE HR	68
EASY FLOW WHITE/PINK DEVI ..	63	ELIQUIS TABS	11	ENBREL MINI SOCT	4
EASY FLOW WHITE/WHITE DEVI 63		ELLA	38	ENBREL SOLN	4
EASY FLOW WHITE/YELLOW DEVI 63		ELMIRON CAPS	53	ENBREL SOSY 25 MG/0.5ML	4
EASY TOUCH FLIPLOCK NEEDLES	61	ELOCTATE	54	ENBREL SOSY 50 MG/ML	4
EASY TOUCH HYPODERMIC NEEDLE	61	eltrombopag olamine PACK 12.5 MG	55	ENBREL SURECLICK SOAJ	4
econazole nitrate CREA	42	eltrombopag olamine PACK 25 MG 55		ENCARE SUPP 100 MG	82
ECONAZOLE NITRATE FOAM 1 % .	42	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	55	ENDOMETRIN INST	83
		EMBECTA INS SYR U/F 1/2 UNIT 61		enoxaparin sodium SOLN IJ 300 MG/3ML	11
		EMBECTA INSULIN SYR ULTRAFINE	61	enoxaparin sodium SOSY 100	

MG/ML, 150 MG/ML 12	ERLEADA 25	eszopiclone 56
enoxaparin sodium SOSY 30 MG/0.3ML 12	erlotinib hcl 25	ethacrynic acid 49
enoxaparin sodium SOSY 40 MG/0.4ML 12	ERTACZO 42	ethambutol hcl TABS 24
enoxaparin sodium SOSY 60 MG/0.6ML 12	erythromycin (acne aid) GEL 41	ethosuximide CAPS 14
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 12	erythromycin (acne aid) SOLN 41	ethosuximide SOLN 14
entacapone 27	erythromycin (ophth) 72	ethynodiol diacet & eth estrad 37
entecavir TABS 30	ERYTHROMYCIN 72	etodolac CAPS 3
ENTRESTO CPSP 32	erythromycin base CPEP 58	etodolac TABS 3
EPCLUSA PACK 30	erythromycin base TABS 58	etodolac TB24 3
EPCLUSA TABS 30	erythromycin base TBEC 58	etonogestrel-ethinyl estradiol 38
EPIDIOLEX 13	erythromycin ethylsuccinate SUSR 58	etoposide CAPS 27
EPIFOAM FOAM 45	erythromycin ethylsuccinate TABS 58	etravirine 29
epinastine hcl (ophth) 73	escitalopram oxalate SOLN 15	EUCRISA 47
epinephrine (anaphylaxis) SOAJ .. 83	escitalopram oxalate TABS 10 MG, 20 MG 15	EULEXIN 25
eplerenone 22	escitalopram oxalate TABS 5 MG . 15	EVAMIST SOLN 52
EQ SPACE CHAMBER ANTI- STATIC DEVI 63	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG 13	everolimus (immunosuppressant) .66
EQ SPACE CHAMBER ANTI- STATIC L DEVI 63	ESPEROCT 54	everolimus TABS 26
EQ SPACE CHAMBER ANTI- STATIC M DEVI 63	estazolam 56	everolimus TBSO 26
EQ SPACE CHAMBER ANTI- STATIC S DEVI 63	estradiol & norethindrone acetate TABS 51	EVOTAZ 29
EQUETRO 28	estradiol GEL 51	EVRYSDI 71
ergocalciferol CAPS 83	estradiol PTTW 51	exemestane 25
ergoloid mesylates TABS 76	estradiol PTWK 51	EXODERM 42
ERGOMAR SUBL 64	estradiol TABS 52	ezetimibe 21
ergotamine w/ caffeine TABS 64	estradiol vaginal CREA 83	ezetimibe-simvastatin 20
ERIVEDGE 25	estradiol vaginal TABS 83	FABIOR FOAM 42
	estradiol valerate 51	famciclovir 30
	ESTRING RING 7.5 MCG/24HR .. 83	famotidine SUSR 81
		famotidine TABS 40 MG 81
		FANTASY LUBRICATED MISC ... 58
		FANTASY

LUBRICATED/SPERMICIDE MISC 58	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	fluconazole SUSR
FARXIGA (dapagliflozin propanediol)	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	fluconazole TABS
.....18	ferric citrate	flucytosine
FASENRA PEN SOAJ	FERRIPROX SOLN	fludrocortisone acetate TABS
.....9	fesoterodine fumarate	39
FASENRA SOSY 10 MG/0.5ML	FETZIMA CP24 20 MG	fluocinolone acetonide (otic)
.....9	FETZIMA CP24 40 MG, 80 MG, 120 MG	74
FASENRA SOSY 30 MG/ML	FETZIMA TITRATION C4PK	fluocinolone acetonide CREA
.....9	FIBRYGA	45
FC2 FEMALE CONDOM	fidaxomicin TABS 200 MG	fluocinolone acetonide OIL
.....58	FINACEA FOAM	45
febuxostat 40 MG	finasteride	fluocinolone acetonide OINT
.....54	fingolimod hcl	45
febuxostat 80 MG	FIRDAPSE	fluocinolone acetonide SOLN
.....54	FIRST-PROGESTERONE VGS SUPP	45
FEIBA	FLAREX	fluocinonide CREA
.....54	flavoxate hcl	45
felbamate SUSP	flecainide acetate	fluocinonide emulsified base
.....14	FLEXICHAMBER DEVI	45
felbamate TABS	FLORAFOL PEDIATRIC CHEW	fluocinonide GEL
.....14	FLORAFOL PEDIATRIC SOLN	45
felodipine 10 MG	FLORIVA	fluocinonide OINT
.....32	FLORIVA	45
felodipine 2.5 MG, 5 MG	FLORIVA PLUS SOLN	fluocinonide SOLN
.....32	FLOTREX CHEW 0.5 MG, 1 MG	45
FEMCAP DEVI	FLOWFLEX PLUS COVID-19/FLU A/B	fluorometholone (ophth) SUSP
.....58		72
FEMRING		fluorouracil (topical) CREA 0.5 %
.....83		43
fenofibrate CAPS		fluorouracil (topical) CREA 5 %
.....20		43
fenofibrate micronized 130 MG, 200 MG		fluorouracil (topical) SOLN
.....20		43
fenofibrate micronized 43 MG, 67 MG, 134 MG		fluoxetine hcl (pmdd) TABS
.....20		76
fenofibrate TABS 145 MG, 160 MG 20		fluoxetine hcl CAPS 10 MG, 20 MG 15
.....20		fluoxetine hcl CAPS 40 MG
fenofibrate TABS 48 MG		15
.....20		fluoxetine hcl CPDR
fenofibrate TABS 54 MG		15
.....20		fluoxetine hcl SOLN
fenofibric acid		15
.....20		fluoxetine hcl TABS 10 MG
fenoprofen calcium TABS		15
.....3		fluoxetine hcl TABS 20 MG, 60 MG 15
.....3		15
fentanyl citrate LPOP 1600 MCG		fluphenazine hcl CONC
.....5		28
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG		fluphenazine hcl ELIX
.....6		29
.....6		fluphenazine hcl TABS
.....6		29
.....6		flurazepam hcl 15 MG
.....6		56

