

*California*

# AON Benefit Experience Drug List

The AON Benefit Experience 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 All previous versions are no longer in effect.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 <http://www.healthnet.com/myaon> or call us at 1-888-926-1692. Refer to the Evidence of Coverage for specific cost share information.

## **AON Benefit Experience Drug List**

Go to [Drug List](#) Use the “AON Benefit Experience” Drug List - California.

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

If you have questions about your pharmacy coverage, call Customer Service at **1-888-926-1692**

### *Hours of Operation*

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



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# *Welcome to Health Net*

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

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

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

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

The drug list is a 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 new information about existing drugs and chooses drugs based on:

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

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

You can search for a drug by using the search tool, alphabetical index or by medical condition. 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.

**Therapeutic category:** Drugs are grouped into therapeutic categories. The categories may be grouped the class to which the drug belongs. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category for your drug.

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

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

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

Example:

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

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

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

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

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

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

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

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

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

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

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

<i>Tier</i>	<i>Description</i>
1	Tier one shall consist of most generic drugs and low-cost preferred brand drugs.
2	Tier two shall consist of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three shall consist of non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.



5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

### Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> <li>• The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or</li> <li>• Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.</li> </ul>
PA	Prior Authorization	This drug requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Prevention Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulins, 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 will be updated with changes monthly. The types of changes may include the following:

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

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

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

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

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received.

We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

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

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

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

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

## **Step Therapy Exception**

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

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

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

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

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care

service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.

- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
  - Worsen a comorbid condition.
  - Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
  - Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist.

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

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

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. 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.

## **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 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 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.

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

For certain kinds of prescription drugs, you can use the CVS Caremark 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. Specialty drugs are not available through mail order.

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

## **How can I save money on my prescription drugs?**

You can save time and money with these simple steps:

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

## *Definitions*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Prescription drug:** Is a drug that by law requires a prescription.

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 ( <i>amphetamine-dextroamphetamine</i> )	4	QL(2 ea daily; 90 Day(s) limit)
ADDERALL TABS ( <i>amphetamine-dextroamphetamine</i> )	4	
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS</i>	1	
DEXEDRINE CP24 10 MG, 15 MG ( <i>dextroamphetamine sulfate</i> )	4	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CHEW</i>	2	QL(1 ea daily)
<i>methamphetamine hcl</i>	2	PA
VYVANSE CAPS	2	QL(1 ea daily)
VYVANSE CHEW	3	QL(1 ea daily)
<b>Analeptics</b>		
<i>caffeine citrate SOLN OR</i>	1	
<b>Anorexiants Non-Amphetamine</b>		
LOMAIRA TABS	3	Check plan documents for coverage; PA
QSYMIA	3	Check plan documents for coverage; QL(1 ea daily); PA
<b>Anti-Obesity Agents</b>		
CONTRAVE	3	Check plan documents for coverage; PA
SAXENDA	3	Check plan documents for coverage; QL(0.5 ml daily); PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
INTUNIV ( <i>guanfacine hcl (adhd)</i> )	4	QL(1 ea daily)
KAPVAY TB12 ( <i>clonidine hcl (adhd)</i> )	4	QL(4 ea daily)
STRATTERA 60 MG, 80 MG, 100 MG ( <i>atomoxetine hcl</i> )	4	QL(1 ea daily)

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	4	QL(2 ea daily)	<i>methylphenidate hcl</i> TABS 20 MG	1	QL(3 ea daily)
Stimulants - Misc.			<i>methylphenidate hcl</i> TB24 18 MG, 27 MG, 54 MG	1	QL(1 ea daily; 90 Day(s) limit)
APTENSIO XR CP24 (methylphenidate hcl)	4	QL(1 ea daily)	<i>methylphenidate hcl</i> TB24 36 MG	1	QL(2 ea daily; 90 Day(s) limit)
<i>armodafinil</i> 50 MG	1	ST; PA	<i>methylphenidate hcl</i> TBCR 72 MG	3	QL(1 ea daily)
<i>armodafinil</i> 150 MG, 200 MG, 250 MG	1	ST; PA	<i>methylphenidate hcl</i> TBCR 10 MG	1	QL(1 ea daily; 90 ea per fill retail)
DAYTRANA PTCH (methylphenidate)	4	QL(1 ea daily)	<i>methylphenidate hcl</i> TBCR 20 MG	1	QL(1 ea daily; 90 Day(s) limit)
<i>dexmethylphenidate hcl</i> CP24	1	QL(1 ea daily)	<i>methylphenidate hcl</i> TBCR 18 MG, 27 MG, 36 MG	1	QL(1 ea daily)
<i>dexmethylphenidate hcl</i> TABS	1	QL(2 ea daily)	<i>methylphenidate hcl</i> TBCR 54 MG	1	QL(2 ea daily)
FOCALIN XR CP24 (dexmethylphenidate hcl)	4	QL(1 ea daily)	<i>methylphenidate hcl</i> TBCR 54 MG	2	QL(2 ea daily)
FOCALIN TABS (dexmethylphenidate hcl)	4	QL(2 ea daily)	<i>methylphenidate hcl</i> TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	4		<i>methylphenidate PTCH</i>	1	QL(1 ea daily)
METADATE CD CPCR 20 MG, 30 MG (methylphenidate hcl)	4	QL(2 ea daily; 90 Day(s) limit)	<i>modafinil</i>	1	QL(1 ea daily); ST
METHYLIN SOLN (methylphenidate hcl)	4		NUVIGIL 50 MG (armodafinil)	4	ST; PA
<i>methylphenidate hcl</i> CHEW	1		NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	4	ST; PA
<i>methylphenidate hcl</i> CP24 60 MG	1	QL(1 ea daily; 90 ea per fill retail)	PROVIGIL (modafinil)	4	QL(1 ea daily); ST
<i>methylphenidate hcl</i> CP24	1	QL(1 ea daily)	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 ea daily); PA
<i>methylphenidate hcl</i> CPCR 10 MG, 40 MG, 50 MG, 60 MG	1		QUILLICHEW ER CHER 30 MG	3	QL(2 ea daily); PA
<i>methylphenidate hcl</i> CPCR 20 MG, 30 MG	1	QL(2 ea daily; 90 Day(s) limit)	QUILLIVANT XR SRER	3	QL(12 ml daily); PA
<i>methylphenidate hcl</i> SOLN	1		RITALIN LA CP24 (methylphenidate hcl)	4	QL(1 ea daily)
<i>methylphenidate hcl</i> TABS 5 MG, 10 MG	1		RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	4	
			RITALIN TABS 20 MG (methylphenidate hcl)	4	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
ARIKAYCE	3	PA
BETHKIS NEBU ( <i>tobramycin</i> )	4	
HUMATIN	2	
KITABIS PAK NEBU ( <i>tobramycin</i> )	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>neomycin sulfate TABS</i>	1	
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
TOBI NEBU ( <i>tobramycin</i> )	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	3	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA
XELJANZ XR TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA
XELJANZ TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	3	ST; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	ST; PA
RASUVO SOAJ 20 MG/0.4ML	3	ST; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	3	Check plan documents for coverage; QL(0.143 ml daily); PA
ADALIMUMAB-ADAZ SOSY	3	Check plan documents for coverage; QL(0.143 ml daily); PA
HADLIMA PUSHTOUCH SOAJ	3	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HADLIMA SOSY	3	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC 80 MG/0.8ML	3	Check plan documents for coverage; QL(4 ea per 365 day(s) retail); SP; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	3	Check plan documents for coverage; QL(2 ea per 365 day(s) retail); PA	HUMIRA PEN-PS/UV STARTER AJKT SC	3	Check plan documents for coverage; PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); PA	HUMIRA PEN-PS/UV STARTER AJKT SC 40 MG/0.8ML	3	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEN AJKT SC 40 MG/0.8ML	3	Check plan documents for coverage; QL(0.143 ea daily); PA	HUMIRA PSKT	3	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
HUMIRA PEN AJKT SC 40 MG/0.4ML	3	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	HUMIRA PSKT 40 MG/0.8ML	3	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEN AJKT SC 80 MG/0.8ML	3	Check Plan Documents for coverage; QL(0.072 ea daily); SP; PA	<b>Gold Compounds</b>		
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	3	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); SP; PA	RIDAURA	3	
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	3	Check plan documents for coverage; QL(1 ea per 365 day(s) retail); SP; PA	<b>Interleukin-1 Blockers</b>		
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML	3	Check plan documents for coverage; QL(0.143 ea daily); PA	ARCALYST	3	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			<b>Interleukin-6 Receptor Inhibitors</b>		
			KEVZARA SOAJ	3	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA

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KEVZARA SOSY	3	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	<i>diclofenac w/ misoprostol TBEC</i>	1	
			<i>etodolac CAPS</i>	1	
			<i>etodolac TABS</i>	1	
			<i>etodolac TB24</i>	1	QL(2 ea daily)
			FELDENE CAPS 20 MG ( <i>piroxicam</i> )	4	QL(1 ea daily)
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			FELDENE CAPS 10 MG ( <i>piroxicam</i> )	4	
(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1		<i>fenoprofen calcium CAPS</i>	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		FENOPROFEN CALCIUM CAPS 200 MG	2	
(Indomethacin) INDOCIN SUPP	3		<i>flurbiprofen TABS</i>	1	
(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
ANAPROX DS TABS ( <i>naproxen sodium</i> )	4		<i>indomethacin CPR</i>	1	
ARTHROTEC 50 TBEC ( <i>diclofenac w/ misoprostol</i> )	4		<i>indomethacin SUPP</i>	3	
ARTHROTEC 75 TBEC ( <i>diclofenac w/ misoprostol</i> )	4		<i>indomethacin SUSP</i>	2	
CELEBREX 50 MG, 100 MG, 200 MG ( <i>celecoxib</i> )	4	QL(2 ea daily)	<i>ketoprofen CP24</i>	1	
CELEBREX 400 MG ( <i>celecoxib</i> )	4	QL(2 ea daily); PA	<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)	LODINE TABS ( <i>etodolac</i> )	4	
<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA	<i>meclofenamate sodium CAPS</i>	1	
DAYPRO TABS ( <i>oxaprozin</i> )	4		<i>mefenamic acid CAPS</i>	1	
<i>diclofenac potassium TABS 50 MG</i>	1		<i>meloxicam SUSP</i>	1	
<i>diclofenac sodium TB24</i>	1		MELOXICAM SUSP ( <i>meloxicam</i> )	4	
<i>diclofenac sodium TBEC</i>	1		<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 CAPS ( <i>fenoprofen calcium</i> )	3	
			NAPROSYN SUSP ( <i>naproxen</i> )	4	
			NAPROSYN TABS 500 MG ( <i>naproxen</i> )	4	

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<i>naproxen sodium TABS 275 MG, 550 MG</i>	1		ENBREL MINI SOCT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
<i>naproxen SUSP</i>	1				
<i>naproxen TABS</i>	1				
<i>oxaprozin TABS</i>	1				
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)	ENBREL SURECLICK SOAJ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
<i>piroxicam CAPS 10 MG</i>	1				
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)			
<i>sulindac TABS 200 MG</i>	1				
Phosphodiesterase 4 (PDE4) Inhibitors					
OTEZLA TABS 20 MG	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); SP; PA	ENBREL SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
OTEZLA TABS 30 MG	3	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); SP; PA	ENBREL SOSY 50 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
OTEZLA TBPk	3	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA	ENBREL SOSY 25 MG/0.5ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA
OTEZLA TBPk	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA	<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Pyrimidine Synthesis Inhibitors			Analgesic Combinations		
ARAVA 10 MG ( <i>leflunomide</i> )	4	QL(2 ea daily)	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
ARAVA 20 MG ( <i>leflunomide</i> )	4	QL(1 ea daily)	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)			
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)			
Soluble Tumor Necrosis Factor Receptor Agents					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1		(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	PV
(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, 50 MG-325 MG</i>	1				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
ESGIC TABS ( <i>butalbital-acetaminophen-caffeine</i> )	4				
Salicylates					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG <i>(fentanyl citrate)</i>	4	ST; PA
<i>aspirin CHEW</i>	5	PV	<i>codeine sulfate TABS</i>	1	
<i>aspirin TBEC 81 MG</i>	5	PV	CONZIP CP24 ( <i>tramadol hcl</i> )	3	
<i>diflunisal TABS</i>	1		DILAUDID LIQD <i>(hydromorphone hcl)</i>	4	
<i>salsalate</i>	1		DILAUDID TABS <i>(hydromorphone hcl)</i>	4	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	1	ST; PA
Opioid Agonists			<i>fentanyl citrate LPOP 1600 MCG</i>	1	ST; QL(4 ea daily); PA
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)
ACTIQ LPOP 1600 MCG <i>(fentanyl citrate)</i>	4	ST; QL(4 ea daily); PA	<i>hydrocodone bitartrate CP12</i>	1	PA
			<i>hydromorphone hcl LIQD</i>	1	
			<i>hydromorphone hcl TABS</i>	1	
			<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)
			<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)
			<i>levorphanol tartrate TABS 2 MG</i>	3	ST; PA
			<i>levorphanol tartrate TABS 3 MG</i>	3	PA
			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	
			<i>meperidine hcl TABS 50 MG</i>	1	
			<i>methadone hcl CONC</i>	1	
			<i>methadone hcl SOLN OR</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
METHADOSE SUGAR-FREE CONC ( <i>methadone hcl</i> )	4	
METHADOSE CONC ( <i>methadone hcl</i> )	4	
<i>morphine sulfate beads</i>	2	QL(1 ea daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>morphine sulfate SUPP</i>	2	
<i>morphine sulfate TABS</i>	1	
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
MS CONTIN TBCR ( <i>morphine sulfate</i> )	4	QL(3 ea daily)
OXAYDO TABS 5 MG	2	
OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
<i>oxycodone hcl CAPS</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 ea daily)
<i>oxymorphone hcl TB12</i>	2	QL(2 ea daily)
ROXICODONE TABS 15 MG ( <i>oxycodone hcl</i> )	4	
ROXICODONE TABS 30 MG ( <i>oxycodone hcl</i> )	4	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG	3	PA
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>tramadol hcl TABS 100 MG</i>	1	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
<i>tramadol hcl TB24 200 MG</i>	1	QL(1 ea daily)
<i>tramadol hcl TB24 100 MG</i>	1	QL(3 ea daily)
<i>tramadol hcl TB24</i>	1	
ULTRAM TABS ( <i>tramadol hcl</i> )	4	QL(8 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 2.5 MG	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 5 MG	1	QL(6 ea daily)
<i>acetaminophen w/ codeine SOLN</i>	1	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1		PERCO CET TABS 325 MG-2.5 MG ( <i>oxycodone w/ acetaminophen</i> )	4	
<i>butalbital-aspirin-caffeine w/cod</i>	1		PERCO CET TABS 325 MG-10 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> )	4	QL(4 ea daily)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> )	4	PA	<i>tramadol-acetaminophen</i>	1	QL(8 ea daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		ULTRACET ( <i>tramadol-acetaminophen</i> )	4	QL(8 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)	Opioid Partial Agonists		
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1		<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily)	<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)	<i>buprenorphine PTWK</i>	2	Limit 4 patches per month; QL(4 ea per 28 day(s) retail)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1		<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
PERCO CET TABS 325 MG-5 MG ( <i>oxycodone w/ acetaminophen</i> )	4	QL(6 ea daily)	<i>pentazocine w/ naloxone hcl</i>	1	
			SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	4	QL(2 ea daily)
			SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	4	QL(3 ea daily)
			<b>ANDROGENS-ANABOLIC - Drugs to Regulate</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormones</b>		
<b>Androgens</b>		
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
<i>danazol CAPS</i>	1	
METHITEST TABS	3	
<i>methyltestosterone CAPS</i>	1	
TESTIM GEL TD ( <i>testosterone</i> )	3	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	2	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone GEL TD 1 %</i>	2	QL(10 gm daily)
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone GEL TD 10 MG/ACT</i>	2	QL(4 gm daily)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide (intrarectal)</i>	2	PA
CORTENEMA ( <i>hydrocortisone (intrarectal)</i> )	4	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
<b>Rectal Combinations</b>		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	

Drug Name	Drug Tier	Requirements/Limits
<b>Rectal Steroids</b>		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX ( <i>hydrocortisone (rectal)</i> )	4	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
<b>Vasodilating Agents</b>		
<i>nitroglycerin (intra-anal)</i>	2	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	2	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	2	
STROMEKTOL ( <i>ivermectin</i> )	4	QL(5 ea per fill retail); PA
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12 500 MG ( <i>ranolazine</i> )	4	QL(4 ea daily)
RANEXA TB12 1000 MG ( <i>ranolazine</i> )	4	
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)
<i>ranolazine TB12 1000 MG</i>	1	
<b>Nitrates</b>		
GONITRO PACK	3	PA
ISORDIL TITRADOSE TABS 5 MG ( <i>isosorbide dinitrate</i> )	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate TABS 40 MG</i>	2	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 ea daily)
NITRO-DUR PT24 ( <i>nitroglycerin</i> )	4	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL ( <i>nitroglycerin</i> )	4	
NITROSTAT SUBL ( <i>nitroglycerin</i> )	4	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
<i>meprobamate</i>	1	
VISTARIL CAPS ( <i>hydroxyzine pamoate</i> )	4	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	

Drug Name	Drug Tier	Requirements/ Limits
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
ATIVAN TABS ( <i>lorazepam</i> )	4	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
TRANXENE T TABS 7.5 MG ( <i>clorazepate dipotassium</i> )	4	
VALIUM TABS 10 MG ( <i>diazepam</i> )	4	QL(4 ea daily)
VALIUM TABS 2 MG, 5 MG ( <i>diazepam</i> )	4	
XANAX XR TB24 ( <i>alprazolam</i> )	4	
XANAX TABS ( <i>alprazolam</i> )	4	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	2	
<i>quinidine gluconate TBCR</i>	2	
Antiarrhythmics Type I-B		

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	2	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUCALA SOAJ	3	Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOLR	3	Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOSY	3	Must use Acaria Specialty (844) 538-4661; SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	2	
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 ea daily)
Leukotriene Modulators		
ACCOLATE 10 MG ( <i>zafirlukast</i> )	4	
ACCOLATE 20 MG ( <i>zafirlukast</i> )	4	QL(2 ea daily)
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
SINGULAIR CHEW ( <i>montelukast sodium</i> )	4	QL(1 ea daily)
SINGULAIR PACK ( <i>montelukast sodium</i> )	4	QL(1 ea daily)
SINGULAIR TABS ( <i>montelukast sodium</i> )	4	QL(1 ea daily)
<i>zafirlukast 20 MG</i>	1	QL(2 ea daily)
<i>zafirlukast 10 MG</i>	1	
<i>zileuton TB12</i>	3	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP ( <i>roflumilast</i> )	4	QL(1 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
PULMICORT SUSP 0.25 MG/2ML ( <i>budesonide (inhalation)</i> )	4	QL(8 ml daily)
PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )	4	QL(2 ml daily)
PULMICORT SUSP 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )	4	QL(4 ml daily)
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)

Drug Name	Drug Tier	Requirements/Limits
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	4	QL(2 ea daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
ALBUTEROL SULFATE NEBU	2	
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 ea 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)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol</i> <i>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</i> <i>AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
<i>formoterol fumarate</i> <i>NEBU</i>	1	QL(4 ml daily)
<i>ipratropium-albuterol</i> <i>SOLN</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
PERFORMIST NEBU <i>(formoterol fumarate)</i>	4	QL(4 ml daily)
PROAIR RESPICLICK AEPB	2	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	Limit 1 inhaler per month; QL(0.14 gm daily)
SYMBICORT <i>(budesonide-formoterol fumarate dihydrate)</i>	4	
<i>terbutaline sulfate</i> TABS	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
XOPENEX <i>(levalbuterol hcl)</i>	4	
XOPENEX CONCENTRATE <i>(levalbuterol hcl)</i>	4	
<b>Xanthines</b>		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline</i> ELIX	1	
<i>theophylline</i> SOLN	1	
<i>theophylline</i> TB12 450 MG	1	QL(1 ea daily)
<i>theophylline</i> TB12 300 MG	1	QL(2 ea daily)
<i>theophylline</i> TB24	1	QL(1 ea daily)
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium</i> TABS	1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 day(s) retail)
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 10 MG	2	QL(2 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA 2.5 MG/0.5ML <i>(fondaparinux sodium)</i>	4	QL(4 ml per 90 day(s) retail; 4 ml per 90 days mail); PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML <i>(fondaparinux sodium)</i>	4	PA
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	3	Limit 3 per month; QL(0.1 ml daily); PA
<i>enoxaparin sodium</i> SOSY	3	PA
<i>fondaparinux sodium</i> 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	3	PA

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<i>fondaparinux sodium 2.5 MG/0.5ML</i>	3	QL(4 ml per 90 day(s) retail; 4 ml per 90 days mail); PA	<i>diazepam (anticonvulsant) GEL</i>	2	QL(0.14 ea daily)
FRAGMIN SOLN 95000 UNIT/3.8ML	3	PA	KLONOPIN TABS ( <i>clonazepam</i> )	4	
FRAGMIN SOSY 2500 UNIT/0.2ML	3	QL(7 ml per 90 day(s) retail)	NAYZILAM	3	QL(10 ea per 30 day(s) retail); PA
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	3	PA	Anticonvulsants - Misc.		
LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )	4	Limit 3 per month; QL(0.1 ml daily); PA	(Carbamazepine) EPITOL TABS	1	
LOVENOX SOSY ( <i>enoxaparin sodium</i> )	4	PA	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	2	
Thrombin Inhibitors			(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	2	
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 ea daily)	(Lamotrigine) SUBVENITE TABS	1	
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 ea daily)	(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>			APTIOM	3	QL(1 ea daily); ST
AMPA Glutamate Receptor Antagonists			BANZEL SUSP ( <i>rufinamide</i> )	4	
FYCOMPA SUSP	3	QL(24 ml daily)	BANZEL TABS 200 MG ( <i>rufinamide</i> )	4	
FYCOMPA TABS 4 MG	3	QL(3 ea daily)	BANZEL TABS 400 MG ( <i>rufinamide</i> )	4	QL(8 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily); SL	<i>carbamazepine CHEW</i>	1	
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL	<i>carbamazepine CP12</i>	1	
FYCOMPA TABS 2 MG	3	QL(6 ea daily)	<i>carbamazepine SUSP</i>	1	
Anticonvulsants - Benzodiazepines			<i>carbamazepine TABS</i>	1	
<i>clobazam SUSP</i>	2		<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
<i>clobazam TABS 20 MG</i>	2	QL(2 ea daily)	<i>carbamazepine TB12 100 MG</i>	1	
<i>clobazam TABS 10 MG</i>	2	QL(1 ea daily)			
<i>clonazepam TABS</i>	1				
<i>clonazepam TBDP</i>	1				

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

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

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<i>felbamate TABS</i>	1		<i>methsuximide</i>	1	
FELBATOL SUSP ( <i>felbamate</i> )	4		ZARONTIN CAPS ( <i>ethosuximide</i> )	4	
FELBATOL TABS ( <i>felbamate</i> )	4		ZARONTIN SOLN ( <i>ethosuximide</i> )	4	
GABA Modulators			Valproic Acid		
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 ea daily)	DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	4	
(Vigabatrin) VIGADRONE TABS	1		DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	4	
SABRIL PACK ( <i>vigabatrin</i> )	4	QL(6 ea daily)	DEPAKOTE TBEC ( <i>divalproex sodium</i> )	4	
SABRIL TABS ( <i>vigabatrin</i> )	4		<i>divalproex sodium CSDR</i>	1	
<i>tiagabine hcl</i>	2		<i>divalproex sodium TB24</i>	1	
<i>vigabatrin PACK</i>	1	QL(6 ea daily)	<i>divalproex sodium TBEC</i>	1	
<i>vigabatrin TABS</i>	1		<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1	
Hydantoins			<i>valproic acid CAPS</i>	1	
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1		<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
(Phenytoin) PHENYTOIN INFATABS CHEW	1		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN 30 MG	2		<i>mirtazapine TABS</i>	1	
DILANTIN ( <i>phenytoin sodium extended</i> )	4		<i>mirtazapine TBDP</i>	1	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	4		REMERON SOLTAB TBDP ( <i>mirtazapine</i> )	4	
DILANTIN-125 SUSP ( <i>phenytoin</i> )	4		REMERON TABS 15 MG, 30 MG ( <i>mirtazapine</i> )	4	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		Antidepressants - Misc.		
<i>phenytoin CHEW</i>	1		<i>bupropion hcl TABS</i>	1	
<i>phenytoin SUSP</i>	1		<i>bupropion hcl TB12</i>	1	
Succinimides			<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
CELONTIN ( <i>methsuximide</i> )	4		<i>bupropion hcl TB24 450 MG</i>	2	QL(1 ea daily); ST
<i>ethosuximide CAPS</i>	1		WELLBUTRIN SR TB12 ( <i>bupropion hcl</i> )	4	
<i>ethosuximide SOLN</i>	1		WELLBUTRIN XL TB24 ( <i>bupropion hcl</i> )	4	QL(1 ea daily)

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

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<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)	<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
CYMBALTA CPEP ( <i>duloxetine hcl</i> )	4	QL(2 ea daily)	<i>imipramine pamoate</i>	1	
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	NORPRAMIN TABS 10 MG, 25 MG ( <i>desipramine hcl</i> )	4	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)	<i>nortriptyline hcl CAPS</i>	1	
EFFEXOR XR CP24 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )	4	QL(1 ea daily)	<i>nortriptyline hcl SOLN</i>	1	
EFFEXOR XR CP24 150 MG ( <i>venlafaxine hcl</i> )	4	QL(2 ea daily)	PAMELOR CAPS ( <i>nortriptyline hcl</i> )	4	
FETZIMA TITRATION PACK C4PK	3	ST	<i>protriptyline hcl</i>	2	
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST	<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST	Alpha-Glucosidase Inhibitors		
PRISTIQ ( <i>desvenlafaxine succinate</i> )	4	QL(1 ea daily)	<i>acarbose</i>	1	
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)	<i>miglitol</i>	1	
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)	PRECOSE ( <i>acarbose</i> )	4	
<i>venlafaxine hcl TABS</i>	1		Antidiabetic Combinations		
<i>venlafaxine hcl TB24 225 MG</i>	1		ACTOPLUS MET TABS 850 MG-15 MG ( <i>pioglitazone hcl-metformin hcl</i> )	4	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)	<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 ea daily)
Tricyclic Agents			<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 ea daily)
<i>amitriptyline hcl TABS</i>	1		<i>glipizide-metformin hcl</i>	1	
<i>amoxapine</i>	1		<i>glyburide-metformin</i>	1	
ANAFRANIL ( <i>clomipramine hcl</i> )	4		GLYXAMBI	2	
<i>clomipramine hcl</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
<i>desipramine hcl TABS</i>	1		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
<i>doxepin hcl CAPS</i>	1		JANUMET TABS	2	QL(2 ea daily)
<i>doxepin hcl CONC</i>	1		<i>pioglitazone hcl-glimepiride</i>	2	

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<i>pioglitazone hcl-metformin hcl TABS</i>	1		RYBELSUS TABS	2	Not available through mail order; PA
<i>saxagliptin-metformin hcl</i>	2	QL(1 ea daily)	TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	2	Not available through mail order; PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)	VICTOZA ( <i>liraglutide</i> )	2	Not available through mail order; SP; PA
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	<b>Insulin</b>		
SYNJARDY TABS	2	QL(2 ea daily)	HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
TRIJARDY XR	2		HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)	HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)	HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<b>Biguanides</b>			HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl SOLN</i>	2		HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1		HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
<i>metformin hcl TB24 500 MG, 750 MG</i>	1		HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
<b>Diabetic Other</b>			HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
<i>diazoxide</i>	1		HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>glucagon (rdna)</i>	3	QL(1 ea per fill retail; 2 ea per 30 day(s) retail)	HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
PROGLYCEM ( <i>diazoxide</i> )	4		HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>					
<i>alogliptin benzoate 25 MG</i>	2	QL(1 ea daily)			
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	2				
JANUVIA	2	QL(1 ea daily)			
<i>saxagliptin hcl</i>	1	QL(1 ea daily)			
<b>Incretin Mimetic Agents</b>					
OZEMPIC SOPN	2	Not available through mail order.; PA			

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		
ACTOS 15 MG ( <i>pioglitazone hcl</i> )	4	
ACTOS 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	4	QL(1 ea daily)
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
<i>pioglitazone hcl 15 MG</i>	1	
Meglitinide Analogues		

Drug Name	Drug Tier	Requirements/ Limits
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL ( <i>glimepiride</i> )	4	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 ( <i>glipizide</i> )	4	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
GLYNASE ( <i>glyburide micronized</i> )	4	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	2	
<i>diphenoxylate w/ atropine TABS</i>	1	
LOMOTIL TABS ( <i>diphenoxylate w/ atropine</i> )	4	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		

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CHEMET	3	
<i>deferasirox</i> PACK	1	PA
<i>deferasirox</i> TABS	3	PA
<i>deferasirox</i> TBSO	3	PA
<i>deferiprone</i> TABS 500 MG	3	
EXJADE TBSO ( <i>deferasirox</i> )	4	PA
FERRIPROX SOLN	3	Not available through mail order
FERRIPROX TABS 500 MG ( <i>deferiprone</i> )	4	
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	4	PA
JADENU TABS ( <i>deferasirox</i> )	4	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	3	PA
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl</i> LIQD	1	QL(4 ea per 30 day(s) retail); RX/OTC
<i>naltrexone hcl</i>	1	
NARCAN LIQD ( <i>naloxone hcl</i> )	4	QL(4 ea per 30 day(s) retail); RX/OTC
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
<i>granisetron hcl</i> TABS	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA
<i>ondansetron hcl</i> SOLN OR 4 MG/5ML	1	Limit 50mls per month; QL(1.67 ml daily)
<i>ondansetron hcl</i> TABS 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron</i> TBDP 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH	3	ST; Limit 1 per year; QL(0.04 ea daily); PA
Antiemetics - Anticholinergic		
<i>scopolamine</i>	1	
TRANSDERM-SCOP ( <i>scopolamine</i> )	4	
<i>trimethobenzamide hcl</i> CAPS	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 day(s) retail)
DICLEGIS TBEC ( <i>doxylamine-pyridoxine</i> )	4	QL(4 ea daily)
<i>doxylamine-pyridoxine</i> TBEC	1	QL(4 ea daily)
<i>dronabinol</i> CAPS 5 MG	1	PA
<i>dronabinol</i> CAPS 2.5 MG	1	ST; PA
<i>dronabinol</i> CAPS 10 MG	1	PA
MARINOL CAPS 2.5 MG ( <i>dronabinol</i> )	4	ST; PA
MARINOL CAPS 5 MG ( <i>dronabinol</i> )	4	PA
MARINOL CAPS 10 MG ( <i>dronabinol</i> )	4	PA
SYNDROS SOLN	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant</i> CAPS 80 MG, 125 MG	1	Limit 1 per year; QL(0.04 ea daily)
<i>aprepitant</i> CAPS	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant</i> CAPS 40 MG	1	Limit 2 per month; QL(0.07 ea daily)

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<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 ea daily)
EMEND TRIPACK CAPS ( <i>aprepitant</i> )	4	Limit 3 per month; QL(0.1 ea daily)
EMEND CAPS 80 MG ( <i>aprepitant</i> )	4	Limit 1 per year; QL(0.04 ea daily)
EMEND SUSR	3	QL(1 ea per 30 day(s) retail)
VARUBI TBPK	3	QL(4 ea per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungals		
ANCOBON ( <i>flucytosine</i> )	4	
<i>flucytosine</i>	3	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	Not available through mail order
DIFLUCAN SUSR ( <i>fluconazole</i> )	4	
DIFLUCAN TABS ( <i>fluconazole</i> )	4	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SPORANOX PULSEPAK CAPS ( <i>itraconazole</i> )	4	ST; PA
SPORANOX CAPS ( <i>itraconazole</i> )	4	ST; PA
SPORANOX SOLN ( <i>itraconazole</i> )	4	PA
TOLSURA CAPS	3	PA
VFEND SUSR ( <i>voriconazole</i> )	4	
VFEND TABS ( <i>voriconazole</i> )	4	QL(2 ea daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC
CLARINEX TABS ( <i>desloratadine</i> )	4	ST; QL(1 ea daily); PA
<i>desloratadine TABS</i>	1	ST; QL(1 ea daily); PA
<i>desloratadine TBDP 5 MG</i>	1	PA
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 ea daily); RX/OTC	LOVAZA ( <i>omega-3-acid ethyl esters</i> )	4	QL(4 ea daily)
XYZAL ALLERGY 24HR CHILDRENS SOLN ( <i>levocetirizine dihydrochloride</i> )	4	PA; RX/OTC	<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)
XYZAL ALLERGY 24HR TABS ( <i>levocetirizine dihydrochloride</i> )	4	QL(1 ea daily); RX/OTC	VASCEPA ( <i>icosapent ethyl</i> )	2	PA
Antihistamines - Phenothiazines			Bile Acid Sequestrants		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)	(Cholestyramine Light) PREVALITE PACK	1	
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1		(Cholestyramine Light) PREVALITE POWD	1	
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1		<i>cholestyramine light PACK</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		<i>cholestyramine light POWD</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>cholestyramine PACK</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	<i>cholestyramine POWD</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	<i>colesevelam hcl PACK</i>	2	QL(1 ea daily)
Antihistamines - Piperidines			<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)
<i>cyproheptadine hcl SYRP</i>	1		COLESTID FLAVORED GRAN ( <i>colestipol hcl</i> )	4	
<i>cyproheptadine hcl TABS</i>	1		COLESTID FLAVORED PACK ( <i>colestipol hcl</i> )	4	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>			COLESTID GRAN ( <i>colestipol hcl</i> )	4	
Antihyperlipidemics - Combinations			COLESTID PACK ( <i>colestipol hcl</i> )	4	
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)	COLESTID TABS ( <i>colestipol hcl</i> )	4	
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	<i>colestipol hcl GRAN</i>	1	
VYTORIN ( <i>ezetimibe-simvastatin</i> )	4	QL(1 ea daily)	<i>colestipol hcl PACK</i>	1	
Antihyperlipidemics - Misc.			<i>colestipol hcl TABS</i>	1	
<i>icosapent ethyl</i>	2	PA	QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> )	4	
			QUESTRAN PACK ( <i>cholestyramine</i> )	4	
			QUESTRAN POWD ( <i>cholestyramine</i> )	4	
			WELCHOL TABS ( <i>colesevelam hcl</i> )	4	QL(7 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<i>choline fenofibrate 45 MG</i>	1	
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
<i>fenofibrate CAPS</i>	1	
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
<i>fenofibrate TABS 48 MG</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
FENOFIBRATE TABS	2	QL(1 ea daily)
<i>fenofibric acid</i>	2	
<i>gemfibrozil TABS</i>	1	
LIPOFEN CAPS 50 MG ( <i>fenofibrate</i> )	3	
LOPID TABS ( <i>gemfibrozil</i> )	4	
TRICOR TABS 48 MG ( <i>fenofibrate</i> )	4	
TRICOR TABS 145 MG ( <i>fenofibrate</i> )	4	QL(1 ea daily)
TRILIPIX 135 MG ( <i>choline fenofibrate</i> )	4	QL(1 ea daily)
TRILIPIX 45 MG ( <i>choline fenofibrate</i> )	4	
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
CRESTOR TABS ( <i>rosuvastatin calcium</i> )	4	QL(1 ea daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
LESCOL XL TB24 ( <i>fluvastatin sodium</i> )	4	QL(1 ea daily)
LIPITOR TABS ( <i>atorvastatin calcium</i> )	4	QL(1 ea daily)
LIVALO ( <i>pitavastatin calcium</i> )	4	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin TABS 40 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>lovastatin TABS 10 MG, 20 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>pitavastatin calcium</i>	1	QL(1 ea daily); ST
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )	4	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	1	
ZETIA ( <i>ezetimibe</i> )	4	
<b>Microsomal Triglyceride Transfer Protein (MTP) Inhibitors</b>		
JUXTAPID 30 MG	3	PA
JUXTAPID 10 MG, 20 MG	3	PA
JUXTAPID 5 MG	3	ST; PA
<b>Nicotinic Acid Derivatives</b>		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NIASPAN TBCR 1000 MG <i>(niacin (antihyperlipidemic))</i>	4	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	3	PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
ACE Inhibitors		
ACCUPRIL <i>(quinapril hcl)</i>	4	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG <i>(ramipril)</i>	4	QL(2 ea daily)
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG, 40 MG <i>(benazepril hcl)</i>	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
VASOTEC TABS <i>(enalapril maleate)</i>	4	QL(2 ea daily)
ZESTRIL TABS 40 MG <i>(lisinopril)</i>	4	QL(2 ea daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG <i>(lisinopril)</i>	4	
Agents for Pheochromocytoma		