flurazepam hcl 30 MG	56	15	FREESTYLE FREEDOM LITE KIT	60
flurbiprofen sodium	73	fluvoxamine maleate TABS 25 MG,	FREESTYLE INSULINX TEST STRP	48
flurbiprofen TABS	3	50 MG	55	
fluticasone furoate (inhalation) 50		FML FORTE SUSP	72	
MCG/ACT, 100 MCG/ACT, 200		folic acid TABS 1 MG	55	FREESTYLE LITE KIT60
MCG/ACT	10	folic acid TABS 400 MCG, 800 MCG .	55	FREESTYLE LITE TEST STRP ...48
fluticasone furoate-vilanterol	11			FREESTYLE PRECISION NEO
fluticasone propionate (inhalation)		FOLIVANE-OB	68	SYSTEM KIT60
AEPB 100 MCG/ACT	10	FOLLISTIM AQ SC 300		FREESTYLE PRECISION NEO
fluticasone propionate (inhalation)		UNT/0.36ML, 600 UNT/0.72ML, 900		TEST STRP48
AEPB 250 MCG/ACT	10	UNT/1.08ML	49	FREESTYLE TEST STRP48
fluticasone propionate (inhalation)		fondaparinux sodium 10 MG/0.8ML		frovatriptan succinate 64
AEPB 50 MCG/ACT	10	12		furosemide SOLN PO 8 MG/ML, 10
fluticasone propionate (nasal) SUSP .		fondaparinux sodium 2.5 MG/0.5ML,		MG/ML 49
70		7.5 MG/0.6ML	12	furosemide TABS 49
fluticasone propionate CREA 0.05 %		fondaparinux sodium 5 MG/0.4ML .	12	FUZEON SOLR29
45		formoterol fumarate NEBU	11	FYCOMPA SUSP12
fluticasone propionate hfa 110		fosamprenavir calcium TABS	29	FYCOMPA TABS 2 MG12
MCG/ACT, 220 MCG/ACT	10	fosfomycin tromethamine	23	FYCOMPA TABS 4 MG12
fluticasone propionate hfa 44		fosinopril sodium &		FYCOMPA TABS 6 MG12
MCG/ACT	10	hydrochlorothiazide	22	FYCOMPA TABS 8 MG, 10 MG, 12
fluticasone propionate LOTN	46	fosinopril sodium	21	MG 12
fluticasone propionate OINT	46	FOSRENOL PACK	53	gabapentin CAPS13
fluticasone-salmeterol AEPB 100		FRAGMIN SOLN 95000 UNIT/3.8ML		gabapentin SOLN13
MCG/ACT-50 MCG/ACT, 250		12		gabapentin TABS 600 MG, 800 MG
MCG/ACT-50 MCG/ACT, 500		FRAGMIN SOSY 10000 UNIT/ML .	12	13
MCG/ACT-50 MCG/ACT	11	FRAGMIN SOSY 12500 UNIT/0.5ML,		GALAFOLD50
fluticasone-salmeterol AERO	11	15000 UNIT/0.6ML	12	galantamine hydrobromide CP24 .75
fluvastatin sodium CAPS	20	FRAGMIN SOSY 18000 UNT/0.72ML		galantamine hydrobromide SOLN .75
fluvastatin sodium TB24	20		12	galantamine hydrobromide TABS .75
fluvoxamine maleate CP24 100 MG		FRAGMIN SOSY 2500 UNIT/0.2ML,		GALZIN66
15		5000 UNIT/0.2ML	12	ganirelix acetate50
fluvoxamine maleate CP24 150 MG		FRAGMIN SOSY 7500 UNIT/0.3ML		
15		12		
fluvoxamine maleate TABS 100 MG .				

gatifloxacin (ophth)	72	glyburide TABS	18	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	54
GATTEX	53	glyburide-metformin	16	HUMALOG JUNIOR KWIKPEN SOPN	17
gefitinib	25	GLYCATE TABS	80	HUMALOG KWIKPEN SOPN 100 UNIT/ML	17
GELFILM	73	glycopyrrolate SOLN PO 1 MG/5ML . 80		HUMALOG KWIKPEN SOPN 200 UNIT/ML	17
gemfibrozil TABS	20	glycopyrrolate TABS 1 MG, 2 MG .81		HUMALOG MIX 50/50 KWIKPEN SUPN	17
gentamicin sulfate (ophth) SOLN ..72		GLYCOPYRROLATE TABS	81	HUMALOG MIX 50/50 SUSP	17
gentamicin sulfate (topical) CREA .42		GLYXAMBI	16	HUMALOG MIX 75/25 KWIKPEN SUPN	17
gentamicin sulfate (topical) OINT ..42		GONAL-F SOLR IJ 450 UNIT	49	HUMALOG MIX 75/25 SUSP	17
GENVOYA	29	granisetron hcl TABS	18	HUMALOG SOCT	17
GILOTRIF	25	griseofulvin microsize SUSP	19	HUMALOG SOLN IJ	17
GILPHEX TR TABS 10 MG-388 MG . 40		griseofulvin microsize TABS	19	HUMATE-P SOLR	54
GILTUSS COUGH & COLD TABS 40		griseofulvin ultramicrosize	19	HUMATIN	2
GILTUSS SINUS & CONGESTION TABS	40	guaifenesin TABS 400 MG	40	HUMATROPE CART IJ	50
glatiramer acetate SOSY 20 MG/ML . 76		guaifenesin-codeine SOLN	40	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	2
glatiramer acetate SOSY 40 MG/ML . 76		guanfacine hcl (adhd)	1	HUMIRA (2 PEN) AJKT	2
GLENMAX PEB LIQD	40	guanfacine hcl	21	HUMIRA (2 SYRINGE) PSKT	2
GLEOSTINE 10 MG, 40 MG, 100 MG	24	GUM BASE (GELATIN)	75	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	2
glimepiride 1 MG, 2 MG, 4 MG	18	GYNAZOLE-1	82	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2
glipizide TABS	18	HADLIMA PUSHTOUCH SOAJ	2	HUMIRA-PED<40KG CROHNS STARTER PSKT	2
glipizide TB24	18	HADLIMA SOSY	2	HUMIRA-PED>=40KG CROHNS START PSKT	3
glipizide-metformin hcl	16	HAEGARDA SOLR SC	55	HUMIRA-PED>=40KG UC STARTER AJKT	3
GLOBAL EASY GLIDE INSULIN SYR	62	halobetasol propionate CREA	46	HUMIRA-PS/UV/ADOL HS	
glucagon (rdna)	16	halobetasol propionate OINT	46		
glutamine (sickle cell)	55	haloperidol lactate CONC	28		
glyburide micronized 1.5 MG, 3 MG, 6 MG	18	haloperidol TABS	28		
		HELIDAC THERAPY	82		
		HEMANGEOL SOLN PO	31		
		HEMLIBRA	54		
		HEMOFIL M SOLR 1700 UNIT	54		

STARTER AJKT	3	MG	7	23
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	3	hydrocodone-ibuprofen 5 MG-200 MG	7	hydroxyurea27 hydroxyzine hcl SYRP9
HUMULIN 70/30 KWIKPEN SUPN	17	hydrocodone-ibuprofen 7.5 MG-200 MG	7	hydroxyzine hcl TABS9
HUMULIN 70/30 SUSP	17	hydrocortisone (intrarectal)	8	hydroxyzine pamoate CAPS9
HUMULIN N KWIKPEN SUPN	17	hydrocortisone (rectal) EX 2.5 % ...	8	hyoscyamine sulfate SUBL 0.125 MG81
HUMULIN N SUSP	17	hydrocortisone (topical) CREA 2.5 % 46		hyoscyamine sulfate TABS 0.125 MG81
HUMULIN R SOLN IJ	17	hydrocortisone (topical) LOTN 2 % 46		hyoscyamine sulfate TB12 0.375 MG 81
HUMULIN R U-500 (CONCENTRATED) SOLN SC	17	hydrocortisone (topical) LOTN 2.5 % . 46		hyoscyamine sulfate TBDP 0.125 MG81
HUMULIN R U-500 KWIKPEN SOPN SC	17	hydrocortisone (topical) OINT 2.5 % . 46		HYPERSAL NEBU40
HYCAMTIN CAPS	27	hydrocortisone (topical) SOLN 2.5 % 46		HYSINGLA ER T24A6
hydralazine hcl TABS	23	hydrocortisone butyrate CREA	46	ibandronate sodium TABS49
hydrochlorothiazide CAPS	49	hydrocortisone butyrate hydrophilic lipo base	46	IBRANCE CAPS26
hydrochlorothiazide TABS	49	hydrocortisone butyrate LOTN	46	IBRANCE TABS26
hydrocodone bitartrate CP12	6	hydrocortisone butyrate OINT	46	ibuprofen TABS 400 MG, 600 MG, 800 MG3
hydrocodone bitartrate T24A	6	hydrocortisone butyrate SOLN	46	icatibant acetate SOSY55
hydrocodone bitartrate-homatropine methylbromide SOLN	39	hydrocortisone TABS	38	ICLUSIG26
hydrocodone polistirex- chlorpheniramine polistirex SUER	40	hydrocortisone valerate CREA	46	icosapent ethyl20
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7	hydrocortisone valerate OINT	46	IDELVION54
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	7	hydrocortisone w/acetic acid	74	IDHIFA26
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	7	hydromorphone hcl LIQD	6	ILEVRO73
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	hydromorphone hcl TABS	6	imatinib mesylate TABS 100 MG ..26
hydrocodone-ibuprofen 10 MG-200		hydromorphone hcl TB24 32 MG ...	6	imatinib mesylate TABS 400 MG ..26
		hydroxycchloroquine sulfate 200 MG		IMBRUVICA CAPS 140 MG26
				IMBRUVICA CAPS 70 MG26
				IMBRUVICA SUSP26
				IMBRUVICA TABS26