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>valsartan TABS 40 MG, 80 MG, 320 MG</b>	1		ATACAND HCT <i>(candesartan cilexetil-hydrochlorothiazide)</i>	4	
<b>valsartan TABS 160 MG</b>	1	QL(2 ea daily)	<b>atenolol &amp; chlorthalidone</b>	1	
<b>Antiadrenergic Antihypertensives</b>			AVALIDE <i>(irbesartan-hydrochlorothiazide)</i>	4	
CARDURA <i>(doxazosin mesylate)</i>	4		<b>benazepril &amp; hydrochlorothiazide</b>	1	
<b>clonidine hcl TABS</b>	1		BENICAR HCT 12.5 MG-20 MG <i>(olmesartan medoxomil-hydrochlorothiazide)</i>	4	
<b>doxazosin mesylate</b>	1		BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG <i>(olmesartan medoxomil-hydrochlorothiazide)</i>	4	QL(1 ea daily)
<b>guanfacine hcl</b>	1		<b>bisoprolol &amp; hydrochlorothiazide</b>	1	
<b>methyldopa TABS</b>	1		<b>candesartan cilexetil-hydrochlorothiazide</b>	1	
MINIPRESS CAPS <i>(prazosin hcl)</i>	4		<b>captopril &amp; hydrochlorothiazide</b>	1	
<b>prazosin hcl CAPS</b>	1		DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG <i>(valsartan-hydrochlorothiazide)</i>	4	
<b>terazosin hcl 10 MG</b>	1	QL(2 ea daily)	DIOVAN HCT 25 MG-160 MG <i>(valsartan-hydrochlorothiazide)</i>	4	QL(1 ea daily)
<b>terazosin hcl 1 MG, 2 MG, 5 MG</b>	1		EDARBYCLOR	3	QL(1 ea daily)
<b>Antihypertensive Combinations</b>			<b>enalapril maleate &amp; hydrochlorothiazide</b>	1	
ACCURETIC 25 MG-20 MG <i>(quinapril-hydrochlorothiazide)</i>	4	QL(1 ea daily)	EXFORGE 10 MG-160 MG <i>(amlodipine besylate-valsartan)</i>	4	QL(1 ea daily)
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG <i>(quinapril-hydrochlorothiazide)</i>	4		EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG <i>(amlodipine besylate-valsartan)</i>	4	
<b>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</b>	1	QL(1 ea daily)	EXFORGE HCT <i>(amlodipine-valsartan-hydrochlorothiazide)</i>	4	
<b>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</b>	1				
<b>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</b>	1				
<b>amlodipine besylate-valsartan 10 MG-160 MG</b>	1	QL(1 ea daily)			
<b>amlodipine-valsartan-hydrochlorothiazide</b>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>HYZAAR (losartan potassium &amp; hydrochlorothiazide)</i>	4	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril &amp; hydrochlorothiazide)</i>	4	
<i>LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)</i>	4	QL(1 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS</i>	1	
<i>MICARDIS HCT (telmisartan-hydrochlorothiazide)</i>	4	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>TENORETIC 100 (atenolol &amp; chlorthalidone)</i>	4	
<i>TENORETIC 50 (atenolol &amp; chlorthalidone)</i>	4	
<i>trandolapril-verapamil hcl</i>	2	
<i>TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)</i>	4	ST
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>VASERETIC 25 MG-10 MG (enalapril maleate &amp; hydrochlorothiazide)</i>	4	
<i>ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril &amp; hydrochlorothiazide)</i>	4	
<i>ZESTORETIC 25 MG-20 MG (lisinopril &amp; hydrochlorothiazide)</i>	4	QL(2 ea daily)
<i>ZIAC (bisoprolol &amp; hydrochlorothiazide)</i>	4	
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate</i>	1	
<i>TEKTURNA (aliskiren fumarate)</i>	4	
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>		
<i>eplerenone</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
VANCOGIN CAPS ( <i>vancomycin hcl</i> )	4	QL(2 ea daily)
<i>vancomycin hcl CAPS</i>	1	QL(2 ea daily)
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		
CLEOCIN ( <i>clindamycin hcl</i> )	4	
CLEOCIN PEDIATRIC GRANULES ( <i>clindamycin palmitate hydrochloride</i> )	4	
<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)
ZYVOX SUSR ( <i>linezolid</i> )	4	QL(210 ml per 90 day(s) retail)
ZYVOX TABS ( <i>linezolid</i> )	4	QL(20 ea per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomicin tromethamine</i>	1	
HIPREX ( <i>methenamine hippurate</i> )	4	
MACROBID ( <i>nitrofurantoin monohyd macro</i> )	4	
MACRODANTIN ( <i>nitrofurantoin macrocrystal</i> )	4	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate 1 GM</i>	1	
METHENAMINE MANDELATE ( <i>methenamine mandelate</i> )	4	

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Drug Name	Drug Tier	Requirements/Limits
MONUROL ( <i>fosfomycin tromethamine</i> )	4	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 per month; QL(0.8 ea daily)
MALARONE ( <i>atovaquone-proguanil hcl</i> )	4	
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
DARAPRIM	4	PA
<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; 6 per fill mail)
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> )	4	
<i>pyrimethamine</i>	4	PA
QUALAQUIN CAPS ( <i>quinine sulfate</i> )	4	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE	3	ST; PA
MESTINON SOLN OR ( <i>pyridostigmine bromide</i> )	4	PA
MESTINON TABS ( <i>pyridostigmine bromide</i> )	4	
<i>pyridostigmine bromide SOLN OR</i>	3	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>cycloserine</i>	3	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG ( <i>ethambutol hcl</i> )	4	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
ALKERAN ( <i>melphalan</i> )	4	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	New commercial members to be referred to AcariaHealth; AC
LEUKERAN	2	AC

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Drug Name	Drug Tier	Requirements/Limits
<i>melfalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	2	SP; AC
Antimetabolites		
<i>capecitabine</i>	2	SP; AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	3	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	3	SP; AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	3	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
LENVIMA 10 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 12MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 14 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 18 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
LENVIMA 20 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 24 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 4 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 8 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	3	AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	AC; PA
VENCLEXTA TABS 100 MG	3	QL(4 ea daily); AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50 MG	3	AC; PA	CASODEX ( <i>bicalutamide</i> )	4	QL(1 ea daily); AC
VENCLEXTA TABS 10 MG	3	QL(2 ea daily); AC; PA	ELIGARD SC	3	PA
Antineoplastic - EGFR Inhibitors			EMCYT	2	AC
<i>erlotinib hcl</i>	3	New commercial members to be referred to AcariaHealth; AC; PA	ERLEADA 240 MG	3	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
<i>gefitinib</i>	2	SP; AC; PA	ERLEADA 60 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
GILOTRIF	3	AC; PA	EULEXIN	2	AC
TAGRISO	3	SP; AC; PA	<i>exemestane</i>	1	PV; AC
TARCEVA 100 MG, 150 MG ( <i>erlotinib hcl</i> )	4	New commercial members to be referred to AcariaHealth; AC; PA	FEMARA ( <i>letrozole</i> )	4	AC
VIZIMPRO	3	AC; PA	<i>flutamide</i>	1	AC
Antineoplastic - Hedgehog Pathway Inhibitors			<i>letrozole</i>	1	AC
DAURISMO	3	PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	3	PA
ERIVEDGE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	PA
ODOMZO	3	AC	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	PA
Antineoplastic - Hormonal and Related Agents			LUPRON DEPOT (3-MONTH) KIT IM	3	PA
<i>abiraterone acetate</i>	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	LUPRON DEPOT (4-MONTH) IM	3	PA
<i>anastrozole</i>	5	QL(1 ea daily); PV; AC	LUPRON DEPOT (6-MONTH) IM	3	PA
ARIMIDEX ( <i>anastrozole</i> )	4	QL(1 ea daily); PV; AC	LYSODREN	2	AC
AROMASIN ( <i>exemestane</i> )	4	PV; AC	<i>megestrol acetate SUSP</i>	1	AC
<i>bicalutamide</i>	1	QL(1 ea daily); AC	<i>megestrol acetate TABS</i>	1	AC
			NILANDRON ( <i>nilutamide</i> )	4	SP; AC
			<i>nilutamide</i>	3	SP; AC
			NUBEQA	3	SP; AC; PA
			<i>tamoxifen citrate TABS</i>	5	PV; AC
			<i>toremifene citrate</i>	2	AC

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XTANDI CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI FEMARA 600 DOSE	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XTANDI TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	LONSURF	3	AC; PA
YONSA	3	AC; PA	<b>Antineoplastic Enzyme Inhibitors</b>		
ZYTIGA ( <i>abiraterone acetate</i> )	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	(Everolimus) TORPENZ TABS	3	QL(1 ea daily); SP; AC; PA
<b>Antineoplastic - Immunomodulators</b>			AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	4	QL(1 ea daily); AC; PA
POMALYST	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	AFINITOR TABS ( <i>everolimus</i> )	4	QL(1 ea daily); SP; AC; PA
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>			ALECENSA	3	AC; PA
AYVAKIT	3	QL(1 ea daily); SP; PA	ALUNBRIG TABS 90 MG, 180 MG	3	AC; PA
AYVAKIT	3	QL(1 ea daily); SP; AC; PA	ALUNBRIG TABS 30 MG	3	SP drug refer to Caremark SP Rx; AC; PA
<b>Antineoplastic - XPO1 Inhibitors</b>			ALUNBRIG TBPK	3	AC; PA
XPOVIO	3	AC; PA	BALVERSA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XPOVIO 80 MG TWICE WEEKLY	3	PA	BOSULIF CAPS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
<b>Antineoplastic Combinations</b>			BOSULIF TABS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
INQOVI	3	PA	BRAFTOVI 75 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KISQALI FEMARA 200 DOSE	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	BRUKINSA	3	AC; PA
KISQALI FEMARA 400 DOSE	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	CABOMETYX TABS 20 MG, 60 MG	3	QL(1 ea daily); AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CABOMETYX TABS 40 MG	3	QL(2 ea daily); AC; PA	<i>imatinib mesylate 400 MG</i>	3	QL(2 ea daily); SP; AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA	<i>imatinib mesylate 100 MG</i>	3	QL(3 ea daily); SP; AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA	IMBRUVICA CAPS 70 MG	3	QL(1 ea daily); SP; AC; PA
CAPRELSA	3	AC	IMBRUVICA CAPS 140 MG	3	QL(3 ea daily); SP; AC; PA
COMETRIQ KIT	3	AC	IMBRUVICA SUSP	3	QL(8 ml daily); SP; AC; PA
COPIKTRA	3	AC; PA	IMBRUVICA TABS	3	QL(1 ea daily); AC; PA
COTELLIC	3	AC; PA	INREBIC	3	AC; PA
<i>dasatinib 80 MG, 100 MG, 140 MG</i>	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	JAKAFI	3	QL(2 ea daily); AC
<i>dasatinib 20 MG, 50 MG, 70 MG</i>	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	KISQALI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
<i>everolimus TABS</i>	3	QL(1 ea daily); SP; AC; PA	KOSELUGO	3	PA
<i>everolimus TBSO</i>	3	QL(1 ea daily); AC; PA	<i>lapatinib ditosylate</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; AC; PA
IBRANCE CAPS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	LORBRENA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IBRANCE TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	LYNPARZA TABS	3	QL(4 ea daily); SP; AC; PA
ICLUSIG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	MEKINIST TABS	3	AC; PA
IDHIFA	3	Refer to Accredo SP Rx; AC; PA	MEKTOVI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA	NERLYNX	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEXAVAR ( <i>sorafenib tosylate</i> )	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	STIVARGA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	3	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
<i>pazopanib hcl</i>	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>sunitinib malate 25 MG</i>	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 200MG DAILY DOSE	3	PA	SUTENT 25 MG ( <i>sunitinib malate</i> )	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 250MG DAILY DOSE	3	PA	SUTENT 12.5 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
PIQRAY 300MG DAILY DOSE	3	PA	TABRECTA	3	AC; PA
QINLOCK	3	AC; PA	TAFINLAR CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
RETEVMO CAPS	3	AC; PA	TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG	3	AC; PA
RUBRACA	3	AC; PA	TALZENNA 0.25 MG, 1 MG	3	AC; PA
RYDAPT	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TASIGNA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>sorafenib tosylate</i>	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TAZVERIK	3	PA
SPRYCEL 20 MG, 50 MG, 70 MG ( <i>dasatinib</i> )	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TIBSOVO	3	PA
SPRYCEL 80 MG, 100 MG, 140 MG ( <i>dasatinib</i> )	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TURALIO 200 MG	3	AC; PA

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Drug Name	Drug Tier	Requirements/Limits
TYKERB ( <i>lapatinib ditosylate</i> )	4	Must use AcariaHlth Sp Rx 1-844-538-4661; AC; PA
VERZENIO	3	QL(2 ea daily); AC; PA
VITRAKVI CAPS	3	PA
VITRAKVI SOLN	3	PA
VOTRIENT ( <i>pazopanib hcl</i> )	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XALKORI CAPS	3	AC; PA
XOSPATA	3	PA
ZEJULA CAPS	3	Specialty drug-Health Net will refer to SP Pharmacy; AC; PA
ZEJULA TABS	3	PA
ZELBORAF	3	AC; PA
ZOLINZA	3	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	3	AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	3	PA
<i>bexarotene</i>	2	SP; AC; PA
HYDREA ( <i>hydroxyurea</i> )	4	AC
<i>hydroxyurea</i>	1	AC
INTRON A SOLR 10000000 UNIT	3	PA
MATULANE	3	AC
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	2	SP; AC

Drug Name	Drug Tier	Requirements/Limits
Topoisomerase I Inhibitors		
HYCANTIN CAPS	3	AC; PA
HYCANTIN SOLR ( <i>topotecan hcl</i> )	4	PA
<i>topotecan hcl SOLR</i>	3	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
LODOSYN ( <i>carbidopa</i> )	4	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN ( <i>entacapone</i> )	4	
<i>entacapone</i>	1	
TASMAR ( <i>tolcapone</i> )	4	
<i>tolcapone</i>	1	
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 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	2	
DHIVY TABS	2	

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DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
KYNMOBI TITRATION KIT KIT	3	PA
KYNMOBI FILM	3	PA
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG ( <i>pramipexole dihydrochloride</i> )	4	
MIRAPEX ER TB24 3 MG ( <i>pramipexole dihydrochloride</i> )	4	QL(1 ea daily)
NEUPRO	3	
PARLODEL CAPS ( <i>bromocriptine mesylate</i> )	4	
PARLODEL TABS ( <i>bromocriptine mesylate</i> )	4	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	1	QL(1 ea daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
RYTARY CPR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>carbidopa-levodopa</i> )	4	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT ( <i>rasagiline mesylate</i> )	4	
<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)
XADAGO	3	PA
ZELAPAR TBDP	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR ( <i>lithium carbonate</i> )	4	
Antipsychotics - Misc.		
EQUETRO	3	
GEODON 20 MG, 40 MG ( <i>ziprasidone hcl</i> )	4	
GEODON 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	4	QL(2 ea daily)
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	3	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	3	QL(1 ea daily); PA

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VRAYLAR CAPS	3		<i>quetiapine fumarate</i> TABS 300 MG, 400 MG	1	QL(2 ea daily)
VRAYLAR CPPK	3		<i>quetiapine fumarate</i> TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
<i>ziprasidone hcl</i> 60 MG, 80 MG	1	QL(2 ea daily)	<i>quetiapine fumarate</i> TABS 200 MG	1	QL(4 ea daily)
<i>ziprasidone hcl</i> 20 MG, 40 MG	1		<i>quetiapine fumarate</i> TB24	1	
Benzisoxazoles			SAPHRIS 5 MG	3	
INVEGA ( <i>paliperidone</i> )	4		SEROQUEL XR TB24 ( <i>quetiapine fumarate</i> )	4	
<i>paliperidone</i>	1		SEROQUEL TABS 200 MG ( <i>quetiapine fumarate</i> )	4	QL(4 ea daily)
PERSERIS PRSY	3	PA	SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	4	QL(2 ea daily)
RISPERDAL SOLN ( <i>risperidone</i> )	4		SEROQUEL TABS 25 MG, 50 MG, 100 MG ( <i>quetiapine fumarate</i> )	4	
RISPERDAL TABS 3 MG ( <i>risperidone</i> )	4	QL(2 ea daily)	VERSACLOZ SUSP	3	QL(18 ml daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG ( <i>risperidone</i> )	4		ZYPREXA ZYDIS TBDP ( <i>olanzapine</i> )	4	
<i>risperidone</i> SOLN	1		ZYPREXA TABS 15 MG, 20 MG ( <i>olanzapine</i> )	4	QL(1 ea daily)
<i>risperidone</i> TABS 3 MG	1	QL(2 ea daily)	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG ( <i>olanzapine</i> )	4	
<i>risperidone</i> TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1		Phenothiazines		
<i>risperidone</i> TBDP	1		(Prochlorperazine) COMPRO	1	QL(2 ea daily)
Butyrophenones			<i>chlorpromazine hcl</i> TABS	1	
<i>haloperidol lactate</i> CONC	1		<i>fluphenazine hcl</i> TABS	1	
<i>haloperidol</i> TABS	1		<i>perphenazine</i> TABS	1	
Dibenzapines			<i>prochlorperazine</i>	1	QL(2 ea daily)
(Olanzapine) ZYPREXA TABS 20 MG	1	QL(1 ea daily)	<i>prochlorperazine maleate</i> TABS	1	
<i>asenapine maleate</i>	2		<i>thioridazine hcl</i> 50 MG	1	QL(4 ea daily)
<i>clozapine</i> TABS	1		<i>thioridazine hcl</i> 10 MG, 25 MG, 100 MG	1	
CLOZARIL TABS ( <i>clozapine</i> )	4		<i>trifluoperazine hcl</i> TABS	1	
<i>loxapine succinate</i>	1		Quinolinone Derivatives		
<i>olanzapine</i> TABS 15 MG, 20 MG	1	QL(1 ea daily)			
<i>olanzapine</i> TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1				
<i>olanzapine</i> TBDP	1				

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ABILIFY TABS 15 MG ( <i>aripiprazole</i> )	4	QL(2 ea daily)	CIMDUO	2	
ABILIFY TABS 20 MG ( <i>aripiprazole</i> )	4	QL(1 ea daily)	COMBIVIR ( <i>lamivudine-zidovudine</i> )	4	
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG ( <i>aripiprazole</i> )	4		COMPLERA <i>darunavir TABS</i>	2 1	
<i>aripiprazole SOLN OR</i>	2		DELSTRIGO	2	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)	DESCOVY 200 MG-25 MG	5	PV
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)	DOVATO	2	
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		EDURANT	2	
<i>aripiprazole TBDP</i>	1	PA	<i>efavirenz CAPS</i>	1	
REXULTI	3		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
Thioxanthenes			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>thiothixene</i>	1		<i>efavirenz TABS</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>			<i>emtricitabine CAPS</i>	1	
Antiseptics & Disinfectants			<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
<i>formaldehyde SOLN 10 %</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 ea daily); PV
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>			EMTRIVA CAPS ( <i>emtricitabine</i> )	4	
Antiretrovirals			EPIVIR SOLN ( <i>lamivudine</i> )	4	
<i>abacavir sulfate-lamivudine</i>	1		EPIVIR TABS ( <i>lamivudine</i> )	4	
<i>abacavir sulfate TABS</i>	1		EPZICOM ( <i>abacavir sulfate-lamivudine</i> )	4	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	<i>etravirine</i>	1	
APTIVUS CAPS	2		EVOTAZ	2	
<i>atazanavir sulfate CAPS</i>	1		<i>fosamprenavir calcium TABS</i>	1	
BIKTARVY	2		FUZEON SOLR	3	ST; PA
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit	GENVOYA	2	
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	INTELENCE ( <i>etravirine</i> )	4	

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INTELENCE 25 MG	2		REYATAZ CAPS 200 MG, 300 MG ( <i>atazanavir sulfate</i> )	4	
ISENTRESS HD TABS	2		REYATAZ PACK	2	
ISENTRESS CHEW 100 MG	2	PA	<i>ritonavir</i> TABS	1	
ISENTRESS CHEW 25 MG	2		RUKOBIA	3	
ISENTRESS PACK	2		SELZENTRY SOLN	2	
ISENTRESS TABS	2		SELZENTRY TABS ( <i>maraviroc</i> )	4	
JULUCA	2		STRIBILD	2	
KALETRA SOLN ( <i>lopinavir-ritonavir</i> )	4		SUSTIVA CAPS ( <i>efavirenz</i> )	4	
KALETRA TABS ( <i>lopinavir-ritonavir</i> )	4		SUSTIVA TABS ( <i>efavirenz</i> )	4	
<i>lamivudine</i> SOLN	1		SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	4	
<i>lamivudine</i> TABS	1		SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	4	
<i>lamivudine-zidovudine</i>	1		SYMTUZA	2	
LEXIVA TABS ( <i>fosamprenavir calcium</i> )	4		<i>tenofovir disoproxil fumarate</i> TABS	1	
<i>lopinavir-ritonavir</i> SOLN	1		TIVICAY TABS 50 MG	2	
<i>lopinavir-ritonavir</i> TABS	1		TRIUMEQ PD TBSO	2	
<i>maraviroc</i> TABS	1		TRIUMEQ TABS	2	
<i>nevirapine</i> TABS	1		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	4	QL(1 ea daily)
<i>nevirapine</i> TB24	1		TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	4	QL(1 ea daily); PV
NORVIR CAPS	2		TYBOST	2	
NORVIR PACK	3		VIRACEPT TABS	2	
NORVIR TABS ( <i>ritonavir</i> )	4		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
ODEFSEY	2		VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )	4	
PIFELTRO	2				
PREZCOBIX	2				
PREZISTA SUSP	2				
PREZISTA TABS 75 MG, 150 MG	2				
PREZISTA TABS ( <i>darunavir</i> )	4				
RETROVIR CAPS ( <i>zidovudine</i> )	4				
RETROVIR SYRP ( <i>zidovudine</i> )	4				

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ZIAGEN TABS ( <i>abacavir sulfate</i> )	4	
<i>zidovudine CAPS</i>	1	
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID 100 MG-150 MG	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
VALCYTE SOLR ( <i>valganciclovir hcl</i> )	4	QL(21 ml daily)
VALCYTE TABS ( <i>valganciclovir hcl</i> )	4	
<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDE TABS ( <i>entecavir</i> )	4	
<i>entecavir TABS</i>	1	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
<i>lamivudine (hbv) TABS</i>	2	
MAVYRET TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
PEGASYS SOLN	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin (hepatitis c) CAPS</i>	1	PA
VEMLIDY	3	SP; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 400 MG</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
VALTREX 1 GM ( <i>valacyclovir hcl</i> )	4	QL(4 ea daily)
VALTREX 500 MG ( <i>valacyclovir hcl</i> )	4	QL(8 ea daily)
ZOVIRAX SUSP ( <i>acyclovir</i> )	4	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	Limit 20 per month; QL(0.67 ea daily)
<i>rimantadine hydrochloride TABS</i>	1	
TAMIFLU CAPS ( <i>oseltamivir phosphate</i> )	4	QL(10 ea per fill retail)
TAMIFLU SUSR ( <i>oseltamivir phosphate</i> )	4	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		

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LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV	<b>Beta Blockers Non-Selective</b>		
TPOXX (TECOVIRIMAT CAP 200 MG)	5		(Sotalol Hcl) SORINE TABS	1	
TPOXX CAPS	5	PV	BETAPACE AF ( <i>sotalol hcl (afib/afI)</i> )	4	
TPOXX SOLN	5	PV	BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )	4	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>			CORGARD TABS 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	4	
Alpha-Beta Blockers			HEMANGEOL SOLN OR	3	PA
<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)	INDERAL LA CP24 ( <i>propranolol hcl</i> )	4	
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1		INDERAL XL	3	
<i>carvedilol phosphate</i>	1		INNOPRAN XL	3	
COREG 3.125 MG ( <i>carvedilol</i> )	4	QL(2 ea daily)	<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
COREG 6.25 MG, 12.5 MG, 25 MG ( <i>carvedilol</i> )	4		<i>pindolol TABS</i>	1	
COREG CR ( <i>carvedilol phosphate</i> )	4		<i>propranolol hcl CP24</i>	1	
<i>labetalol hcl TABS</i>	1		<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	
Beta Blockers Cardio-Selective			<i>propranolol hcl TABS</i>	1	
<i>acebutolol hcl CAPS</i>	1		<i>sotalol hcl (afib/afI)</i>	1	
<i>atenolol TABS</i>	1		<i>sotalol hcl TABS</i>	1	
<i>betaxolol hcl</i>	1		<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)	<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)
BYSTOLIC ( <i>nebivolol hcl</i> )	4		<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
LOPRESSOR TABS ( <i>metoprolol tartrate</i> )	4		Calcium Channel Blockers		
<i>metoprolol succinate TB24</i>	1		(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)
<i>metoprolol tartrate TABS</i>	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>nebivolol hcl</i>	1				
TENORMIN TABS ( <i>atenolol</i> )	4				
TOPROL XL TB24 ( <i>metoprolol succinate</i> )	4				

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(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>nimodipine CAPS</i>	2	
(Diltiazem Hcl) DILT-XR CP24	1		<i>nisoldipine</i>	2	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		NORVASC TABS 2.5 MG ( <i>amlodipine besylate</i> )	4	QL(2 ea daily)
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	NORVASC TABS 5 MG, 10 MG ( <i>amlodipine besylate</i> )	4	QL(1 ea daily)
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	PROCARDIA XL TB24 ( <i>nifedipine</i> )	4	QL(1 ea daily)
CALAN SR TBCR 120 MG ( <i>verapamil hcl</i> )	4		TIAZAC ( <i>diltiazem hcl extended release beads</i> )	4	
CALAN SR TBCR 180 MG, 240 MG ( <i>verapamil hcl</i> )	4	QL(2 ea daily)	<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )	4	QL(1 ea daily)	<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
CARDIZEM LA TB24 ( <i>diltiazem hcl</i> )	4		<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> )	4		<i>verapamil hcl TABS</i>	1	
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)	<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1		<i>verapamil hcl TBCR 120 MG</i>	1	
<i>diltiazem hcl CP12</i>	1		VERELAN PM CP24 ( <i>verapamil hcl</i> )	3	
<i>diltiazem hcl CP24</i>	1		VERELAN CP24 180 MG ( <i>verapamil hcl</i> )	4	QL(2 ea daily)
<i>diltiazem hcl TABS</i>	1		VERELAN CP24 120 MG, 240 MG ( <i>verapamil hcl</i> )	4	
<i>diltiazem hcl TB24</i>	1		VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	2	QL(1 ea daily)
<i>felodipine 2.5 MG, 5 MG</i>	1		<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<i>felodipine 10 MG</i>	1	QL(1 ea daily)	Cardiac Glycosides		
<i>isradipine CAPS</i>	1		(Digoxin) DIGITEK TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
<i>nicardipine hcl CAPS</i>	2		<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>nifedipine CAPS</i>	1				
<i>nifedipine TB24 30 MG, 60 MG</i>	1				
<i>nifedipine TB24</i>	1	QL(1 ea daily)			

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<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1		<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>digoxin</i> )	4		VIAGRA ( <i>sildenafil citrate</i> )	4	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>					
Cardiovascular Agents Misc. - Combinations			Prostaglandin Vasodilators		
<i>amlodipine besylate-atorvastatin calcium</i>	2	PA	ORENITRAM TITRATION KIT MONTH 1 TEPK	3	PA
BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> )	4		ORENITRAM TITRATION KIT MONTH 2 TEPK	3	PA
ENTRESTO CPSP	3	QL(2 ea daily); PA	ORENITRAM TITRATION KIT MONTH 3 TEPK	3	PA
ENTRESTO TABS	3	QL(2 ea daily); PA	ORENITRAM TBCR 5 MG	3	PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1		ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
Impotence Agents			TYVASO DPI INSTITUTIONALKIT POWD	3	QL(4 ea daily); PA
CIALIS 2.5 MG ( <i>tadalafil</i> )	4	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	TYVASO DPI MAINTENANCE KIT POWD	3	QL(8 ea daily); PA
CIALIS 5 MG, 10 MG, 20 MG ( <i>tadalafil</i> )	4	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA	TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 ea daily); PA
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA	TYVASO DPI TITRATION KIT POWD	3	QL(7 ea daily); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	TYVASO DPI TITRATION KIT POWD	3	QL(9 ea daily); PA
			TYVASO REFILL KIT SOLN IN	3	PA
			TYVASO STARTER KIT SOLN IN	3	PA
			TYVASO SOLN IN	3	PA
			VENTAVIS	3	PA

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Pulmonary Hypertension - Endothelin Receptor Antagonists			Pulmonary Hypertension - Prostacyclin Receptor Agonist		
<i>ambrisentan</i>	3	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	3	PA
<i>bosentan TABS 62.5 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	PA
<i>bosentan TABS 125 MG</i>	2	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 ea daily); PA
LETAIRIS ( <i>ambrisentan</i> )	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	<i>tadalafil (pulmonary hypertension) TABS</i>	3	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
OPSUMIT	3	ST; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
TRACLEER TBSO	3	ST; PA	UPTRAVI TITRATION PACK TBPk	3	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors			UPTRAVI TABS 200 MCG	3	ST; PA
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	3	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 ea daily); PA
ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
REVATIO SOLN ( <i>sildenafil citrate (pulmonary hypertension)</i> )	4	PA	ADEMPAS	3	PA
REVATIO SUSR ( <i>sildenafil citrate (pulmonary hypertension)</i> )	4	PA	Sinus Node Inhibitors		
			CORLANOR SOLN	3	QL(15 ml daily); ST
			<i>ivabradine hcl TABS</i>	2	QL(2 ea daily); ST
			Transthyretin Stabilizers		
			VYNDAMAX	3	QL(1 ea daily); PA
			VYNDAQEL	3	QL(4 ea daily); PA
			CEPHALOSPORINS - Drugs to Treat Bacterial Infections		

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Cephalosporins - 1st Generation			(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
<i>cefadroxil CAPS</i>	1		(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV
<i>cefadroxil SUSR</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
<i>cefadroxil TABS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
<i>cephalexin CAPS</i>	1		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
<i>cephalexin SUSR</i>	1		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	5	PV
Cephalosporins - 2nd Generation			(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG	5	PV
CEFACTOR ER TB12	3				
<i>cefaclor CAPS</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				
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>					
Combination Contraceptives - Oral					
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV			
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV			

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS	5	PV			

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

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(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV	GENERESS FE <i>(norethindrone &amp; ethinyl estradiol-fe)</i>	4	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI- LINYAH, TRI-LO- ESTARYLLA, TRI-LO- MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI- SPRINTEC, TRI- VYLIBRA, TRI-VYLIBRA LO	5	PV	<i>levonorgestrel &amp; eth estradiol TABS</i>	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO- LINYAH, NYMYO, SPRINTEC 28, VYLIBRA	5	PV	<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
BALCOLTRA <i>(levonorgestrel-ethinyl estradiol-iron)</i>	4	PV	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
BEYAZ <i>(drospirenone- ethinyl estradiol- levomefolate calcium)</i>	4	PV	<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
<i>desogestrel &amp; ethinyl estradiol</i>	5	PV	LO LOESTRIN FE TABS	5	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV	LOSEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	4	PV
<i>drospirenone-ethinyl estradiol</i>	5	PV	MINASTRIN 24 FE CHEW <i>(norethin acet &amp; estrad-fe)</i>	4	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV	MIRCETTE <i>(desogestrel- ethinyl estradiol (biphasic))</i>	4	PV
<i>ethynodiol diacet &amp; eth estrad</i>	5	PV	NATAZIA	5	PV
			NEXTSTELLIS	5	PV
			<i>norethin acet &amp; estrad-fe CAPS</i>	5	PV
			<i>norethin acet &amp; estrad-fe CHEW</i>	5	PV
			<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
			<i>norethindrone &amp; ethinyl estradiol-fe</i>	5	PV
			<i>norethindrone acet &amp; eth estra TABS</i>	5	PV
			<i>norethindrone acetate- ethinyl estradiol-fe</i>	5	PV
			<i>norgestimate-ethinyl estradiol</i>	5	PV
			<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV

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Drug Name	Drug Tier	Requirements/Limits
QUARTETTE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	4	PV
SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	4	PV
SEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	4	PV
TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )	4	PV
TYBLUME CHEW	5	PV
YASMIN 28 ( <i>drospirenone-ethinyl estradiol</i> )	4	PV
YAZ ( <i>drospirenone-ethinyl estradiol</i> )	4	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING ( <i>etonogestrel-ethinyl estradiol</i> )	4	PV
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/Limits
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP ( <i>levonorgestrel (emergency oc)</i> )	4	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPB	1	

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(Prednisolone) MILLIPRED TABS	1	
AGAMREE	3	SP; PA
<i>budesonide TB24</i>	2	PA
CORTEF TABS ( <i>hydrocortisone</i> )	4	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPk</i>	1	
<i>hydrocortisone TABS</i>	1	
MEDROL DOSEPAK TBPk ( <i>methylprednisolone</i> )	4	
MEDROL TABS 4 MG, 8 MG, 16 MG ( <i>methylprednisolone</i> )	4	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk</i>	1	
ORAPRED ODT TBPk ( <i>prednisolone sodium phosphate</i> )	4	
PEDIAPRED SOLN ( <i>prednisolone sodium phosphate</i> )	4	
<i>prednisolone sodium phosphate SOLN</i>	1	
<i>prednisolone sodium phosphate TBPk</i>	1	
<i>prednisolone TABS</i>	1	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG</i>	1	
<i>prednisone TBPk</i>	1	
Mineralocorticoids		

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate TABS</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
(Hydrocodone Bitartrate- Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate</i>	1	
HYCODAN SOLN ( <i>hydrocodone bitartrate- homatropine methylbromide</i> )	4	
HYCODAN TABS 1.5 MG- 5 MG ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )	4	
<i>hydrocodone bitartrate- homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate- homatropine methylbromide TABS</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAITUSSIN AC, GUAIFENESIN AC SYRP	1	
(Pseudoephed-Bromphen- DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
CODITUSSIN AC LIQD	3	
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex- chlorpheniramine polistirex SUER</i>	1	