imipramine hcl TABS 10 MG, 25 MG . 16	INTRAROSA 82	ivermectin (pediculicide) 47
imipramine hcl TABS 50 MG15	iodine strong (lugol's)65	ivermectin (rosacea) 47
imipramine pamoate16	iodoquinol-hydrocortisone in aloe vehicle42	ivermectin8
imiquimod 5 % 46	IOPIDINE71	IXINITY SOLR 54
IMPAVIDO23	ipratropium bromide (nasal)70	JAKAFI 26
INBRIJA CAPS27	ipratropium bromide SOLN 0.02 % 10	JANUMET TABS16
IN-CHECK DIAL FLOW TRAINER DEVI63	ipratropium-albuterol SOLN11	JANUMET XR TB24 1000 MG-100 MG 16
IN-CHECK INSPIRATORY FLOW MTR DEVI63	irbesartan21	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG 16
INCRELEX 50	irbesartan-hydrochlorothiazide ...22	JANUVIA 16
INCRUSE ELLIPTA 10	ISENTRESS CHEW 29	JARDIANCE18
indapamide TABS 1.25 MG, 2.5 MG . 49	ISENTRESS HD TABS 29	JIVI 54
INDERAL XL 31	ISENTRESS TABS 29	JULUCA29
indomethacin CAPS 25 MG, 50 MG 3	isoniazid SYRP24	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG 21
indomethacin CPR3	isoniazid TABS24	KALETRA SOLN29
indomethacin SUPP3	ISOPTO ATROPINE SOLN71	KALYDECO PACK79
indomethacin SUSP3	isosorbide dinitrate TABS 40 MG ...8	KALYDECO TABS79
INGREZZA CAPS 40 MG, 80 MG .76	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG 8	KAMELEON LUBRICATED MISC .58
INGREZZA CAPS 60 MG76	isosorbide dinitrate-hydralazine hcl 32	KCENTRA54
INGREZZA CPPK76	isosorbide mononitrate TABS8	ketoconazole (topical) CREA42
INGREZZA CPSP76	ISOSORBIDE MONONITRATE TABS 8	ketoconazole (topical) FOAM42
INLYTA24	isosorbide mononitrate TB248	ketoconazole (topical) SHAM 2 % .42
INNOPRAN XL31	isotretinoin 10 MG, 20 MG, 25 MG, 30 MG, 35 MG42	ketoconazole 19
INQOVI25	isotretinoin 40 MG42	KETONE TEST STRP 48
INREBIC26	isradipine CAPS32	ketoprofen CAPS 50 MG3
INSPIREASE MISC63	itraconazole CAPS19	ketoprofen CP24 3
INSULIN LISPRO PROT & LISPRO SUPN17	itraconazole SOLN19	ketorolac tromethamine (ophth) ...73
INTELENCE 25 MG29	ivabradine hcl TABS33	ketorolac tromethamine TABS3
		KETOSTIX STRP48

KEVZARA SOAJ	3	KOSELUGO	26	lansoprazole TBDD 30 MG	82
KEVZARA SOSY	3	KOVALTRY	54	lanthanum carbonate CHEW 1000 MG	53
KIMONO COLORS DEVI	58	K-PHOS NO 2	53	lanthanum carbonate CHEW 500 MG	53
KIMONO MAXX-LARGE FLARE MISC	58	KRINTAFEL	23	lanthanum carbonate CHEW 750 MG	53
KIMONO MICRO THIN MISC	59	K-Y ME & YOU EXTRA LUBRICATED DEVI	59	LANTUS SOLN	17
KIMONO MICRO THIN PLUS MISC . 59		K-Y ME & YOU INTENSE DEVI ...	59	LANTUS SOLOSTAR SOPN	17
KIMONO MISC	59	labetalol hcl TABS 100 MG, 200 MG, 300 MG	31	lapatinib ditosylate	26
KIMONO PLUS MISC	59	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	13	LASTACRAFT	73
KIMONO PS MISC	59	lacosamide TABS	13	latanoprost SOLN	73
KIMONO PS PLUS MISC	59	lactulose (encephalopathy)	52	LATANOPROST SOLN	74
KIMONO SENSATION MISC	59	lactulose SOLN	57	leflunomide 10 MG	4
KIMONO SENSATION PLUS MISC 59		LAGEVRIO	31	leflunomide 20 MG	4
KIMONO SPECIAL DEVI	59	LAMICTAL XR KIT	13	lenalidomide	66
KISQALI (200 MG DOSE)	26	lamivudine (hbv) TABS	30	LENVIMA (10 MG DAILY DOSE) .	24
KISQALI (400 MG DOSE)	26	lamivudine SOLN	29	LENVIMA (12 MG DAILY DOSE) .	24
KISQALI (600 MG DOSE)	26	lamivudine TABS	29	LENVIMA (14 MG DAILY DOSE) .	24
KISQALI FEMARA (200 MG DOSE) . 25		lamivudine-zidovudine	29	LENVIMA (18 MG DAILY DOSE) .	24
KISQALI FEMARA (400 MG DOSE) . 25		lamotrigine CHEW	13	LENVIMA (20 MG DAILY DOSE) .	24
KISQALI FEMARA (600 MG DOSE) . 25		lamotrigine KIT 25 MG	13	LENVIMA (24 MG DAILY DOSE) .	24
		lamotrigine KIT	13	LENVIMA (4 MG DAILY DOSE) ..	24
		lamotrigine TABS	13	LENVIMA (8 MG DAILY DOSE) ..	24
KLARITY-A	72	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	13	letrozole	25
KLEAR GUMMY BASE	75	lamotrigine TB24 250 MG	13	leucovorin calcium TABS	27
KLOXXADO LIQD	18	lamotrigine TB24 300 MG	13	LEUKERAN	24
KOATE SOLR	54	lamotrigine TBDP	13	levalbuterol hcl	11
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	54	lansoprazole CPDR	81	levalbuterol tartrate	11
KOGENATE FS KIT	54	lansoprazole TBDD 15 MG	81	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13

levetiracetam TABS 1000 MG 13	MCG80	LOCOID LIPOCREAM 46
levetiracetam TABS 250 MG, 500 MG, 750 MG 13	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG80	lofexidine hcl75
levetiracetam TB24 13		LOHIST-DM SYRP 40
LEVETIRACETAM TB3D 13		LOKELMA66
levobunolol hcl 0.5 % 71	lidocaine hcl (mouth-throat) 2 % ...67	LONSURF25
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML50	lidocaine PTCH 5 %47	loperamide hcl CAPS 18
levocarnitine (metabolic modifiers) TABS50	lidocaine-prilocaine CREA47	lopinavir-ritonavir SOLN 29
	linezolid SUSR23	lopinavir-ritonavir TABS30
	linezolid TABS 23	lorazepam CONC 9
levofloxacin (ophth) 1.5 % 72	LINZESS52	lorazepam TABS9
levofloxacin SOLN PO52	liothyronine sodium TABS 25 MCG, 50 MCG 80	LORBRENA26
levofloxacin TABS52	liothyronine sodium TABS 5 MCG .80	losartan potassium & hydrochlorothiazide 22
levonorgestrel & eth estradiol TABS 37	liraglutide 16	losartan potassium21
levonorgestrel (emergency oc) 1.5 MG 38	lisdexamfetamine dimesylate CAPS 1	LOTEMAX OINT 72
levonorgestrel-eth estradiol (triphasic)37	lisdexamfetamine dimesylate CHEW . 1	loteprednol etabonate GEL 72
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 37	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 22	loteprednol etabonate SUSP 0.2 % 72
levonorgestrel-ethinyl estradiol (continuous)37	lisinopril & hydrochlorothiazide 25 MG-20 MG 22	loteprednol etabonate SUSP 0.5 % 72
levonorgestrel-ethinyl estradiol-iron 37	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG21	lovastatin TABS 10 MG, 20 MG ... 21
levorphanol tartrate TABS6	lisinopril TABS 40 MG 21	lovastatin TABS 40 MG21
levothyroxine sodium CAPS 125 MCG80	lithium28	loxapine succinate 28
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG80	lithium carbonate CAPS 150 MG, 600 MG 28	lubiprostone 52
	lithium carbonate CAPS 300 MG ..28	LUMAKRAS 120 MG, 240 MG 26
	lithium carbonate TABS28	LUMAKRAS 320 MG 26
	lithium carbonate TBCR 28	LUMIGAN SOLN 0.01 %74
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200	LITHOSTAT53	LUPRON DEPOT (1-MONTH) KIT IM25
	LO LOESTRIN FE TABS 37	LUPRON DEPOT-PED (1-MONTH) 7.5 MG 50
		lurasidone hcl 28