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<i>promethazine &amp; phenylephrine SYRP</i>	1	QL(30 ml daily)	(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limited 45gms per month; QL(1.5 gm daily); RX/OTC
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)	(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)	(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)	(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
<i>promethazine-phenylephrine-codeine</i>	1		(Erythromycin (Acne Aid)) ERY PADS	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
Expectorants			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
<i>potassium iodide (expectorant) SOLN</i>	1		(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
SSKI SOLN ( <i>potassium iodide (expectorant)</i> )	4		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
Misc. Respiratory Inhalants			(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	2		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		(Tretinoin) AVITA CREA 0.025 %	1	
NEBUSAL NEBU	2		(Tretinoin) AVITA GEL 0.025 %	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1				
<i>sodium chloride (inhalant) NEBU 7 %</i>	2				
Mucolytics					
<i>acetylcysteine SOLN</i>	1				
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>					
Acne Products					

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ABSORICA 10 MG, 25 MG ( <i>isotretinoin</i> )	4	QL(4 ea daily; 150 Day(s) limit)	CLINDAGEL GEL ( <i>clindamycin phosphate (topical)</i> )	4	
ABSORICA 30 MG ( <i>isotretinoin</i> )	4	QL(3 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) FOAM</i>	1	
ABSORICA 20 MG ( <i>isotretinoin</i> )	4	QL(5 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) GEL</i>	1	
ABSORICA 35 MG, 40 MG ( <i>isotretinoin</i> )	4	QL(2 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) LOTN</i>	1	
ACZONE 7.5 % ( <i>dapsone (topical)</i> )	4	QL(2 gm daily)	<i>clindamycin phosphate (topical) SOLN</i>	1	
ACZONE 5 % ( <i>dapsone (topical)</i> )	4	ST; PA	<i>clindamycin phosphate (topical) SWAB</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	1		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
<i>adapalene CREA</i>	1	Limited 45gms per month; QL(1.5 gm daily)	<i>clindamycin phosphate-tretinoin</i>	1	QL(1 gm daily)
<i>adapalene GEL 0.1 %</i>	1	Limited 45gms per month; QL(1.5 gm daily); RX/OTC	<i>dapsone (topical) 5 %</i>	1	ST; PA
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	<i>dapsone (topical) 7.5 %</i>	1	QL(2 gm daily)
ATRALIN GEL ( <i>tretinoin</i> )	4	Limit 45gms per month; QL(1.5 gm daily)	DIFFERIN CREA ( <i>adapalene</i> )	4	Limited 45gms per month; QL(1.5 gm daily)
AZELEX	3		DIFFERIN GEL 0.3 % ( <i>adapalene</i> )	4	QL(45 gm per fill retail; 135 per fill mail)
BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )	4	QL(2 gm daily)	DIFFERIN GEL 0.1 % ( <i>adapalene</i> )	4	Limited 45gms per month; QL(1.5 gm daily); RX/OTC
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)	DIFFERIN LOTN	2	Limit 59mls per month; QL(1.97 ml daily)
CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )	4		EPIDUO FORTE GEL ( <i>adapalene-benzoyl peroxide</i> )	4	
			EPIDUO GEL ( <i>adapalene-benzoyl peroxide</i> )	4	Limit 45gms per month; QL(1.5 gm daily)

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ERYGEL GEL ( <i>erythromycin (acne aid)</i> )	4		RETIN-A CREA ( <i>tretinoin</i> )	4	
<i>erythromycin (acne aid) GEL</i>	1		RETIN-A GEL ( <i>tretinoin</i> )	4	
<i>erythromycin (acne aid) SOLN</i>	1		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
EVOCLIN FOAM ( <i>clindamycin phosphate (topical)</i> )	4		<i>sulfacetamide sodium (acne)</i>	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)
<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	
<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)	<i>tretinoin microsphere 0.04 %</i>	1	Limit 50gms per month; QL(1.7 gm daily)
KLARON ( <i>sulfacetamide sodium (acne)</i> )	4		<i>tretinoin microsphere 0.1 %</i>	1	QL(1.7 gm daily)
PLEXION CREA ( <i>sulfacetamide sodium w/ sulfur</i> )	4		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
PLEXION LOTN ( <i>sulfacetamide sodium w/ sulfur</i> )	4		<i>tretinoin GEL 0.05 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
RETIN-A MICRO 0.1 % ( <i>tretinoin microsphere</i> )	4	QL(1.7 gm daily)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
RETIN-A MICRO 0.04 % ( <i>tretinoin microsphere</i> )	4	Limit 50gms per month; QL(1.7 gm daily)	VELTIN ( <i>clindamycin phosphate-tretinoin</i> )	4	QL(1 gm daily)
RETIN-A MICRO PUMP 0.04 % ( <i>tretinoin microsphere</i> )	4	Limit 50gms per month; QL(1.7 gm daily)	ZIANA ( <i>clindamycin phosphate-tretinoin</i> )	4	QL(1 gm daily)
RETIN-A MICRO PUMP 0.1 % ( <i>tretinoin microsphere</i> )	4	QL(1.7 gm daily)	Agents for External Genital and Perianal Warts		
			VEREGEN	3	QL(30 gm per fill retail)
			Antibiotics - Topical		
			ALTABAX	3	
			CENTANY OINT	2	

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<i>gentamicin sulfate (topical) CREA</i>	1		LOPROX CREA ( <i>ciclopirox olamine</i> )	4	
<i>gentamicin sulfate (topical) OINT</i>	1		LOPROX SUSP ( <i>ciclopirox olamine</i> )	4	
<i>mupirocin OINT</i>	1		<i>naftifine hcl CREA</i>	1	
NEO-SYNALAR	3		<i>naftifine hcl GEL 2 %</i>	1	
Antifungals - Topical			<i>NAFTIN GEL 2 % (naftifine hcl)</i>	4	
(Ciclopirox) CICLODAN SOLN	2		<i>NAFTIN GEL 1 %</i>	3	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		<i>nystatin (topical) CREA</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	1		<i>nystatin (topical) OINT</i>	1	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		<i>nystatin (topical) POWD EX</i>	1	
<i>ciclopirox olamine CREA</i>	1		<i>nystatin-triamcinolone CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1		<i>nystatin-triamcinolone OINT</i>	1	
<i>ciclopirox GEL</i>	1		<i>oxiconazole nitrate CREA</i>	1	
<i>ciclopirox SHAM</i>	2		OXISTAT CREA ( <i>oxiconazole nitrate</i> )	4	
<i>ciclopirox SOLN</i>	2		OXISTAT LOTN	3	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)	<i>sulconazole nitrate CREA</i>	1	
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)	<i>sulconazole nitrate SOLN</i>	2	
<i>econazole nitrate CREA</i>	1		VYTONE 1.9 %-1 % ( <i>iodoquinol-hydrocortisone in aloe vehicle</i> )	4	
EXELDERM CREA ( <i>sulconazole nitrate</i> )	3		Anti-inflammatory Agents - Topical		
EXTINA FOAM ( <i>ketoconazole (topical)</i> )	4				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1				
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)			
<i>ketoconazole (topical) FOAM</i>	1				
<i>ketoconazole (topical) SHAM 2 %</i>	1				

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(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	CARAC CREA	3	QL(1 gm daily)
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 gm daily); PA	EFUDEX CREA ( <i>fluorouracil (topical)</i> )	4	
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)	<i>fluorouracil (topical) CREA 5 %</i>	1	
PENNSAID SOLN EX	3	QL(4 gm daily); PA	<i>fluorouracil (topical) CREA 0.5 %</i>	3	QL(1 gm daily)
PENNSAID SOLN EX 2 % ( <i>diclofenac sodium (topical)</i> )	4	QL(4 gm daily); PA	<i>fluorouracil (topical) SOLN</i>	1	
VOLTAREN ARTHRITIS PAIN GEL EX ( <i>diclofenac sodium (topical)</i> )	4	RX/OTC	PANRETIN	3	PA
Antineoplastic or Premalignant Lesion Agents - Topical			TARGRETIN ( <i>bexarotene (topical)</i> )	4	
<i>bexarotene (topical)</i>	3		VALCHLOR	3	ST; PA
			Antipruritics - Topical		
			<i>doxepin hcl (antipruritic)</i>	2	QL(3 gm daily)
			Antipsoriatics		
			(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
			<i>acitretin 17.5 MG</i>	1	
			<i>acitretin 25 MG</i>	1	QL(2 ea daily)
			<i>acitretin 10 MG</i>	1	QL(1 ea daily)
			<i>calcipotriene CREA</i>	1	QL(5 gm daily)
			<i>calcipotriene FOAM</i>	3	PA
			CALCIPOTRIENE FOAM	3	PA
			<i>calcipotriene OINT</i>	1	QL(5 gm daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 gm daily)
			COSENTYX SENSOREADY PEN SOAJ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA

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COSENTYX UNOREADY SOAJ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	STELARA SOSY 90 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); SP; PA
COSENTYX SOSY 150 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	STELARA SOSY 45 MG/0.5ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA
COSENTYX SOSY 150 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA	<i>tazarotene CREA</i>	1	QL(1 gm daily)
COSENTYX SOSY 75 MG/0.5ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA	<i>tazarotene GEL</i>	1	QL(1 gm daily)
<i>methoxsalen rapid</i>	2		TAZORAC CREA ( <i>tazarotene</i> )	4	QL(1 gm daily)
SKYRIZI PEN SOAJ	3	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA	TAZORAC GEL ( <i>tazarotene</i> )	4	QL(1 gm daily)
SKYRIZI PSKT	3	Check plan documents for coverage; QL(1 ea per 84 day(s) retail); PA	TREMFYA SOAJ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
SKYRIZI SOSY	3	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA	TREMFYA SOSY 100 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
SORILUX FOAM	3	PA	VECTICAL ( <i>calcitriol topical</i> )	4	Limit 100gms per month; QL(3.4 gm daily)
STELARA SOLN 45 MG/0.5ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	Antiseborrheic Products		
			OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> )	4	
			OVACE PLUS LOTN	3	
			OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )	4	
			<i>selenium sulfide LOTN 2.5 %</i>	1	

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<b>sulfacetamide sodium LIQD</b>	1	
Antivirals - Topical		
<b>acyclovir topical CREA</b>	1	
<b>acyclovir topical OINT</b>	1	QL(1 gm daily)
ZOVIRAX CREA ( <b>acyclovir topical</b> )	4	
ZOVIRAX OINT ( <b>acyclovir topical</b> )	4	QL(1 gm daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
SILVADENE ( <b>silver sulfadiazine</b> )	4	
<b>silver sulfadiazine</b>	1	
SULFAMYLON CREA	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	1	
(Clobetasol Propionate) CLODAN SHAM	1	
(Desonide) DESRX GEL	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
<b>alclometasone dipropionate CREA</b>	1	
<b>alclometasone dipropionate OINT</b>	1	
APEXICON E CREA	2	
<b>betamethasone dipropionate (topical) CREA</b>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>betamethasone dipropionate (topical) LOTN</b>	1	
<b>betamethasone dipropionate (topical) OINT</b>	1	
<b>betamethasone dipropionate augmented CREA</b>	1	
<b>betamethasone dipropionate augmented GEL 0.05 %</b>	1	
<b>betamethasone dipropionate augmented LOTN</b>	1	
<b>betamethasone dipropionate augmented OINT</b>	1	
<b>betamethasone valerate CREA</b>	1	
<b>betamethasone valerate FOAM</b>	1	
<b>betamethasone valerate LOTN</b>	1	
<b>betamethasone valerate OINT</b>	1	
<b>calcipotriene-betamethasone dipropionate OINT</b>	1	QL(2 gm daily); ST
<b>calcipotriene-betamethasone dipropionate SUSP</b>	1	QL(2 gm daily); ST
<b>clobetasol propionate emollient base 0.05 %</b>	1	
<b>clobetasol propionate emulsion</b>	1	
<b>clobetasol propionate CREA 0.05 %</b>	1	
<b>clobetasol propionate FOAM</b>	1	
<b>clobetasol propionate GEL 0.05 %</b>	1	
<b>clobetasol propionate LIQD</b>	2	

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<i>clobetasol propionate</i> LOTN	2		<i>fluocinolone acetonide</i> CREA	1	
<i>clobetasol propionate</i> OINT 0.05 %	1		<i>fluocinolone acetonide</i> OIL	1	
<i>clobetasol propionate</i> SHAM	1		<i>fluocinolone acetonide</i> OINT	1	
<i>clobetasol propionate</i> SOLN 0.05 %	1		<i>fluocinolone acetonide</i> SOLN	1	
CLOBEX SHAM ( <i>clobetasol propionate</i> )	4		<i>fluocinonide emulsified</i> base	1	
<i>clocortolone pivalate</i>	1		<i>fluocinonide</i> CREA	1	
CLODERM ( <i>clocortolone</i> <i>pivalate</i> )	4		<i>fluocinonide</i> GEL	1	
CORDRAN CREA ( <i>flurandrenolide</i> )	4		<i>fluocinonide</i> OINT	1	
CORDRAN TAPE	3		<i>fluocinonide</i> SOLN	1	
DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone</i> <i>acetonide</i> )	4		<i>flurandrenolide</i> CREA	1	
DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone</i> <i>acetonide</i> )	4		<i>fluticasone propionate</i> CREA 0.05 %	1	
<i>desonide</i> CREA	1		<i>fluticasone propionate</i> LOTN	1	
<i>desonide</i> GEL	1		<i>fluticasone propionate</i> OINT	1	
<i>desonide</i> LOTN	1		<i>halobetasol propionate</i> CREA	1	
<i>desonide</i> OINT	1		<i>halobetasol propionate</i> OINT	1	
DESOWEN CREA ( <i>desonide</i> )	4		<i>hydrocortisone (topical)</i> CREA 2.5 %	1	
<i>desoximetasone</i> CREA	2		<i>hydrocortisone (topical)</i> LOTN 2 %, 2.5 %	1	
<i>desoximetasone</i> GEL	1		<i>hydrocortisone (topical)</i> OINT 2.5 %	1	
<i>desoximetasone</i> LIQD	2	ST	<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i>	1	
<i>desoximetasone</i> OINT	1		<i>hydrocortisone butyrate</i> CREA	1	
<i>diflorasone diacetate</i> CREA	2		<i>hydrocortisone butyrate</i> OINT	1	
<i>diflorasone diacetate</i> OINT	1		<i>hydrocortisone butyrate</i> SOLN	1	
DIPROLENE OINT ( <i>betamethasone</i> <i>dipropionate augmented</i> )	4		<i>hydrocortisone valerate</i> CREA	1	
EPIFOAM FOAM	3				

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<i>hydrocortisone valerate OINT</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	4		<i>triamcinolone acetonide (topical) LOTN</i>	1	
LOCOID LIPOCREAM	3		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
LUXIQ FOAM ( <i>betamethasone valerate</i> )	4		TRIDESILON CREA 0.05 % ( <i>desonide</i> )	4	
<i>mometasone furoate CREA</i>	1		VANOS CREA ( <i>fluocinonide</i> )	4	
<i>mometasone furoate OINT</i>	1		<b>Eczema Agents</b>		
<i>mometasone furoate SOLN</i>	1		DUPIXENT SOAJ SC 300 MG/2ML	3	PA
OLUX-E ( <i>clobetasol propionate emulsion</i> )	4		DUPIXENT SOSY 100 MG/0.67ML	3	Must use Acaria Specialty (844) 538-4661; SP; PA
OLUX FOAM ( <i>clobetasol propionate</i> )	4		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
PRAMOSONE LOTN	3		<b>Emollient/Keratolytic Agents</b>		
PRAMOSONE OINT	3		(Urea In Lactic Acid Vehicle) UREA HYDRATING	1	
<i>prednicarbate OINT</i>	1		(Urea) UREA NAIL GEL 45 %	1	
SYNALAR CREA ( <i>fluocinolone acetonide</i> )	4		URAMAXIN GEL ( <i>urea</i> )	4	
SYNALAR OINT ( <i>fluocinolone acetonide</i> )	4		<i>urea LOTN 40 %</i>	1	
SYNALAR SOLN ( <i>fluocinolone acetonide</i> )	4		<b>Emollients</b>		
TACLONEX OINT ( <i>calcipotriene-betamethasone dipropionate</i> )	4	QL(2 gm daily); ST	<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
TACLONEX SUSP ( <i>calcipotriene-betamethasone dipropionate</i> )	4	QL(2 gm daily); ST	<b>Enzymes - Topical</b>		
TEXACORT SOLN 2.5 %	3		SANTYL OINT	3	
TOPICORT GEL ( <i>desoximetasone</i> )	4		<b>Immunomodulating Agents - Topical</b>		
TOPICORT OINT ( <i>desoximetasone</i> )	4		<i>imiquimod 5 %</i>	1	
<i>triamcinolone acetonide (topical) AERS</i>	1		<b>Immunosuppressive Agents - Topical</b>		

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ELIDEL ( <i>pimecrolimus</i> )	4	QL(2 gm daily)
<i>pimecrolimus</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	2	
<i>podofilox SOLN</i>	1	
<i>salicylic acid in ammonium lactate vehicle</i>	1	
<i>salicylic acid SHAM 6 %</i>	1	
SALIMEZ CREA	3	
SALY CIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 ea daily)
CETACAINE AERO	3	
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 ea daily)
LIDODERM PTCH ( <i>lidocaine</i> )	4	QL(3 ea daily)
PREMIUM SCAR PATCH	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA

Drug Name	Drug Tier	Requirements/Limits
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limited 45gms per month; QL(1.5 gm daily)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	1	ST; PA
<i>doxycycline (rosacea)</i>	2	QL(1 ea daily)
FINACEA FOAM	3	
FINACEA GEL ( <i>azelaic acid</i> )	4	
<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA
METROCREAM CREA ( <i>metronidazole (topical)</i> )	4	
METROGEL GEL 1 % ( <i>metronidazole (topical)</i> )	4	
METROLOTION LOTN ( <i>metronidazole (topical)</i> )	4	QL(2 ml daily)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limited 45gms per month; QL(1.5 gm daily)
<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)
MIRVASO ( <i>brimonidine tartrate (topical)</i> )	4	ST; PA
RHOFADE	3	ST; PA
SOOLANTRA ( <i>ivermectin (rosacea)</i> )	4	QL(1.5 gm daily); PA
Scabicides & Pediculicides		
<i>malathion</i>	2	
NATROBA ( <i>spinosad</i> )	3	AL(At least 4 yrs old)
<i>permethrin CREA</i>	1	QL(2 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>spinosad</i>	1	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST KIT	5	PV
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); PA; RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	2	QL(50 ea per fill retail)
KETONE STRP	2	QL(50 ea per fill retail; 150 per fill mail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail; 150 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
(Dichlorphenamide) ORMALVI	1	PA
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>dichlorphenamide</i>	1	PA
KEVEYIS ( <i>dichlorphenamide</i> )	4	PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE ( <i>spironolactone &amp; hydrochlorothiazide</i> )	4	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	4	QL(2 ea daily)
MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	4	QL(1 ea daily)
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
<i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BUMEX TABS 0.5 MG ( <i>bumetanide</i> )	4	
<i>ethacrynic acid</i>	2	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS ( <i>furosemide</i> )	4	
SOAANZ TABS 20 MG	2	
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS ( <i>spironolactone</i> )	4	
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	2	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )	4	ST
ACTONEL TABS 150 MG ( <i>risedronate sodium</i> )	4	Limited to 1 per month; QL(0.04 ea daily); ST
<i>alendronate sodium SOLN</i>	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML	3	Check your plan documents for specific coverage.; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 tabs per month; QL(0.143 ea daily)	GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML	3	Check your plan documents for specific coverage.; PA
BINOSTO TBEF	3	Limit 4 per month; QL(0.15 ea daily); ST	GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML	3	Check your plan documents for specific coverage; PA
<i>calcitonin (salmon) NA</i>	1		<b>Growth Hormone Receptor Antagonists</b>		
<i>calcitonin (salmon) IJ</i>	3	PA	SOMAVERT 25 MG, 30 MG	3	PA
FOSAMAX TABS 70 MG ( <i>alendronate sodium</i> )	4	Limit 4 tabs per month; QL(0.143 ea daily)	SOMAVERT 10 MG, 15 MG, 20 MG	3	PA
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)	<b>Growth Hormone Releasing Hormones (GHRH)</b>		
MIACALCIN IJ ( <i>calcitonin (salmon)</i> )	4	PA	EGRIFTA 2 MG	3	PA
NATPARA	3	PA	EGRIFTA SV	3	PA
PROLIA SOSY	3	PA	<b>Growth Hormones</b>		
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST	HUMATROPE CART IJ	3	PA
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST	NORDITROPIN FLEXPRO SOPN	3	PA
TYMLOS	3	PA	SEROSTIM SC 4 MG, 5 MG, 6 MG	3	PA
<b>Fertility Regulators</b>			<b>Hormone Receptor Modulators</b>		
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; QL(15 ea per fill retail; 15 ea per 30 day(s) retail)	EVISTA ( <i>raloxifene hcl</i> )	4	PV
<i>clomiphene citrate TABS</i>	1	Check plan documents for your specific coverage.; QL(15 ea per fill retail; 15 ea per 30 day(s) retail)	OSPHENA	3	QL(1 ea daily)
			<i>raloxifene hcl</i>	5	PV
			<b>Insulin-Like Growth Factors (Somatomedins)</b>		
			INCRELEX	3	PA
			<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
			FENSOLVI SC	3	PA
			LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) 11.25 MG, 15 MG	3	PA	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
LUPRON DEPOT-PED (3-MONTH)	3	PA	<i>levocarnitine (metabolic modifiers) TABS</i>	1	
Metabolic Modifiers			MYALEPT	3	PA
(Sapropterin Dihydrochloride) JAVYGTOR PACK	3	Specialty Drug refer to Caremark SP RX	<i>nitisinone CAPS 2 MG, 5 MG, 10 MG</i>	3	PA
(Sapropterin Dihydrochloride) JAVYGTOR TABS	3	Specialty Drug refer to Caremark SP RX	<i>nitisinone CAPS 20 MG</i>	3	PA
BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )	4		ORFADIN CAPS 2 MG, 5 MG, 10 MG ( <i>nitisinone</i> )	4	PA
BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )	4		ORFADIN CAPS 20 MG ( <i>nitisinone</i> )	4	PA
<i>calcitriol CAPS 0.25 MCG</i>	1		ORFADIN SUSP	3	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)	PALYNZIQ	3	PA
<i>calcitriol SOLN OR</i>	1		<i>paricalcitol CAPS</i>	1	
CARNITOR SF SOLN OR ( <i>levocarnitine (metabolic modifiers)</i> )	4		ROCALTROL CAPS 0.5 MCG ( <i>calcitriol</i> )	4	QL(4 ea daily)
CARNITOR SOLN OR 1 GM/10ML ( <i>levocarnitine (metabolic modifiers)</i> )	4		ROCALTROL CAPS 0.25 MCG ( <i>calcitriol</i> )	4	
CARNITOR TABS ( <i>levocarnitine (metabolic modifiers)</i> )	4		ROCALTROL SOLN OR ( <i>calcitriol</i> )	4	
<i>cinacalcet hcl</i>	2	PA	<i>sapropterin dihydrochloride PACK</i>	3	Specialty Drug refer to Caremark SP RX
<i>doxercalciferol CAPS</i>	1		<i>sapropterin dihydrochloride TABS</i>	3	Specialty Drug refer to Caremark SP RX
GALAFOLD	3	QL(0.5 ea daily); PA	<i>sodium phenylbutyrate POWD</i>	3	
KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	4	Specialty Drug refer to Caremark SP RX	<i>sodium phenylbutyrate TABS</i>	3	
KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	4	Specialty Drug refer to Caremark SP RX	STRENSIQ	3	PA
			ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>paricalcitol</i> )	4	
			Posterior Pituitary Hormones		
			DDAVP TABS 0.2 MG ( <i>desmopressin acetate</i> )	4	QL(6 ea daily)
			DDAVP TABS 0.1 MG ( <i>desmopressin acetate</i> )	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
STIMATE SOLN NA	3	
Progesterone Receptor Antagonists		
MIFEPREX ( <i>mifepristone</i> )	4	
<i>mifepristone</i>	5	
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	3	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	4	PA
SIGNIFOR	3	PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	

Drug Name	Drug Tier	Requirements/Limits
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	4	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 per month; QL(0.14 ea daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol &amp; norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	3	PA
PREMPHASE	2	QL(1 ea daily)
PREMPRO	2	QL(1 ea daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 ea daily)
CLIMARA PTWK ( <i>estradiol</i> )	4	Limit 4 per month; QL(0.14 ea daily)
DELESTROGEN ( <i>estradiol valerate</i> )	4	QL(5 ml per fill retail)
DIVIGEL GEL ( <i>estradiol</i> )	4	
ELESTRIN GEL	3	QL(1.74 gm daily)
ESTRACE TABS ( <i>estradiol</i> )	4	
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol GEL 0.06 %</i>	1	Limit 50gms per month; QL(1.67 gm daily)
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	Limit 4 per month; QL(0.14 ea daily)
<i>estradiol TABS</i>	1	
ESTROGEL GEL ( <i>estradiol</i> )	4	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	QL(0.27 ml daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
MENEST 2.5 MG	2	QL(3 ea daily)
MENOSTAR PTWK	3	Limit 4 per month; QL(0.14 ea daily)
MINIVELLE PTTW ( <i>estradiol</i> )	4	QL(0.29 ea daily)
PREMARIN TABS	2	QL(1 ea daily)
VIVELLE-DOT PTTW ( <i>estradiol</i> )	4	QL(0.29 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	4	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 day(s) retail; 28 ea per 90 days mail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	3	ST; QL(1 ea daily); PA
OCALIVA 10 MG	3	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	3	PA
URSO 250 TABS ( <i>ursodiol</i> )	4	
URSO FORTE TABS ( <i>ursodiol</i> )	4	
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA ( <i>lubiprostone</i> )	4	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	2	
REGLAN TABS ( <i>metoclopramide hcl</i> )	4	
Inflammatory Bowel Agents		
AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )	4	QL(8 ea daily)
AZULFIDINE TABS ( <i>sulfasalazine</i> )	4	QL(8 ea daily)
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily; 280 ea per fill retail)

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

Drug Name	Drug Tier	Requirements/Limits
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate</i> ( <i>phosphate binder</i> ) CAPS	1	
<i>calcium acetate</i> ( <i>phosphate binder</i> ) TABS	1	RX/OTC
FOSRENOL PACK	3	
<i>lanthanum carbonate</i> <i>CHEW 1000 MG</i>	2	QL(3 ea daily)
<i>lanthanum carbonate</i> <i>CHEW 500 MG</i>	2	
REVELA PACK 2.4 GM ( <i>sevelamer carbonate</i> )	4	QL(5 ea daily)
REVELA PACK 0.8 GM ( <i>sevelamer carbonate</i> )	4	
REVELA TABS ( <i>sevelamer carbonate</i> )	4	
<i>sevelamer carbonate</i> <i>PACK 0.8 GM</i>	1	
<i>sevelamer carbonate</i> <i>PACK 2.4 GM</i>	1	QL(5 ea daily)
<i>sevelamer carbonate</i> <i>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	3	ST; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	ST; Not available through mail; PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS -</b>		
<b>Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Acidifiers		
K-PHOS NO 2	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Alkalinizers</b>		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA-3 SYRP	3	
<i>pot &amp; 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
<i>sodium citrate &amp; citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR ( <i>potassium citrate (alkalinizer)</i> )	4	
UROCIT-K 15 TBCR ( <i>potassium citrate (alkalinizer)</i> )	4	
UROCIT-K 5 TBCR ( <i>potassium citrate (alkalinizer)</i> )	4	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	3	QL(3 ea daily); PA
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART ( <i>dutasteride</i> )	4	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX ( <i>tamsulosin hcl</i> )	4	QL(2 ea daily)
JALYN ( <i>dutasteride-tamsulosin hcl</i> )	4	
PROSCAR ( <i>finasteride</i> )	4	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 4 MG ( <i>silodosin</i> )	4	
RAPAFLO 8 MG ( <i>silodosin</i> )	4	QL(1 ea daily)
<i>silodosin 8 MG</i>	1	QL(1 ea daily)
<i>silodosin 4 MG</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL ( <i>alfuzosin hcl</i> )	4	QL(1 ea daily)
<b>Urinary Stone Agents</b>		
LITHOSTAT	3	
THIOLA EC TBEC ( <i>tiopronin</i> )	4	
THIOLA TABS ( <i>tiopronin</i> )	4	
<i>tiopronin TABS</i>	1	
<i>tiopronin TBEC</i>	1	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid</i>	1	
<b>Gout Agents</b>		
<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	
COLCRYS TABS ( <i>colchicine</i> )	4	
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
MITIGARE CAPS ( <i>colchicine</i> )	4	

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Drug Name	Drug Tier	Requirements/Limits
ULORIC 80 MG <i>(febuxostat)</i>	4	QL(1 ea daily)
ULORIC 40 MG <i>(febuxostat)</i>	4	QL(2 ea daily)
ZYLOPRIM 300 MG <i>(allopurinol)</i>	4	QL(2 ea daily)
ZYLOPRIM 100 MG <i>(allopurinol)</i>	4	QL(3 ea daily)
Uricosurics		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	PA
ADYNOVATE 3000 UNIT	3	PA
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ELOCTATE 250 UNIT	3	PA
FEIBA 500 UNIT, 1000 UNIT	3	PA
JIVI	3	PA
KOVALTRY 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	PA
NOVOEIGHT 250 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	3	PA
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	3	Specialty drug-Health Net will refer to SP Pharmacy; PA
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	3	Specialty drug-Health Net will refer to SP Pharmacy; PA
OBIZUR	3	PA
Complement Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
FABHALTA	3	PA
HAEGARDA SOLR SC	3	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG <i>(anagrelide hcl)</i>	4	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	
EFFIENT <i>(prasugrel hcl)</i>	4	
PLAVIX 75 MG <i>(clopidogrel bisulfate)</i>	4	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	3	PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	3	ST; AC; PA
SIKLOS TABS 1000 MG	3	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV

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Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<b>folic acid TABS 400 MCG, 800 MCG</b>	5	PV
<b>folic acid TABS 1 MG</b>	1	RX/OTC
Hematopoietic Growth Factors		
MULPLETA	3	PA
NYVEPRIA	3	SP; PA
PROMACTA PACK 12.5 MG	3	QL(1 ea daily); PA
PROMACTA PACK 25 MG	3	QL(1 ea daily); PA
PROMACTA TABS	3	QL(1 ea daily); PA
RETACRIT	3	PA
RETACRIT 20000 UNIT/ML	3	PA
UDENYCA ONBODY SOSY	3	SP; PA
UDENYCA SOAJ	3	SP; PA
UDENYCA SOSY	3	PA
ZARXIO	3	Refer to Medical benefit; PA

Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		
<b>aminocaproic acid SOLN OR 0.25 GM/ML</b>	2	
<b>aminocaproic acid TABS</b>	2	
LYSTEDA TABS ( <i>tranexamic acid</i> )	4	QL(6 ea daily; 5 Day(s) limit)
<b>tranexamic acid TABS</b>	1	QL(6 ea daily; 5 Day(s) limit)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Barbiturate Hypnotics		
<b>phenobarbital ELIX</b>	1	
<b>phenobarbital TABS</b>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )	4	QL(1 ea daily)
AMBIEN TABS ( <i>zolpidem tartrate</i> )	4	QL(1 ea daily)
DORAL ( <i>quazepam</i> )	4	
<b>estazolam</b>	1	
<b>eszopiclone</b>	1	QL(1 ea daily)
<b>flurazepam hcl</b>	3	QL(1 ea daily)
HALCION 0.25 MG ( <i>triazolam</i> )	4	QL(1 ea daily)
LUNESTA ( <i>eszopiclone</i> )	4	QL(1 ea daily)
<b>midazolam hcl SYRP</b>	1	
<b>quazepam</b>	3	
RESTORIL 15 MG ( <i>temazepam</i> )	4	QL(2 ea daily)
RESTORIL 22.5 MG, 30 MG ( <i>temazepam</i> )	4	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
RESTORIL 7.5 MG ( <i>temazepam</i> )	4	
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 ea daily); ST
ROZEREM ( <i>ramelteon</i> )	4	QL(1 ea daily); ST
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK	5	PV
GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	4	QL(4000 ml per fill retail); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	QL(4000 ml per fill retail); PV
<i>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	
SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	4	
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 gm daily)
<i>lactulose SOLN</i>	1	
MIRALAX POWD ( <i>polyethylene glycol 3350</i> )	4	Limit 528gms per month; QL(17.6 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 gm daily)
Saline Laxatives		
OSMOPREP	5	PV
Stimulant Laxatives		
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

Drug Name	Drug Tier	Requirements/Limits
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX PINK LAXATIVE TBEC ( <i>bisacodyl</i> )	4	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX SUPP ( <i>bisacodyl</i> )	4	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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DULCOLAX TBEC ( <i>bisacodyl</i> )	4	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
Azithromycin			E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> )	4	
<i>azithromycin</i> PACK	1		ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )	4	
<i>azithromycin</i> SUSR	1		ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )	4	
<i>azithromycin</i> TABS 250 MG	1	QL(6 ea per fill retail)	<i>erythromycin base</i> CPEP	2	
<i>azithromycin</i> TABS 500 MG	1	QL(3 ea daily)	<i>erythromycin base</i> TABS	1	
<i>azithromycin</i> TABS 600 MG	1	QL(10 ea per fill retail)	<i>erythromycin base</i> TBEC	1	
ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )	4	QL(3 ea daily)	<i>erythromycin ethylsuccinate</i> SUSR	1	
ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )	4	QL(6 ea per fill retail)	<i>erythromycin ethylsuccinate</i> TABS	2	
ZITHROMAX PACK ( <i>azithromycin</i> )	4		<b>Fidaxomicin</b>		
ZITHROMAX SUSR ( <i>azithromycin</i> )	4		DIFICID TABS	3	
ZITHROMAX TABS 500 MG ( <i>azithromycin</i> )	4	QL(3 ea daily)	<b>MEDICAL DEVICES AND SUPPLIES</b>		
ZITHROMAX TABS 250 MG ( <i>azithromycin</i> )	4	QL(6 ea per fill retail)	<b>Contraceptives</b>		
Clarithromycin			AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>clarithromycin</i> SUSR	1		CAYA DPRH	5	QL(1 ea per 365 day(s) retail); PV
<i>clarithromycin</i> TABS	1		CONDOMS	5	PV
<i>clarithromycin</i> TB24	1	QL(14 ea per fill retail; 14 per fill mail)	DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Erythromycins			DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
(Erythromycin Base) ERY-TAB TBEC	1				

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

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TRUE COVER DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV
			<b>Diabetic Supplies</b>		
			FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC
			FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUGH ULTRA 2 KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)
ONETOUGH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUGH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 day(s) retail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUGH VERIO REFLECT KIT	2	QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC			

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BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
			AEROCHAMBER PLUS FLOW-VU MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC

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BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASIVENT/MASK-LARGE MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASIVENT/MASK-SMALL MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASIVENT MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/BLUE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/ORANGE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/RED DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
			EASY FLOW WHITE/BLUE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
			EASY FLOW WHITE/GREEN DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
			EASY FLOW WHITE/PINK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC

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EASY FLOW WHITE/WHITE DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	POCKET CHAMBER DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	POCKET SPACER DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	PROCHAMBER VALVED HOLDING CHAMBER DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
MICROCHAMBER DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
MICROCHAMBER MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	RITEFLO DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
MICROSPACER MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
OPTICHAMBER DIAMOND DEVI	2	QL(1 ea per 365 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
OPTICHAMBER DIAMOND MISC	2	QL(1 ea per 365 day(s) retail); RX/OTC	AJOVY SOAJ	2	PA