LYNPARZA TABS	26	meloxicam CAPS	3	metformin hcl SOLN	16
LYSODREN	25	meloxicam TABS 15 MG	3	metformin hcl TABS 500 MG, 850 MG, 1000 MG	16
mafenide acetate PACK	44	meloxicam TABS 7.5 MG	3	metformin hcl TB24 500 MG, 750 MG	16
malathion	47	melphalan	24	methadone hcl CONC	6
maraviroc TABS	30	memantine hcl CP24	75	methadone hcl SOLN PO	6
MAR-COF BP	40	memantine hcl SOLN	75	methadone hcl TABS	6
MAR-COF CG EXPECTORANT LIQD	40	memantine hcl TABS 10 MG	75	methadone hcl TBSO	6
MARPLAN	14	memantine hcl TABS 5 MG	75	methamphetamine hcl	1
MATULANE	27	memantine hcl TABS	75	methazolamide TABS	48
MAVYRET TABS	30	memantine hcl-donepezil hcl CP24 75		methenamine hippurate	23
MAXIDEX SUSP OP	72	M-END PE LIQD	40	methenamine mandelate	23
MAXI-TUSS PE MAX LIQD	40	MENEST 2.5 MG	52	methimazole TABS	79
MAXX MISC	59	MENOPUR SC	49	methocarbamol TABS 500 MG, 750 MG	69
MAXX PLUS MISC	59	MENOSTAR PTWK	52	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	24
meclizine hcl CHEW	19	meperidine hcl SOLN PO 50 MG/5ML	6	methotrexate sodium TABS 2.5 MG 24	
meclizine hcl TABS 50 MG	19	meperidine hcl TABS 50 MG	6	methoxsalen rapid	44
meclofenamate sodium CAPS	3	mercaptopurine SUSP 2000 MG/100ML	24	methscopolamine bromide	81
MEDROL TABS	38	mercaptopurine TABS	24	methsuximide	14
medroxyprogesterone acetate 10 MG	75	mesalamine CP24	52	methyldopa TABS	21
medroxyprogesterone acetate 2.5 MG, 5 MG	75	mesalamine CPCR	52	methylergonovine maleate TABS ..	74
mefenamic acid CAPS	3	mesalamine CPDR	52	methylphenidate hcl CHEW	1
mefloquine hcl	23	mesalamine ENEM	52	methylphenidate hcl CP24 60 MG ..	1
megestrol acetate (appetite)	75	mesalamine SUPP	52	methylphenidate hcl CP24	1
megestrol acetate SUSP	25	mesalamine TBEC 1.2 GM	52	methylphenidate hcl CPCR	1
megestrol acetate TABS	25	mesalamine TBEC 800 MG	52	methylphenidate hcl SOLN	1
MEKINIST SOLR	26	mesna TABS	27	methylphenidate hcl TABS 20 MG ..	1
MEKINIST TABS	26	MESNEX TABS	27		
MEKTOVI	26	metaxalone 800 MG	69		

methylphenidate hcl TABS 5 MG, 10 MG	1	metyrosine	21	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	mexiletine hcl	9	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	6
methylphenidate hcl TB24 36 MG ...	1	MG217 PSORIASIS MULTI-SYMPTOM OINT	47	morphine sulfate SUPP	6
methylphenidate hcl TBCR 10 MG ..	1	MICROCHAMBER DEVI	63	morphine sulfate TABS	6
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG	1	MICROCHAMBER MISC	63	morphine sulfate TBCR	6
methylphenidate hcl TBCR 54 MG ..	1	MICROSPACER MISC	63	MOVANTIK	53
methylphenidate PTCH	1	midazolam hcl SYRP	56	moxifloxacin hcl (ophth) SOLN OP 72	
methylprednisolone TABS	38	midodrine hcl	83	moxifloxacin hcl TABS	52
methylprednisolone TBPk	38	mifepristone	51	MUCOTROL WAFR	67
methyltestosterone CAPS	8	miglitol	16	MULPLETA	55
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	52	miglustat	55	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	67
metoclopramide hcl TABS	52	minocycline hcl CAPS	79	MULTIVITAMIN/FLUORIDE SOLN 67	
metoclopramide hcl TBDP	52	minocycline hcl TABS	79	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	67
metolazone	49	minoxidil 2.5 MG, 10 MG	23	MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	67
METOPIRONE	47	mirtazapine TABS	14	mupirocin OINT	42
metoprolol & hydrochlorothiazide TABS	22	mirtazapine TBDP	14	MYALEPT	50
metoprolol succinate TB24	31	misoprostol	82	mycophenolate mofetil CAPS	66
metoprolol tartrate TABS	31	modafinil	1	mycophenolate mofetil SUSR	66
metronidazole (topical) CREA	47	moexipril hcl	21	mycophenolate mofetil TABS	66
metronidazole (topical) GEL 0.75 % 47		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	30	mycophenolate sodium	66
metronidazole (topical) GEL 1 % ..	47	mometasone furoate (nasal) SUSP 70		MYLERAN TABS	24
metronidazole (topical) LOTN	47	mometasone furoate CREA	46	MYTESI	18
metronidazole CAPS	23	mometasone furoate OINT	46	nabumetone 500 MG	3
metronidazole TABS 250 MG, 500 MG	23	mometasone furoate SOLN	46	nabumetone 750 MG	3
metronidazole vaginal	82	montelukast sodium CHEW	10	nadolol TABS 20 MG, 40 MG, 80 MG	
		montelukast sodium PACK	10		
		montelukast sodium TABS	10		
		morphine sulfate beads	6		

31		neomycin-polymyxin-dexameth OINT 72	nifedipine TB24 32
naftifine hcl CREA 43	neomycin-polymyxin-dexameth SUSP	nilotinib hcl 50 MG, 150 MG, 200 MG	
naftifine hcl GEL 2 % 43	0.1 %-3.5 MG/ML-10000 UNIT/ML,	 26	
NALFON TABS 600 MG 3	0.1 % 72	nilutamide 25	
naloxone hcl LIQD 18	neomycin-polymyxin-gramicidin ... 72	nimodipine CAPS 32	
naloxone hcl SOSY 2 MG/2ML 18	neomycin-polymyxin-hc (ophth) ... 72	nimodipine SOLN 32	
naltrexone hcl 18	neomycin-polymyxin-hc (otic) SOLN .	NINJACOF-XG LIQD 40	
NAMZARIC C4PK 75	74	NINLARO 26	
NAMZARIC CP24 7 MG-10 MG ... 75	neomycin-polymyxin-hc (otic) SUSP .	nisoldipine 32	
naproxen sodium TABS 275 MG, 550	74	nitazoxanide TABS 23	
MG 4	NEONATAL + DHA MISC 68	nitisinone CAPS 50	
naproxen SUSP 4	NEOTUSS PLUS LIQD 40	NITRO-BID OINT 8	
naproxen TABS 4	NERLYNX 26	NITRO-DUR PT24 8	
naratriptan hcl 65	NESTABS 68	nitrofurantoin 23	
NATACHEW CHEW 120 MG-10 MG-	NESTABS DHA 68	nitrofurantoin macrocrystal 23	
20 UNIT-1 MG-400 UNIT-12 MCG-3	NEUPRO 27	nitrofurantoin monohyd macro 23	
MG-20 MG-2 MG-2700 UNIT-28 MG	NEVANAC 73	nitroglycerin (intra-anal) 8	
68	nevirapine SUSP 30	nitroglycerin PT24 9	
NATACYN 72	nevirapine TABS 30	nitroglycerin SOLN TL 0.4	
NATAZIA 37	nevirapine TB24 400 MG 30	MG/SPRAY 9	
nateglinide 18	NEXTSTELLIS 37	nitroglycerin SUBL 9	
NAYZILAM 12	niacin (antihyperlipidemic) TABS .. 21	NIVA THYROID TABS 80	
nebivolol hcl 31	niacin (antihyperlipidemic) TBCR .. 21	nizatidine CAPS 81	
NEBULIZER CUP/TUBING DEVI .. 63	nicardipine hcl CAPS 32	NORDITROPIN FLEXPPO SOPN .50	
NEBUSAL NEBU 40	NICOTINE KIT 78	norelgestromin-ethinyl estradiol ... 38	
NEEVO DHA 85 MG-25 MG-15 MG-	nicotine polacrilex GUM 78	norethin acet & estrad-fe CAPS ... 37	
5 MCG-1.4 MG-18 MG-27 MG-110	nicotine polacrilex LOZG 78	norethin acet & estrad-fe CHEW .. 37	
MG-1.4 MG-60 MG-220 MCG-60	nicotine PT24 TD 7 MG/24HR, 14	norethin acet & estrad-fe TABS 1	
MCG-1 MG-1.13 MG 68	MG/24HR, 21 MG/24HR 78	MG-20 MCG-75 MG, 1.5 MG-30	
nefazodone hcl 15	NICOTROL INHA 79	MCG-75 MG 37	
neomycin sulfate TABS 2	NICOTROL NS SOLN 79	norethindrone & ethinyl estradiol-fe	
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norethindrone acet & eth estra TABS 38	nystatin (topical) CREA43	olanzapine-fluoxetine hcl75
norethindrone acetate TABS75	nystatin (topical) OINT43	olmesartan medoxomil 40 MG21
norethindrone acetate-ethinyl estradiol51	nystatin (topical) POWD EX43	olmesartan medoxomil 5 MG, 20 MG 21
norethindrone acetate-ethinyl estradiol-fe38	nystatin TABS19	olmesartan medoxomil-amlodipine- hydrochlorothiazide22
norgestimate-ethinyl estradiol (triphasic)38	nystatin-triamcinolone CREA43	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 22
norgestimate-ethinyl estradiol38	nystatin-triamcinolone OINT43	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG22
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nortriptyline hcl SOLN16	OB COMPLETE PETITE68	olopatadine hcl 0.2 %73
NORVIR PACK30	OB COMPLETE PREMIER68	OMBRA TABLE TOP COMPRESSOR DEVI63
NOVAREL IM49	OB COMPLETE/DHA68	omega-3-acid ethyl esters20
NOVOEIGHT54	OBIZUR54	omeprazole CPDR 20 MG, 40 MG 82
NOVOSEVEN RT54	OBSTETRIX DHA MISC68	omeprazole magnesium CPDR ...82
NP THYROID TABS80	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 MG69	OMNIFLEX DIAPHRAGM59
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NUCALA SOAJ9	octreotide acetate SOLN51	ondansetron hcl TABS 4 MG, 8 MG 18
NUCALA SOLR9	octreotide acetate SOSY51	ondansetron TBDP 4 MG, 8 MG ...19
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NUVESSA82	ofloxacin 300 MG52	OPTICHAMBER DIAMOND MISC .63
NUWIQ KIT54	ofloxacin 400 MG52	
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT54	olanzapine TABS 15 MG, 20 MG .28	
	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG28	

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OPTICHAMBER DIAMOND-MD MASK MISC63	oxcarbazepine SUSP 13 oxcarbazepine TABS 150 MG 13	OZEMPIC (2 MG/DOSE) SOPN ...17 paliperidone 28
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ORENITRAM TBCR 32	oxycodone hcl CONC 100 MG/5ML 6	paricalcitol CAPS 4 MCG50
ORFADIN SUSP50	oxycodone hcl SOLN6	paroxetine hcl SUSP15
ORIAHNN 51	oxycodone hcl TABS 30 MG6	paroxetine hcl TABS 15
ORKAMBI PACK79	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG6	paroxetine hcl TB2415
ORKAMBI TABS79	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...7	PATADAY 0.7 %73
orphenadrine citrate TB1269	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG7	PAXLOVID (150/100) 30
oseltamivir phosphate CAPS 30	oxycodone w/ acetaminophen TABS 325 MG-5 MG7	PAXLOVID (300/100) 30
oseltamivir phosphate SUSR31	OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG7	pazopanib hcl 26
OSPHENA50	oxymorphone hcl TABS 10 MG6	ped multivitamins w/fl & iron SOLN 67
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OTEZLA TBPK4	oxymorphone hcl TB126	peg 3350-kcl-nacl-na sulfate-na
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/0.4ML2	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 17	
OVIDREL SOSY50		
oxaprozin TABS4		
OXAYDO TABS 5 MG6		

ascorbate-ascorbic acid	56	phenytoin CHEW	14	PLEGRIDY STARTER PACK SOSY SC	76
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 56		phenytoin sodium extended 100 MG, 200 MG, 300 MG	14	PNV 27-CA/FE/FA TABS	69
peg 3350-potassium chloride-sod bicarbonate-sod chloride	56	phenytoin SUSP	14	PNV-DHA+DOCUSATE	69
PEGASYS SOLN	30	PHEXXI	83	PNV-OMEGA	69
PEG-PREP	56	phytonadione TABS 5 MG	83	POCKET CHAMBER DEVI	64
penicillamine CAPS	66	PIFELTRO	30	POCKET SPACER DEVI	64
penicillamine TABS	66	pilocarpine hcl (oral) 5 MG	67	PODOCON-25 SOLN	47
penicillin v potassium SOLR	74	pilocarpine hcl (oral) 7.5 MG	67	podofilox GEL	47
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pentamidine isethionate IN	23	pimecrolimus	46	POLY HUB NEEDLE	62
pentazocine w/ naloxone hcl	7	pimozide	76	polyethylene glycol 3350 POWD ..	57
pentoxifylline	55	pindolol TABS	31	polymyxin b-trimethoprim	72
perampanel TABS 2 MG	12	pioglitazone hcl 15 MG	18	POLY-VI-FLOR CHEW 0.5 MG, 1 MG	67
perampanel TABS 4 MG	12	pioglitazone hcl 30 MG, 45 MG	18	POLY-VI-FLOR SUSP	67
perampanel TABS 6 MG	12	pioglitazone hcl-glimepiride	16	POLY-VI-FLOR/IRON CHEW	67
perampanel TABS 8 MG, 10 MG, 12 MG	12	pioglitazone hcl-metformin hcl TABS . 16		POLY-VI-FLOR/IRON SUSP	67
perindopril erbumine	21	PIQRAY (200 MG DAILY DOSE) .	26	POMALYST	25
permethrin CREA	47	PIQRAY (250 MG DAILY DOSE) .	26	posaconazole SUSP	19
perphenazine TABS	29	PIQRAY (300 MG DAILY DOSE) .	26	posaconazole TBEC	19
perphenazine-amitriptyline	75	pirfenidone CAPS	79	pot & sod citrates w/citric ac SOLN 53	
phenelzine sulfate	14	pirfenidone TABS	79	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	65
phenobarbital ELIX	56	piroxicam CAPS 10 MG	4	potassium chloride CPCR	66
phenobarbital TABS	56	piroxicam CAPS 20 MG	4	potassium chloride microencapsulated crystals er	66
phenoxybenzamine hcl	21	pitavastatin calcium	21	potassium chloride PACK PO 20 MEQ	66
phenylephrine hcl (mydriatic) SOLN 10 %	71	PLEGRIDY SOAJ	76	potassium chloride SOLN PO 10 %, 20 %, 10 %	66
phenylephrine hcl (mydriatic) SOLN 2.5 %	71	PLEGRIDY SOSY IM	76		
		PLEGRIDY STARTER PACK SOAJ . 76			

potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	66	PREDNISOLONE SODIUM PHOSPHATE	73	PRENATAL-U CAPS	69
potassium citrate (alkalinizer) TBCR .	53	prednisolone sodium phosphate SOLN 25 MG/5ML	39	PRENATE	69
potassium citrate-citric acid SOLN .	53	prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML	39	PRENATE AM	69
potassium iodide (expectorant) SOLN	40	prednisolone sodium phosphate TBDP	39	PRENATE ENHANCE	69
POVIDONE-IODINE	72	PREDNISOLONE-MOXIFLOXACIN SOLN	73	PREPIDIL GEL	74
PRALUENT SOAJ	21	PREDNISONE INTENSOL CONC ..	39	PREZCOBIX	30
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	27	prednisone SOLN	39	PREZISTA SUSP	30
pramipexole dihydrochloride TABS 1 MG	27	prednisone TABS	39	PREZISTA TABS 75 MG, 150 MG	30
pramipexole dihydrochloride TABS 1.5 MG	27	prednisone TBPk	39	PRIFTIN	24
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	28	pregabalin CAPS 225 MG, 300 MG 13		PRILOSEC PACK	82
pramipexole dihydrochloride TB24 3 MG	27	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	13	primaquine phosphate TABS	23
PRAMOSONE LOTN	46	pregabalin SOLN	13	primidone 50 MG, 250 MG	13
PRAMOSONE OINT 1 %-1 %	46	PREGNYL IM	50	PRO COMFORT SPACER ADULT MISC	64
PRAMOSONE OINT 2.5 %-1 % ...	46	PREMARIN	83	PRO COMFORT SPACER CHILD MISC	64
prasugrel hcl	55	PREMARIN TABS	52	PRO COMFORT SPACER INFANT DEVI	64
pravastatin sodium 10 MG, 20 MG, 80 MG	21	PREMESISRX	69	PROAIR RESPIClick AEPB	11
pravastatin sodium 40 MG	21	PREMPHASE	51	probenecid	54
praziquantel	8	PREMPRO	51	PROCARE SPACER/ADULT MASK DEVI	64
prazosin hcl CAPS	21	PRENA 1 TRUE	69	PROCARE SPACER/CHILD MASK DEVI	64
PRECISION XTRA BLOOD GLUCOSE STRP	48	PRENA1 PEARL	69	PROCHAMBER VHC DEVI	64
PRECISION XTRA KETONE	48	PRENAISSANCE	69	prochlorperazine	29
PRED MILD	72	PRENAISSANCE PLUS CAPS ...	69	prochlorperazine maleate TABS ...	29
		PRENATAL 19 CHEW	69	PROCTOFOAM HC FOAM EX	8
		PRENATAL 19 TABS	69	PROCYSBI CPDR	53
		PRENATAL+DHA MISC	69	PROCYSBI PACK	53
				PROFILNINE	54
				progesterone CAPS	75