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AJOVY SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY 120 MG/ML	2	PA
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST
<b>Migraine Combinations</b>		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
CAFERGOT TABS ( <i>ergotamine w/ caffeine</i> )	4	
<i>ergotamine w/ caffeine TABS</i>	1	
<b>Migraine Products</b>		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	3	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ml daily)
ERGOMAR SUBL	3	
<b>Serotonin Agonists</b>		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 tabs 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 tabs per month; QL(0.2 ea daily)
FROVA ( <i>frovatriptan succinate</i> )	4	Limit 9 per month; QL(0.3 ea daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)
IMITREX 20 MG/ACT ( <i>sumatriptan</i> )	4	Limit 6 sprayers per month; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
IMITREX 5 MG/ACT ( <i>sumatriptan</i> )	4	Limit 6 per month; QL(0.2 ea daily)
IMITREX STATDOSE REFILL SOCT ( <i>sumatriptan succinate</i> )	4	PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML ( <i>sumatriptan succinate</i> )	4	PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	4	QL(0.14 ml daily; 2 ml per fill retail); PA
IMITREX TABS ( <i>sumatriptan succinate</i> )	4	Limit 9 per month; QL(2 ea daily)
MAXALT-MLT TBDP 10 MG ( <i>rizatriptan benzoate</i> )	4	Limit 12 tabs per month; QL(0.4 ea daily)
MAXALT TABS 10 MG ( <i>rizatriptan benzoate</i> )	4	Limit 18 tabs per month; QL(0.6 ea daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)
RELPAZ ( <i>eletriptan hydrobromide</i> )	4	Limit 6 tabs per month; QL(0.2 ea daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 tabs per month; QL(0.4 ea daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	3	PA

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<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	3	QL(0.14 ml daily; 2 ml per fill retail); PA	<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate SOCT</i>	3	PA	SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	3	ST; Limit 2mls per month; QL(0.07 ml daily); PA	<b>Phosphate</b>		
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 day(s) retail; 18 ea per 90 days mail)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>zolmitriptan TABS</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)	K-PHOS NEUTRAL ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	4	
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)	K-PHOS TABS ( <i>potassium phosphate monobasic</i> )	4	
ZOMIG SOLN ( <i>zolmitriptan</i> )	4	QL(6 ea per 30 day(s) retail; 18 ea per 90 days mail)	<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	
ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 day(s) retail; 18 ea per 90 days mail)	<b>Potassium</b>		
ZOMIG TABS 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	4	Limit 6 tabs per month; QL(0.2 ea daily)	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
<b>MINERALS &amp; ELECTROLYTES</b>			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
<b>Fluoride</b>			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	2	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)			
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)			
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV			
<i>sodium fluoride SOLN 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC			
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old); PV			

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Drug Name	Drug Tier	Requirements/Limits
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 10 MEQ, 20 MEQ ( <i>potassium chloride</i> )	4	
<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
<i>potassium chloride TBCR</i>	1	
Zinc		
GALZIN	3	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
Chelating Agents		
DEPEN TITRATABS TABS ( <i>penicillamine</i> )	4	
<i>penicillamine TABS</i>	3	
SYPRINE ( <i>trientine hcl</i> )	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>trientine hcl 250 MG</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>trientine hcl 500 MG</i>	3	PA
Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide</i>	3	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
REVLIMID ( <i>lenalidomide</i> )	4	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
<i>azathioprine TABS 50 MG</i>	1	
<i>azathioprine TABS 75 MG, 100 MG</i>	2	
CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )	4	
CELLCEPT TABS ( <i>mycophenolate mofetil</i> )	4	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	3	
IMURAN TABS ( <i>azathioprine</i> )	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	2	
<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	2	
NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )	4	
NEORAL SOLN ( <i>cyclosporine modified (for microemulsion)</i> )	4	
PROGRAF PACK	3	PA
SANDIMMUNE CAPS ( <i>cyclosporine</i> )	4	
<i>sirolimus SOLN</i>	2	
<i>sirolimus TABS</i>	2	
<i>tacrolimus CAPS</i>	2	
ZORTRESS ( <i>everolimus (immunosuppressant)</i> )	4	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS SUSP RE 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM	3	
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
NYSTATIN ( <i>nystatin (mouth-throat)</i> )	4	
<i>nystatin (mouth-throat)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ORAVIG	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	QL(3 ea daily)
EVOXAC ( <i>cevimeline hcl</i> )	4	QL(3 ea daily)
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
SALAGEN 5 MG ( <i>pilocarpine hcl (oral)</i> )	4	QL(6 ea daily)
SALAGEN 7.5 MG ( <i>pilocarpine hcl (oral)</i> )	4	QL(4 ea daily)
<b>MULTIVITAMINS</b>		
Multiple Vitamins w/ Minerals		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA	1	RX/OTC	WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAI LS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM			50+, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSAL FORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAI LS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE		

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DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, ... (56) TABS			ABC COMPLETE WOMENS TABS	3	RX/OTC
			ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	3	RX/OTC
			ALGAE BASED CALCIUM TABS	3	RX/OTC
			ALIVE CALCIUM BONE SUPPORT MAX ABSORPTION TABS	3	RX/OTC
			ALIVE DAILY ENERGY TABS	3	RX/OTC
			ALIVE DIABETIC MULTIVITAMIN TABS	3	RX/OTC
			ALIVE ENERGY 50+ TABS	3	RX/OTC
			ALIVE MENS 50+ ULTRA TABS	3	RX/OTC
			ALIVE MENS 50+ TABS	3	RX/OTC
			ALIVE MENS COMPLETE MAX POTENCY TABS	3	RX/OTC
			ALIVE MENS COMPLETE MULTIVITAMIN TABS	3	RX/OTC
			ALIVE MENS ULTRA TABS	3	RX/OTC
			ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	3	RX/OTC
			ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	RX/OTC
			ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS	3	RX/OTC
			ALIVE WOMENS ENERGY TABS	3	RX/OTC
ABC COMPLETE ADULT TABS	3	RX/OTC	ALPHA BETIC TABS	3	RX/OTC
ABC COMPLETE MENS TABS	3	RX/OTC	ANTIOXIDANT FORMULA TABS	3	RX/OTC
ABC COMPLETE SENIOR 50+ TABS	3	RX/OTC	AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	3	RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS	3	RX/OTC			
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	RX/OTC			

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AZO HORMONAL HEALTH HAPPY CYCLE TABS	3	RX/OTC	CENTRUM SILVER ADULTS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC
BACMIN TABS	3	RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	3	RX/OTC
BASIC AM TABS	3	RX/OTC	CENTRUM SILVER WOMEN 50+ TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC
BASIC PM TABS	3	RX/OTC	CENTRUM SILVER TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC
BONEUP VEGETARIAN TABS	3	RX/OTC	CENTRUM SPECIALIST HEART TABS	3	RX/OTC
CAL-DAY 1000 TABS	3	RX/OTC	CENTRUM SPECIALIST IMMUNE SUPPORT TABS	3	RX/OTC
CENTRAVITES 50 PLUS TABS	3	RX/OTC	CENTRUM SPECIALIST VISION TABS	3	RX/OTC
CENTRAVITES ADULTS TABS	3	RX/OTC	CENTRUM ULTRA WOMENS TABS	3	RX/OTC
CENTRUM ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC	CENTRUM WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC
CENTRUM CARDIO TABS	3	RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	3	RX/OTC
CENTRUM MEN TABS	3	RX/OTC	CERTAVITE SENIOR TABS	3	RX/OTC
CENTRUM MEN TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC	CERTAVITE/ANTIOXIDANTS TABS	3	RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	3	RX/OTC	CITRACAL +D3 MAXIMUM PLUS TABS	3	RX/OTC
CENTRUM MINIS MEN 50+ TABS	3	RX/OTC	CVS DAILY MULTIVITAMIN/MINERAL MENS TABS	3	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	3	RX/OTC	CVS ONE DAILY MENS 50+ ADVANCED TABS	3	RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUPPORT TABS	3	RX/OTC	CVS ONE DAILY WOMENS 50+ADVANCED TABS	3	RX/OTC
CENTRUM SILVER 50+MEN TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	3	RX/OTC
CENTRUM SILVER 50+WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC			
CENTRUM SILVER ADULT 50+ TABS <i>(multiple vitamins w/ minerals)</i>	4	RX/OTC			

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CVS SPECTRAVITE ADULTS TABS	3	RX/OTC	EYE HEALTH/LUTEIN TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	3	RX/OTC	EYE MULTIVITAMIN/SODIUM TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	3	RX/OTC	FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	RX/OTC	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	3	RX/OTC
DAYAVITE TABS	3	RX/OTC	FLORRAVITE TABS	3	RX/OTC
DERMACINRX MULTITAM TABS	3	RX/OTC	FOLAMAX TABS	3	RX/OTC
DERMACINRX RIBOTIN-E TABS	3	RX/OTC	FOLAPRIME TABS	3	RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	RX/OTC	FOLIFLEX TABS	3	RX/OTC
DERMAVITE TABS	3	RX/OTC	FOLITIN-Z TABS	3	RX/OTC
DIALYVITE SUPREME D TABS	3	RX/OTC	FREEDAVITE TABS	3	RX/OTC
DIATROL TABS	3	RX/OTC	FT CENTURY ADULTS TABS	3	RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	3	RX/OTC	FT HAIR SKIN & NAILS EXTRA STRENGTH TABS	3	RX/OTC
EQ ONE DAILY MENS 50+ TABS	3	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	3	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	3	RX/OTC	GNP CENTURY ADULT TABS	3	RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	3	RX/OTC	GNP THERAPEUTIC-M TABS	3	RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	3	RX/OTC	HAIR SKIN & NAILS ADVANCED FORMULA TABS	3	RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	3	RX/OTC	HAIR SKIN & NAILS TABS	3	RX/OTC
EQL CENTURY MENS TABS	3	RX/OTC	HEAD CARE PROACTIVE HEALTH TABS	3	RX/OTC
EQL CENTURY WOMENS TABS	3	RX/OTC	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	3	RX/OTC
EQL ONE DAILY MENS TABS	3	RX/OTC	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	3	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	RX/OTC	HM COMPLETE MEN TABS	3	RX/OTC

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HM HAIR/SKIN/NAILS TABS	3	RX/OTC	MULTIVITAMIN WOMEN TABS	3	RX/OTC
HYLAZINC TABS	3	RX/OTC	MULTIVITAMIN/ZINC STRESSFORMULA TABS	3	RX/OTC
ICAPS AREDS FORMULA TABS	3	RX/OTC	MULTIVITAMIN TABS 150 MG-2 MG-2.5 MG-10 MCG-7.5 MCG-10 MG-100 MG-3000 MCG-10 MG-15 MG-15 MG-5 MG-1 MG-1.5 MG-150 MCG-1 MG	3	RX/OTC
KEYFOLIC TABS	3	RX/OTC	NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	3	RX/OTC
KEYLOSA TABS	3	RX/OTC	NATRUL-VITES TABS	3	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	3	RX/OTC	NEOVITE TABS	3	RX/OTC
LIVER DETOX TABS	3	RX/OTC	NICADAN ZX TABS	3	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	3	RX/OTC	NICADAN TABS	3	RX/OTC
MEGA MULTI FOR MEN TABS	3	RX/OTC	NICAZEL FORTE TABS	3	RX/OTC
MEGA MULTI FOR WOMEN TABS	3	RX/OTC	NICAZEL TABS	3	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	RX/OTC	NO IRON MULTIPLE VITAMIN/MINERALS TABS	3	RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	3	RX/OTC	NUTRICAP TABS	3	RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	RX/OTC	OCULAR VITAMINS TABS	3	RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	3	RX/OTC	ONCOVITE TABS	3	RX/OTC
MENS MULTIVITAMIN TABS	3	RX/OTC	ONE A DAY ENERGY TABS	3	RX/OTC
MULTI-BETIC DIABETES TABS	3	RX/OTC	ONE A DAY MENS 50+ TABS	3	RX/OTC
<i>multiple vitamins w/ minerals TABS</i>	1	RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPORT ADULT TABS	3	RX/OTC
MULTITOL-M TABS	3	RX/OTC	ONE A DAY WOMENS 50+ TABS	3	RX/OTC
MULTIVITAMIN ADULTS TABS	3	RX/OTC	ONE DAILY MENS 50+ MULTIVITAMIN TABS	3	RX/OTC
MULTIVITAMIN MEN TABS	3	RX/OTC	ONE DAILY MENS FORMULA W/O IRON TABS	3	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	RX/OTC	ONE DAILY WOMENS TABS	3	RX/OTC

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ONE DIALY MULTIVITAMIN WOMENS TABS	3	RX/OTC	ONE-A-DAY WOMENS PETITES TABS ( <i>multiple vitamins w/ minerals</i> )	4	RX/OTC
ONE-A-DAY ENERGY TABS	3	RX/OTC	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS ( <i>multiple vitamins w/ minerals</i> )	4	RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	3	RX/OTC	ONE-A-DAY WOMENS TABS	3	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	RX/OTC	ONEVITE TABS	3	RX/OTC
ONE-A-DAY MENS 50+ TABS	3	RX/OTC	OPTIVITE P.M.T. TABS ( <i>multiple vitamins w/ minerals</i> )	4	RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	RX/OTC	OPURITY TABS	3	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	RX/OTC	OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	3	RX/OTC
ONE-A-DAY MENS TABS	3	RX/OTC	PARVLEX TABS	3	RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	3	RX/OTC	PHYTOMULTI TABS	3	RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	3	RX/OTC	PRESERVISION AREDS TABS	3	RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCED TABS ( <i>multiple vitamins w/ minerals</i> )	4	RX/OTC	PRO-CAL TABS	3	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS ( <i>multiple vitamins w/ minerals</i> )	4	RX/OTC	PROCERV HP TABS	3	RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS ( <i>multiple vitamins w/ minerals</i> )	4	RX/OTC	PROFOLA TABS	3	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	3	RX/OTC	PRORENAL+D TABS	3	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS ( <i>multiple vitamins w/ minerals</i> )	4	RX/OTC	PROVIT TABS	3	RX/OTC
			QC MULTI-VITE TABS	3	RX/OTC
			QUIN B STRONG TABS	3	RX/OTC
			QUINTABS-M TABS	3	RX/OTC
			RA CENTRAL-VITE TABS	3	RX/OTC
			RAYAVIT TABS	3	RX/OTC
			RENAPLEX-D TABS	3	RX/OTC
			SENTRY SENIOR/LUTEIN TABS	3	RX/OTC
			SENTRY TABS	3	RX/OTC
			SIDEROL TABS	3	RX/OTC
			SM ONE DAILY MENS TABS	3	RX/OTC
			SM ONE DAILY WOMENS TABS	3	RX/OTC

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SOLO TABS	3	RX/OTC	VENEXA TABS	3	RX/OTC
SPECTRAVITE TABS	3	RX/OTC	VENTRIXYL FE TABS	3	RX/OTC
STROVITE FORTE TABS (multiple vitamins w/ minerals)	4	RX/OTC	VENTRIXYL TABS	3	RX/OTC
STROVITE ONE TABS	3	RX/OTC	VITAROCA PLUS TABS (multiple vitamins w/ minerals)	4	RX/OTC
SUPER D/ZINC/SELENIUM/COPP ER TABS	3	RX/OTC	VITASANA TABS	3	RX/OTC
SUPERIOR MENS MULTI TABS	3	RX/OTC	VITEYES CLASSIC MULTIIVITAMIN TABS	3	RX/OTC
SUPERIOR WOMENS MULTI TABS	3	RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	3	RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	3	RX/OTC
THERA M PLUS TABS	3	RX/OTC	VITRAMYN TABS	3	RX/OTC
THERABETIC MULTI- VITAMIN TABS	3	RX/OTC	VITRANOL FE TABS	3	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	RX/OTC	VITRANOL TABS	3	RX/OTC
THERAGRAN-M ADVANCED TABS	3	RX/OTC	VITREXATE FE TABS	3	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	RX/OTC	VITREXATE TABS	3	RX/OTC
THERAGRAN-M PREMIER TABS	3	RX/OTC	VITREXYL/IRON TABS	3	RX/OTC
THERAGRAN-M TABS	3	RX/OTC	VITREXYL TABS	3	RX/OTC
THERA-M TABS	3	RX/OTC	WELLFOLA TABS	3	RX/OTC
THERA-TABS M TABS	3	RX/OTC	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	3	RX/OTC
THERA-VITE MAX-M TABS	3	RX/OTC	WOMENS 50+ MULTIVITAMIN TABS	3	RX/OTC
THEREMS-M TABS	3	RX/OTC	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	3	RX/OTC
T-VITES TABS	3	RX/OTC	YELETS TEENAGE FORMULA TABS	3	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG- 2.5 MG-17 MG-7.5 MG- 100 MCG-75 UNIT-320 MG	3	RX/OTC	<b>Ped Multi Vitamins w/FI &amp; FE</b>		
ULTRA BONEUP TABS	3	RX/OTC	(Ped Multivitamins W/FI & Iron) MULTI- VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E/IRON SOLN 35 MG/ML- 0.4 MG/ML-0.5 MG/ML- 400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC
VENEXA FE TABS	3	RX/OTC			

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(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/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	1	RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) TRIVITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLO/IRON SUSP	3	RX/OTC	FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLO CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLO CHEW	2	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLO SUSP	3	
			QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
			QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA SOLN	2	AL(Up to 6 yrs old); RX/OTC
			VITAMINS A/C/D/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
			Pediatric Multiple Vitamins & Minerals w/ Fluoride		
			FLORIVA 75 MG-40 MCG-262 MCG-1.3 MG-1.8 MG-600 UNIT-6 MCG-1.5 MG-15 MG-2000 UNIT-1 MG-5 MG-0.25 MG-20 UNIT	3	
			Prenatal Vitamins		