PROGRAF PACK66	40	QUILLICHEW ER CHER 30 MG1
PROLATE TABS7	pseudoephedrine-guaifenesin TB12	QUILLIVANT XR SRER1
PROLIA SOSY49	600 MG-60 MG40	quinapril hcl21
promethazine & phenylephrine SYRP	PULMICORT FLEXHALER AEPB	quinapril-hydrochlorothiazide 12.5
.....40	180 MCG/ACT10	MG-10 MG, 12.5 MG-20 MG22
promethazine hcl SOLN PO 6.25	PULMICORT FLEXHALER AEPB 90	quinapril-hydrochlorothiazide 25 MG-
MG/5ML, 12.5 MG/10ML20	MCG/ACT10	20 MG22
promethazine hcl SUPP 12.5 MG, 25	PULMOZYME79	quinidine gluconate TBCR9
MG20	PURE COMFORT 3-BALL	quinidine sulfate TABS9
promethazine hcl TABS 12.5 MG .20	BREATHE EX DEVI64	quinine sulfate CAPS 324 MG23
promethazine hcl TABS 25 MG20	PURE COMFORT SPACER	QVAR REDHALER 80 MCG/ACT .10
promethazine hcl TABS 50 MG20	CHAMBER DEVI64	RABEPRAZOLE SODIUM CPSP .82
promethazine w/codeine SOLN40	pyrazinamide24	rabeprazole sodium TBEC82
promethazine w/codeine SYRP40	pyridostigmine bromide SOLN PO .24	RADICAVA ORS STARTER KIT
promethazine-dm SYRP40	pyridostigmine bromide TABS 60 MG	SUSP71
propafenone hcl CP129	24	RADICAVA ORS SUSP71
propafenone hcl TABS 150 MG9	pyridostigmine bromide TBCR24	raloxifene hcl50
propafenone hcl TABS 225 MG, 300	QBRELIS SOLN21	ramelteon56
MG9	QINLOCK26	ramipril CAPS21
proparacaine hcl72	QUAKE DEVI64	ranolazine TB12 1000 MG8
propranolol hcl CP2431	quazepam56	ranolazine TB12 500 MG8
propranolol hcl SOLN PO 20	quetiapine fumarate TABS 200 MG	RAPIDGO FLU A/B COVID-19
MG/5ML, 40 MG/5ML31	28	HOME48
propranolol hcl TABS31	quetiapine fumarate TABS 25 MG, 50	rasagiline mesylate28
propylthiouracil79	MG, 100 MG, 150 MG28	RASUVO SOAJ 20 MG/0.4ML2
PRO-RED AC SYRP 9 MG/5ML-5	quetiapine fumarate TABS 300 MG,	RASUVO SOAJ 7.5 MG/0.15ML, 10
MG/5ML-1 MG/5ML40	400 MG28	MG/0.2ML, 12.5 MG/0.25ML, 15
protriptyline hcl16	quetiapine fumarate TB2428	MG/0.3ML, 17.5 MG/0.35ML, 22.5
PROVIDA OB69	QUFLORA FE PEDIATRIC LIQD .67	MG/0.45ML, 25 MG/0.5ML, 30
PSE-DEXCHLORPHEN-	QUFLORA PEDIATRIC CHEW 0.5	MG/0.6ML2
CHLOPHEDIANOL40	MG, 1 MG67	REALITY LATEX CONDOMS MISC .
pseudoephed-bromphen-dm SYRP	QUFLORA PEDIATRIC SOLN68	59
10 MG/5ML-30 MG/5ML-2 MG/5ML	QUILLICHEW ER CHER 20 MG, 40	REALITY LATEX/ULTRA
	MG1	

TEXTURED DEVI	59	rimantadine hydrochloride TABS ...	31	rufinamide SUSP	13
REALITY LATEX/ULTRA THIN DEVI		RINVOQ LQ SOLN	2	rufinamide TABS 200 MG	13
59		RINVOQ TB24	2	rufinamide TABS 400 MG	13
REBIF REBIDOSE SOAJ	76	risedronate sodium TABS 150 MG	49	RUKOBIA	30
REBIF REBIDOSE TITRATION		risedronate sodium TABS 35 MG	.49	RYBELSUS TABS	17
PACK SOAJ	76	risedronate sodium TABS 5 MG, 30		RYDAPT	26
REBIF SOSY	76	MG	49	RYDEX	40
REBIF TITRATION PACK SOSY ..	76	risperidone SOLN	28	RYTARY CPCR	28
REBINYN	54	risperidone TABS 0.25 MG, 0.5 MG,		sacubitril-valsartan TABS	32
RECOMBINATE SOLR	54	1 MG, 2 MG, 4 MG	28	SALICYLIC ACID OINT	47
RELENZA DISKHALER	31	risperidone TABS 3 MG	28	salicylic acid SHAM 6 %	47
RELION INSULIN SYRINGE	62	risperidone TBDP	28	salicylic acid SOLN 26 %	47
RELION KETONE TEST STRP ...	48	RITEFLO DEVI	64	SALIMEZ CREA	47
RELNATE DHA CAPS	69	ritonavir TABS	30	salsalate	5
RELYVRIO	71	rivaroxaban SUSR 1 MG/ML	11	SALYCIM CREA	47
RENTHYROID TABS 15 MG, 30 MG,		rivaroxaban TABS 2.5 MG	11	SANCUSO PTCH	19
60 MG, 90 MG, 120 MG	80	rivastigmine	75	SANDIMMUNE SOLN PO 100	
repaglinide	18	rivastigmine tartrate CAPS	75	MG/ML	66
RETACRIT 2000 UNIT/ML, 3000		RIXUBIS SOLR	54	SANTYL OINT	46
UNIT/ML, 4000 UNIT/ML, 10000		rizatriptan benzoate TABS	65	sapropterin dihydrochloride PACK	.50
UNIT/ML, 40000 UNIT/ML	56	rizatriptan benzoate TBDP	65	sapropterin dihydrochloride TABS	.50
RETACRIT 20000 UNIT/ML	56	roflumilast	10	SAVELLA TABS	75
RETEVMO CAPS	26	ropinirole hydrochloride TABS	28	SAVELLA TITRATION PACK MISC	
REVLIMID	66	ropinirole hydrochloride TB24 12 MG		75	
REXULTI	29	28		saxagliptin hcl	16
REYATAZ PACK	30	ropinirole hydrochloride TB24 2 MG,		saxagliptin-metformin hcl	16
RHOFADE	47	4 MG, 6 MG, 8 MG	28	scopolamine	19
RIASTAP	54	rosuvastatin calcium TABS	21	SELECT-OB CHEW 60 MG-2.5 MG-	
RIDAURA	3	ROZLYTREK CAPS	26	0.4 MG-1.6 MG-400 UNIT-5 MCG-	
rifabutin	24	ROZLYTREK PACK	26	1.8 MG-15 MG-1700 UNIT-25 MG-15	
rifampin CAPS	24	RUBRACA	26	MG-30 UNIT-29 MG-0.6 MG	69
riluzole TABS	71			SELECT-OB CHEW 60 MG-2.5 MG-	

1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	69	silodosin 4 MG	53	solifenacin succinate TABS 5 MG	82
SELECT-OB+DHA MISC	69	silodosin 8 MG	53	SOLTAMOX SOLN	25
selegiline hcl CAPS	28	silver sulfadiazine	44	SOLUVITA ACD WITH FLUORIDE SOLN	68
selegiline hcl TABS	28	simvastatin TABS	21	SOLUVITA SOLN	65
selenium sulfide LOTN 2.5 %	44	sirolimus SOLN	66	SOLUVITA WITH FLUORIDE SOLN	68
SELZENTRY SOLN	30	sirolimus TABS	66	SOMAVERT	50
SE-NATAL 19 CHEW	69	SITAVIG TABS BU	30	sorafenib tosylate	26
SE-NATAL 19 TABS	69	SIVEXTRO TABS	23	SORILUX FOAM	44
SEREVENT DISKUS	11	SKYRIZI PEN SOAJ	44	sotalol hcl (afib/af)	31
SEROSTIM SC 4 MG, 5 MG, 6 MG 50		SKYRIZI SOCT	52	sotalol hcl TABS	31
sertraline hcl CAPS 150 MG, 200 MG	15	SKYRIZI SOSY	44	SPEEDY SWAB COVID-19/FLU HOME	48
sertraline hcl CONC	15	SLYND	38	spinosad	47
sertraline hcl TABS	15	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	41	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	10
sevelamer carbonate PACK 0.8 GM	53	sodium fluoride (dental) SOLN 0.2 % 67		SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	10
sevelamer carbonate PACK 2.4 GM	53	sodium fluoride CHEW 0.25 MG, 0.5 MG	65	SPIRO PD DEVI	64
sevelamer carbonate TABS	53	sodium fluoride CHEW 1 MG	65	spironolactone & hydrochlorothiazide	48
sevelamer hcl 400 MG	53	sodium fluoride SOLN 0.5 MG/ML	65	spironolactone TABS	49
sevelamer hcl 800 MG	53	sodium fluoride TABS	65	SPRAVATO (56 MG DOSE)	15
SEVENFACT	54	SODIUM OXYBATE SOLN	75	SPRAVATO (84 MG DOSE)	15
SFROWASA ENEM	52	sodium phenylbutyrate POWD	51	SPRITAM TB3D	13
SIGNIFOR	51	sodium phenylbutyrate TABS	51	SPRITAM TB3D	14
SIKLOS TABS	55	sodium polystyrene sulfonate POWD 66		STELARA SOLN 45 MG/0.5ML ...	44
sildenafil citrate (pulmonary hypertension) SUSR	33	SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	44	STELARA SOSY 45 MG/0.5ML ...	44
sildenafil citrate (pulmonary hypertension) TABS	33	sodium sulfate-potassium sulfate-magnesium sulfate	56	STELARA SOSY 90 MG/ML	44
sildenafil citrate	32	solifenacin succinate TABS 10 MG 82		STIOLTO RESPIMAT	11
				STIVARGA	26

STRENSIQ	51	sulindac TABS 150 MG	4	tacrolimus CAPS	66
STRIBILD	30	sulindac TABS 200 MG	4	tadalafil (pulmonary hypertension) TABS	33
STRIVERDI RESPIMAT	11	sumatriptan 20 MG/ACT	65	tadalafil 2.5 MG	32
sucralfate SUSP	81	sumatriptan 5 MG/ACT	65	tadalafil 5 MG, 10 MG, 20 MG	32
sucralfate TABS	81	sumatriptan succinate SOAJ	65	TAFINLAR CAPS	26
sulconazole nitrate CREA	43	sumatriptan succinate SOCT	65	TAFINLAR TBSO	26
sulconazole nitrate SOLN	43	sumatriptan succinate SOLN 6 MG/0.5ML	65	tafluprost	74
sulfacetamide sodium (acne)	42	sumatriptan succinate TABS	65	TAGRISSO	25
sulfacetamide sodium (ophth) OINT 72		sunitinib malate 12.5 MG, 37.5 MG, 50 MG	26	TALZENNA	26
sulfacetamide sodium (ophth) SOLN . 72		sunitinib malate 25 MG	26	tamoxifen citrate TABS	25
sulfacetamide sodium LIQD	44	SUPRAX CHEW	33	tamsulosin hcl	53
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	42	SUPRAX SUSR 500 MG/5ML	34	TAVALISSE	55
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	42	SYMDEKO	79	tazarotene CREA	44
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	42	SYMTUZA	30	TAZAROTENE FOAM	42
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	42	SYNAREL	50	tazarotene GEL	44
sulfacetamide sod-prednisolone SOLN	73	SYNJARDY TABS	16	TAZVERIK	26
SULFACETAMIDE-SULFUR IN UREA EMUL	42	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	16	TECHLITE INSULIN SYRINGE ...	62
sulfadiazine TABS	79	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	16	TEGSEDI	79
sulfamethoxazole-trimethoprim SUSP	23	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	80	telmisartan 20 MG, 40 MG	21
sulfamethoxazole-trimethoprim TABS	23	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	80	telmisartan 80 MG	21
SULFAMYLON CREA	44	TABLOID	24	telmisartan-amlodipine	22
sulfasalazine TABS	52	TABRECTA	26	telmisartan-hydrochlorothiazide ...	22
sulfasalazine TBEC	52	tacrolimus (topical) OINT 0.03 % ..	46	temazepam 15 MG	56
		tacrolimus (topical) OINT 0.1 % ...	46	temazepam 22.5 MG, 30 MG	56
				temazepam 7.5 MG	56
				temozolomide CAPS	24
				tenofovir disoproxil fumarate TABS 30	
				terazosin hcl 1 MG, 2 MG, 5 MG ..	22
				terazosin hcl 10 MG	22

terbinafine hcl TABS	19	THRIVITE RX TABS	69	tolcapone	27
terbutaline sulfate TABS	11	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	80	tolmetin sodium CAPS	4
terconazole vaginal CREA	82	tiagabine hcl	14	tolmetin sodium TABS 600 MG	4
terconazole vaginal SUPP	82	TIBSOVO	26	tolterodine tartrate CP24	82
teriflunomide	76	ticagrelor 60 MG, 90 MG	55	tolterodine tartrate TABS	82
teriparatide SOPN	49	timolol	71	tolvaptan TBPK 15 MG	51
testosterone cypionate SOLN IM ...	8	timolol maleate (ophth) SOLG	71	topiramate CP24 200 MG	14
testosterone enanthate SOLN IM ...	8	timolol maleate (ophth) SOLN	71	topiramate CP24 25 MG, 50 MG, 100 MG	14
testosterone GEL TD 1 %, 50 MG/5GM	8	timolol maleate TABS 10 MG	31	topiramate CPSP 15 MG, 25 MG ..	14
testosterone GEL TD 1 %	8	timolol maleate TABS 5 MG, 20 MG . 31		topiramate CS24 100 MG, 150 MG, 200 MG	14
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	8	tinidazole	23	topiramate CS24 25 MG, 50 MG ..	14
testosterone GEL TD 10 MG/ACT ..	8	tiopronin TABS	53	topiramate TABS 100 MG	14
tetrabenazine	76	tiopronin TBEC	53	topiramate TABS 200 MG	14
tetracaine hcl (ophth)	72	tiotropium bromide monohydrate CAPS	10	topiramate TABS 25 MG	14
tetracycline hcl CAPS	79	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	80	topiramate TABS 50 MG	14
THALITONE	49	TIVICAY TABS	30	toremifene citrate	25
THALOMID	66	tizanidine hcl CAPS	69	torsemide TABS 100 MG	49
THEO-24 CP24	11	tizanidine hcl TABS 2 MG	69	torsemide TABS 5 MG, 10 MG, 20 MG	49
theophylline ELIX	11	tizanidine hcl TABS 4 MG	69	TOUJEO MAX SOLOSTAR SOPN 17	
theophylline SOLN	11	TOBI PODHALER CAPS	2	TOUJEO SOLOSTAR SOPN	17
theophylline TB12 300 MG	11	TOBRADEX OINT	73	TPOXX (TECOVIRIMAT CAP 200 MG)	31
theophylline TB12 450 MG	11	TOBRADEX ST SUSP	73	TPOXX CAPS	31
theophylline TB24	11	tobramycin (ophth) SOLN	72	tramadol hcl TABS 100 MG	6
thioridazine hcl 10 MG, 25 MG, 100 MG	29	tobramycin NEBU	2	tramadol hcl TABS 50 MG	6
thioridazine hcl 50 MG	29	tobramycin-dexamethasone SUSP 73		tramadol hcl TB24 100 MG	6
thiothixene	29	TOBREX OINT	72	tramadol hcl TB24 200 MG	6
THRESHOLD PEP DEVI	64	TODAY SPONGE MISC	82	tramadol hcl TB24 300 MG	6

tramadol-acetaminophen	7	triamcinolone acetonide (nasal) AERO	70	TRINTELLIX	15
trandolapril	21	triamcinolone acetonide (topical) AERS	46	TRIUMEQ PD TBSO	30
trandolapril-verapamil hcl	22	triamcinolone acetonide (topical) CREA	46	TRIUMEQ TABS	30
tranexamic acid TABS	56	triamcinolone acetonide (topical) LOTN	46	TRI-VI-FLOR SUSP 0.25 MG/ML ..	68
tranylcypromine sulfate	14	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	46	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	68
travoprost SOLN	74	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	48	TROJAN ENZ MISC	59
trazodone hcl TABS	15	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	48	TROJAN MAGNUM MISC	59
TRELEGY ELLIPTA	11	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	49	TROJAN ULTRA THIN MISC	59
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	52	triamterene CAPS	49	TROJAN ULTRA THIN/SPERMICIDAL MISC	59
TREMFYA ONE-PRESS SOAJ 100 MG/ML	44	triazolam 0.125 MG	56	TROJAN-ENZ LUBRICATED MISC 59	
TREMFYA PEN SOAJ 100 MG/ML 44		triazolam 0.25 MG	56	TROJAN-ENZ/SPERMICIDAL MISC . 59	
TREMFYA PEN SOAJ SC 200 MG/2ML	52	trientine hcl 250 MG	66	tropicamide SOLN	71
TREMFYA SOSY 100 MG/ML	44	trientine hcl 500 MG	66	trospium chloride CP24	82
TREMFYA SOSY SC 200 MG/2ML 52		trifluoperazine hcl TABS	29	trospium chloride TABS	82
TRESIBA FLEXTOUCH SOPN	17	trifluridine	72	TRUE COVER DEVI	59
TRESIBA SOLN	17	trihexyphenidyl hcl SOLN	27	TRULICITY	17
tretinoin (chemotherapy)	27	trihexyphenidyl hcl TABS	27	TRUSTEX COLOR CONDOMS + LUBE MISC	59
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	42	TRIJARDY XR	16	TRUSTEX LUB/RIBBED/STUDDERD MISC	60
tretinoin GEL 0.01 %, 0.025 %	42	TRIKAFTA TBPK 100 MG-50 MG ..	79	TRUSTEX LUB/SPERMICIDE EX ST MISC	60
tretinoin GEL 0.05 %	42	TRIKAFTA TBPK 50 MG-25 MG ..	79	TRUSTEX LUB/SPERMICIDE XL MISC	60
tretinoin microsphere 0.04 %, 0.1 % 42		TRIKAFTA THPK	79	TRUSTEX LUBRICATED EX LARGE MISC	60
tretinoin microsphere 0.08 %	42	trimethobenzamide hcl CAPS	19	TRUSTEX LUBRICATED EXTRA ST MISC	60
TRETEN	54	trimethoprim TABS	23	TRUSTEX LUBRICATED MISC ...	60
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	24	trimipramine maleate CAPS	16		
triamcinolone acetonide (mouth) ..	67	TRINATAL RX 1 TABS	69		

TRUSTEX LUBRICATED/SPERMICIDE MISC 60	TYVASO SOLN IN33	vancomycin hcl CAPS 23
TRUSTEX NATURAL CONDOMS + LUBE MISC60	TYVASO STARTER KIT SOLN IN 33	VANDAZOLE82
TRUSTEX NON-LUBRICATED MISC60	UBRELVY 64	varenicline tartrate TABS 79
TRUSTEX RIA LUB/SPERMICIDE MISC60	UDENYCA ONBODY SOSY56	varenicline tartrate TBPK 79
TRUSTEX RIA LUBRICATED MISC . 60	UDENYCA SOAJ 56	VARUBI (180 MG DOSE) TBPK ...19
TRUSTEX RIA NON-LUBRICATED MISC60	UDENYCA SOSY56	VASCEPA (icosapent ethyl) 20
TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC60	ULTRAVATE LOTN46	VCF VAGINAL CONTRACEPTIVE FILM 82
TUKYSA24	umeclidinium-vilanterol11	VCF VAGINAL CONTRACEPTIVE FOAM 82
TURALIO 125 MG 27	UPTRAVI TABS 200 MCG33	VCF VAGINAL CONTRACEPTIVE GEL 82
TUSNEL C SYRP40	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG 33	VECAMEYL22
TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML .. 40	UPTRAVI TITRATION TBPK33	VEMLIDY30
TUSNEL TABS40	ursodiol CAPS 52	VENCLEXTA STARTING PACK TBPK24
TWIRLA 38	ursodiol TABS52	VENCLEXTA TABS 10 MG24
TYBLUME CHEW38	valacyclovir hcl 1 GM 30	VENCLEXTA TABS 100 MG 24
TYBOST30	valacyclovir hcl 500 MG30	VENCLEXTA TABS 50 MG24
TYMLOS49	VALCHLOR43	venlafaxine hcl CP24 150 MG 15
TYVASO DPI INSTITUTIONAL KIT POWD32	valganciclovir hcl SOLR30	venlafaxine hcl CP24 37.5 MG, 75 MG 15
TYVASO DPI MAINTENANCE KIT POWD32	valganciclovir hcl TABS30	venlafaxine hcl TABS 15
TYVASO DPI TITRATION KIT POWD32	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 14	venlafaxine hcl TB24 225 MG 15
TYVASO DPI TITRATION KIT POWD33	valproic acid CAPS 14	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG 15
TYVASO REFILL KIT SOLN IN ...33	valsartan TABS 160 MG21	VENTAVIS IN33
	valsartan TABS 40 MG, 80 MG, 320 MG 21	verapamil hcl CP24 100 MG, 200 MG, 300 MG 32
	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG22	verapamil hcl CP24 120 MG, 240 MG32
	VANACOF40	verapamil hcl CP24 180 MG32
		verapamil hcl CP24 360 MG32

verapamil hcl TABS	32	VITATRUE	69	WIDE-SEAL DIAPHRAGM 90	60
verapamil hcl TBCR 120 MG	32	VITRAKVI CAPS	27	WIDE-SEAL DIAPHRAGM 95	60
verapamil hcl TBCR 180 MG, 240 MG	32	VITRAKVI SOLN	27	WILATE KIT	54
VEREGEN	42	VIVA DHA CAPS	69	XALKORI CAPS	27
VERSACLOZ SUSP	28	VIZIMPRO	25	XALKORI CPSP	27
VERSAPAP DEVI	64	VONVENDI	54	XARELTO STARTER PACK TBPK 11	
VERSAPAP W/UNIVERSAL TUBING DEVI	64	voriconazole SUSR	19	XARELTO TABS 10 MG	11
VERZENIO	27	voriconazole TABS	19	XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban)	11
VIBERZI	52	VORTEX HOLD CHMBR/MASK/CHILD DEVI	64	XARELTO TABS 2.5 MG, 15 MG, 20 MG	11
vigabatrin PACK	14	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	64	XATMEP SOLN PO	24
vigabatrin TABS	14	VORTEX VALVE CHAMBER-PEDI MASK DEVI	64	XELJANZ SOLN	2
VIIBRYD STARTER PACK KIT	15	VORTEX VALVED HOLDING CHAMBER DEVI	64	XELJANZ TABS	2
vilazodone hcl TABS 10 MG, 40 MG . 15		VOSEVI	30	XELJANZ XR TB24	2
vilazodone hcl TABS 20 MG	15	VOTRIENT	27	XERAC AC	47
VINATE DHA RF	69	VRAYLAR CAPS	28	XERMELO	53
VINATE ONE TABS	69	VRAYLAR CPPK	28	XHANCE EXHU	71
VIRACEPT TABS	30	VYNDAMAX	33	XIFAXAN 200 MG	23
VIREAD POWD	30	VYNDAQEL	33	XIFAXAN 550 MG	23
VIREAD TABS 150 MG, 200 MG, 250 MG	30	warfarin sodium TABS	11	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	16
VISTOGARD	18	WESCAP-C DHA	69	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	16
VITAFOL GUMMIES	69	WESNATE DHA CAPS	69	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	16
VITAFOL-NANO	69	WIDE-SEAL DIAPHRAGM 60	60	XOSPATA	27
VITAFOL-ONE CAPS	69	WIDE-SEAL DIAPHRAGM 65	60	XTANDI CAPS	25
VITAMEDMD ONE RX/QUATREFOLIC	69	WIDE-SEAL DIAPHRAGM 70	60	XTANDI TABS	25
VITAMINS ACD-FLUORIDE SOLN 68		WIDE-SEAL DIAPHRAGM 75	60	XYNTHA	54
VITAPEARL	69	WIDE-SEAL DIAPHRAGM 80	60	XYNTHA SOLOFUSE	55
		WIDE-SEAL DIAPHRAGM 85	60		

YONSA	25	ZYFLO TABS	10
zaleplon	56	ZYKADIA TABS	27
ZARXIO	56	ZYLET	73
ZEJULA TABS	27		
ZELAPAR TBDP	28		
ZELBORAF	27		
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	48		
zidovudine CAPS	30		
zidovudine SYRP	30		
zidovudine TABS	30		
zileuton TB12	10		
ziprasidone hcl 20 MG, 40 MG	28		
ziprasidone hcl 60 MG, 80 MG	28		
ZIRGAN GEL	72		
ZITHROMAX PACK	58		
ZOLINZA	27		
zolmitriptan SOLN	65		
zolmitriptan TABS	65		
zolmitriptan TBDP	65		
zolpidem tartrate TABS	56		
zolpidem tartrate TBCR	56		
zonisamide CAPS 100 MG	14		
zonisamide CAPS 25 MG, 50 MG .	14		
ZORBTIVE SC	50		