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(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	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/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	NEONATAL PLUS TABS	2	RX/OTC
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 <i>(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)</i>	4		NESTABS DHA	2	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS ONE	3	
CITRANATAL DHA	2		NIVA-PLUS TABS	2	RX/OTC
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OB COMPLETE ONE	3	
CITRANATAL MEDLEY	3		OB COMPLETE PETITE	3	
COMPLETENATE CHEW	2		OB COMPLETE/DHA	3	
CONCEPT DHA	2		OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3	
CONCEPT OB	2		ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC
DUET DHA 400 MISC	3		PNV-DHA+DOCUSATE	3	
FOLIVANE-OB	2		PNV-OMEGA	3	
M-NATAL PLUS TABS	2	RX/OTC	PREMESISRX	3	
			PRENA 1 TRUE	2	
			PRENA1 CHEW	3	
			PRENA1 PEARL	3	
			PRENAISSANCE	3	
			PRENAISSANCE PLUS CAPS	3	

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PRENATAL 19 CHEW	2		PRENATRIX TABS	2	RX/OTC
PRENATAL 19 TABS	3	RX/OTC	PRENATRYL TABS	2	RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC	PROVIDA OB	2	
PRENATAL PLUS TABS	2	RX/OTC	SELECT-OB+DHA MISC	3	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC	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	
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC	SE-NATAL 19 CHEW	2	
PRENATAL-U CAPS	2		SE-NATAL 19 TABS	3	RX/OTC
PRENATE	3		THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATE AM	3		THRIVITE RX TABS	2	RX/OTC
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		TRICARE TABS	2	RX/OTC
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		TRINATAL RX 1 TABS	2	
PRENATE ENHANCE	3		TRISTART DHA	3	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		VINATE DHA RF	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		VINATE ONE TABS	2	
PRENATE PIXIE	3		VITAFOL GUMMIES	3	
PRENATE RESTORE	3		VITAFOL-NANO	3	
			VITAFOL-ONE CAPS	3	
			VITAMEDMD ONE RX/QUATREFOLIC	3	
			VITAMEDMD REDICHEW RX	3	
			VITAPEARL	3	
			VITATHELY/GINGER TABS	2	RX/OTC
			VITATRUE	2	
			WESCAP-C DHA	2	
			WESTAB PLUS TABS	2	RX/OTC
			WESTGEL DHA	3	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>					
<b>Central Muscle Relaxants</b>					
			(Carisoprodol) VANADOM TABS 350 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG	1	
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl TABS</i>	1	
<i>metaxalone 800 MG</i>	2	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
SOMA TABS ( <i>carisoprodol</i> )	4	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 2 MG</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
ZANAFLEX CAPS ( <i>tizanidine hcl</i> )	4	
ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )	4	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG ( <i>dantrolene sodium</i> )	4	
<i>dantrolene sodium CAPS</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)
DYMISTA SUSP ( <i>azelastine hcl-fluticasone propionate</i> )	4	Limit 1 inhaler per month; QL(0.77 gm daily)

Drug Name	Drug Tier	Requirements/Limits
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ml daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	1	
PATANASE ( <i>olopatadine hcl (nasal)</i> )	4	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		

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(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, FT 24 HOUR NASAL ALLERGYSPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC	FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>fluticasone propionate (nasal)</i> )	4	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
			FLONASE ALLERGY RELIEF SUSP ( <i>fluticasone propionate (nasal)</i> )	4	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
			<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 gm daily); RX/OTC
			<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
			NASACORT ALLERGY 24HR AERO ( <i>triamcinolone acetonide (nasal)</i> )	4	Limit 1 sprayer per month; QL(1.2 ml daily)
			NASONEX 24HR SUSP ( <i>mometasone furoate (nasal)</i> )	4	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
			<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (ophth)</i> SOLG	1	
<i>timolol maleate (ophth)</i> SOLN	1	
TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	4	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	4	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
<i>atropine sulfate (ophthalmic)</i> OINT	1	
<i>atropine sulfate (ophthalmic)</i> SOLN	1	
ATROPINE SULFATE SOLN 1 % ( <i>atropine sulfate (ophthalmic)</i> )	4	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL	2	
CYCLOGYL ( <i>cyclopentolate hcl</i> )	4	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN ( <i>tropicamide</i> )	4	
<i>phenylephrine hcl (mydriatic)</i> SOLN	1	
<i>tropicamide</i> SOLN	1	
Miotics		
<i>pilocarpine hcl</i> SOLN 1 %, 2 %, 4 %	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		

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Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P (brimonidine tartrate)	4	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
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; 3 per fill mail)
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX ( <i>ofloxacin (ophth)</i> )	4	QL(5 ml per fill retail; 5 per fill mail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)
<i>polymyxin b-trimethoprim sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBEX OINT	2	
<i>trifluridine</i>	1	
VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> )	4	QL(3 ml per fill retail; 3 per fill mail)
ZIRGAN GEL	3	
ZYMAXID ( <i>gatifloxacin (ophth)</i> )	4	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
ALCAINE ( <i>proparacaine hcl</i> )	4	
<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; 4 per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate (ophth)</i>	1		PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
<i>difluprednate</i>	1		<i>sulfacetamide sod-prednisolone SOLN</i>	1	
DUREZOL ( <i>difluprednate</i> )	4		TOBRADEX ST SUSP	3	
FLAREX	2		TOBRADEX OINT	3	
<i>fluorometholone (ophth) SUSP</i>	1		TOBRADEX SUSP ( <i>tobramycin-dexamethasone</i> )	4	QL(5 ml per fill retail; 5 per fill mail)
FML FORTE SUSP	2		<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail; 5 per fill mail)
FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> )	4		ZYLET	3	QL(5 ml per fill retail)
FML OINT	2		Ophthalmics - Misc.		
LOTEMAX OINT	2		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.09 ml daily); RX/OTC
<i>loteprednol etabonate GEL</i>	2		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>loteprednol etabonate SUSP 0.5 %</i>	2	QL(0.17 ml daily)			
<i>loteprednol etabonate SUSP 0.2 %</i>	2				
MAXIDEX SUSP OP	2				
MAXITROL OINT ( <i>neomycin-polymyx-dexameth</i> )	4				
MAXITROL SUSP ( <i>neomycin-polymyx-dexameth</i> )	4				
<i>neomycin-polymyx-dexameth OINT</i>	1				
<i>neomycin-polymyx-dexameth SUSP</i>	1				
<i>neomycin-polymyxin-hc (ophth)</i>	1				
PRED MILD	2				
<i>prednisolone acetate (ophth)</i>	1				
PREDNISOLONE PHOSPHATE/MOXIFLOXACIN SOLN	3				
PREDNISOLONE SODIUM PHOSPHATE	3				

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Drug Name	Drug Tier	Requirements/Limits
ACULAR ( <i>ketorolac tromethamine (ophth)</i> )	4	
ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )	4	
ACUVAIL	3	
ALOCRIAL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
AZOPT ( <i>brinzolamide</i> )	4	Limit 10mls per month; QL(0.4 ml daily)
<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST
BEPREVE ( <i>bepotastine besilate</i> )	4	QL(0.34 ml daily); ST
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	3	Limit 1 bottle per month; QL(2.15 ml daily)
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	
DORZOLAMIDE HCL	2	
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.09 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PATADAY 0.1 % ( <i>olopatadine hcl</i> )	4	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PATADAY 0.2 % ( <i>olopatadine hcl</i> )	4	Limit 2.5mls per month; QL(0.09 ml daily); RX/OTC
TRUSOPT ( <i>dorzolamide hcl</i> )	4	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)
TRAVATAN Z SOLN ( <i>travoprost</i> )	4	Limit 2.5mls per month; QL(0.09 ml daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
XALATAN SOLN ( <i>latanoprost</i> )	4	QL(0.0949 ml daily)
ZIOPTAN ( <i>tafluprost</i> )	4	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL ( <i>ciprofloxacin hcl (otic)</i> )	4	

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<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
<b>Otic Combinations</b>		
CIPRO HC	3	
CIPRODEX ( <i>ciprofloxacin-dexamethasone</i> )	4	QL(8 ml per fill retail; 8 per fill mail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail; 8 per fill mail)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
<b>Otic Steroids</b>		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC ( <i>fluocinolone acetonide (otic)</i> )	4	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail; 30 per fill mail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 250 MG</i>	4	
<i>amoxicillin SUSR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
AMOXICILLIN SUSR ( <i>amoxicillin</i> )	4	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
<b>Natural Penicillins</b>		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )	4	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	4	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	1	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
(Norethindrone Acetate) GALLIFREY TABS	1	
AYGESTIN TABS ( <i>norethindrone acetate</i> )	4	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)

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

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SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
SAVELLA TABS	3	QL(2 ea daily); PA
Hypoactive Sexual Desire Disorder (HSDD) Agents		
ADDYI	3	Not covered by all plans; QL(1 ea daily); PA
VYLEESI	3	PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBP	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	3	QL(1 ea daily); SP; PA
AUSTEDO TABS 6 MG	3	ST; QL(2 ea daily); PA
AUSTEDO TABS 12 MG	3	QL(4 ea daily); PA
AUSTEDO TABS 9 MG	3	QL(2 ea daily); PA
INGREZZA CAPS 40 MG	3	Specialty drug-Health Net will refer to SP Pharmacy; QL(1 ea daily); PA
INGREZZA CAPS 60 MG	3	QL(1 ea daily); PA
INGREZZA CAPS 80 MG	3	QL(1 ea daily); PA
INGREZZA CPPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CPSP	3	QL(1 ea daily); SP; PA
<i>tetrabenazine</i>	2	SP
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 day(s) retail)
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)
AUBAGIO ( <i>teriflunomide</i> )	4	QL(1 ea daily); SP
AVONEX PEN AJKT	3	PA
AVONEX PSKT	3	PA
BETASERON KIT	3	PA
COPAXONE SOSY 40 MG/ML ( <i>glatiramer acetate</i> )	4	QL(12 ml per 28 day(s) retail)
COPAXONE SOSY 20 MG/ML ( <i>glatiramer acetate</i> )	4	QL(1 ml daily)
<i>dalfampridine</i>	2	SP; PA
<i>dimethyl fumarate CDPK</i>	3	QL(60 ea per 365 day(s) retail); SP
<i>dimethyl fumarate CPDR</i>	3	QL(2 ea daily); SP
<i>fingolimod hcl</i>	3	QL(1 ea daily); SP
GILENYA ( <i>fingolimod hcl</i> )	4	QL(1 ea daily); SP
GILENYA 0.5 MG	3	QL(1 ea daily); SP
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 day(s) retail)
<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
KESIMPTA	3	QL(0.0143 ml daily); PA
MAYZENT STARTER PACK TBP	3	not available thru mail order; SP; PA

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MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 day(s) retail); SP; PA
MAYZENT TABS 1 MG	3	not available thru mail order; SP; PA
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); SP; PA
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 ea daily); SP; PA
PLEGRIDY STARTER PACK SOAJ SC	3	SP; PA
PLEGRIDY STARTER PACK SOSY SC	3	PA
PLEGRIDY SOAJ SC 125 MCG/0.5ML	3	SP; PA
PLEGRIDY SOSY SC	3	PA
PLEGRIDY SOSY IM	3	SP; PA
REBIF REBIDOSE TITRATIONPACK SOAJ	3	PA
REBIF REBIDOSE SOAJ	3	PA
REBIF TITRATION PACK SOSY	3	PA
REBIF SOSY	3	PA
TECFIDERA STARTER PACK CDPK ( <i>dimethyl fumarate</i> )	4	QL(60 ea per 365 day(s) retail); SP
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	4	QL(2 ea daily); SP
<i>teriflunomide</i>	3	QL(1 ea daily); SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	2	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	3	PA
Psychotherapeutic and Neurological Agents -		

Drug Name	Drug Tier	Requirements/Limits
Misc.		
<i>ergoloid mesylates TABS</i>	1	
<i>pimozide</i>	1	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS	3	PA
ORKAMBI PACK 94 MG-75 MG	3	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	PA
PULMOZYME	3	QL(5 ml daily); PA
SYMDEKO	3	PA
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 ea daily); PA
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 ea daily); PA
TRIKAFTA THPK	3	QL(3 ea daily); PA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS ( <i>pirfenidone</i> )	4	QL(3 ea daily); PA
ESBRIET TABS ( <i>pirfenidone</i> )	4	QL(3 ea daily); PA
OFEV	3	QL(2 ea daily); PA
<i>pirfenidone</i> CAPS	3	QL(3 ea daily); PA
<i>pirfenidone</i> TABS	3	QL(3 ea daily); PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine</i> TABS	1	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	

Drug Name	Drug Tier	Requirements/Limits
ACTICLATE TABS ( <i>doxycycline hyclate</i> )	4	PA
<i>demeclocycline hcl</i> TABS	1	
<i>doxycycline (monohydrate)</i> CAPS	1	
<i>doxycycline (monohydrate)</i> TABS 150 MG	1	ST
<i>doxycycline (monohydrate)</i> TABS 50 MG, 75 MG, 100 MG	1	
<i>doxycycline hyclate</i> CAPS	1	
<i>doxycycline hyclate</i> TABS 100 MG	1	
<i>doxycycline hyclate</i> TABS 75 MG, 150 MG	1	PA
DOXYCYCLINE SUSR ( <i>doxycycline (monohydrate)</i> )	4	
<i>minocycline hcl</i> CAPS	1	
<i>minocycline hcl</i> CP24	3	ST
<i>minocycline hcl</i> TABS 50 MG, 100 MG	1	
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS ( <i>doxycycline hyclate</i> )	4	
VIBRAMYCIN SUSR ( <i>doxycycline (monohydrate)</i> )	4	
XIMINO CP24	3	ST
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
Antithyroid Agents		
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	<i>liothyronine sodium TABS 5 MCG</i>	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		NIVA THYROID TABS	2	
ADTHYZA TABS	2		NP THYROID 120 TABS	2	
ARMOUR THYROID TABS	2		NP THYROID 15 TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )	2	QL(2 ea daily)	NP THYROID 30 TABS	2	
CYTOMEL TABS 5 MCG ( <i>liothyronine sodium</i> )	2		NP THYROID 60 TABS	2	
<i>levothyroxine sodium CAPS 125 MCG</i>	2	QL(1 ea daily)	NP THYROID 90 TABS	2	
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ( <i>levothyroxine sodium</i> )	2	
<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <i>levothyroxine sodium</i> )	2	QL(1 ea daily)
<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 ea daily)	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
			TIROSINT CAPS 75 MCG	3	
			TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
			<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
			Antispasmodics		
			(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1	
			(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
			(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
			ANASPAZ TBDP ( <i>hyoscyamine sulfate</i> )	4	
			BELLADONNA/OPIUM	3	
			<i>chlordiazepoxide hcl-clidinium bromide</i>	1	

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

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(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)	PREVACID SOLUTAB TBDD 30 MG ( <i>lansoprazole</i> )	4	QL(1 ea daily); AL(Up to 12 yrs old)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)	PREVACID CPDR 30 MG ( <i>lansoprazole</i> )	4	QL(1 ea daily)
ACIPHEX TBEC ( <i>rabeprazole sodium</i> )	4	ST; QL(1 ea daily); PA	PRILOSEC PACK	3	PA
<i>lansoprazole CPDR</i>	1	QL(1 ea daily); RX/OTC	PROTONIX PACK ( <i>pantoprazole sodium</i> )	4	QL(1 ea daily)
<i>lansoprazole TBDD 30 MG</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)	PROTONIX TBEC ( <i>pantoprazole sodium</i> )	4	QL(1 ea daily)
<i>lansoprazole TBDD 15 MG</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)	<i>rabeprazole sodium TBEC</i>	1	ST; QL(1 ea daily); PA
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)	Ulcer Drugs - Prostaglandins		
<i>omeprazole CPDR 10 MG</i>	1	QL(1 ea daily)	CYTOTEC ( <i>misoprostol</i> )	4	
<i>pantoprazole sodium PACK</i>	1	QL(1 ea daily)	<i>misoprostol</i>	1	
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)	Ulcer Therapy Combinations		
PREVACID 24HR CPDR ( <i>lansoprazole</i> )	4	QL(1 ea daily); RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
PREVACID SOLUTAB TBDD 15 MG ( <i>lansoprazole</i> )	4	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	HELIDAC THERAPY	3	
			<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
			<i>darifenacin hydrobromide</i>	2	
			DETROL LA CP24 ( <i>tolterodine tartrate</i> )	4	QL(1 ea daily)
			DETROL TABS ( <i>tolterodine tartrate</i> )	4	QL(2 ea daily)
			DITROPAN XL TB24 5 MG, 10 MG ( <i>oxybutynin chloride</i> )	4	
			<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
			<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
			<i>oxybutynin chloride TB24</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate</i> TABS 10 MG	1	QL(1 ea daily)
<i>solifenacin succinate</i> TABS 5 MG	1	
<i>tolterodine tartrate</i> CP24	1	QL(1 ea daily)
<i>tolterodine tartrate</i> TABS	1	QL(2 ea daily)
TOVIAZ ( <i>fesoterodine fumarate</i> )	4	QL(1 ea daily)
<i>tropium chloride</i> CP24	1	
<i>tropium chloride</i> TABS	1	QL(2 ea daily)
VESICARE TABS 10 MG ( <i>solifenacin succinate</i> )	4	QL(1 ea daily)
VESICARE TABS 5 MG ( <i>solifenacin succinate</i> )	4	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
<b>VACCINES</b>		
Bacterial Vaccines		
VIVOTIF	3	QL(4 ea per fill retail)
Viral Vaccines		
COVID VACCINES	5	
FLUBLOK 2024-2025 SOSY	5	PV
FLUCELVAX 2024-2025 SUSP	5	PV
FLUMIST QUADRIVALENT	5	
MODERNA COVID-19 VACCINE/6MO-11Y/2024- 25 SUSY	5	PV
<b>VAGINAL AND RELATED PRODUCTS</b>		
Spermicides		
OPTIONS GYNOL II VAGINALCONTRACEPTI VE GEL	5	PV

Drug Name	Drug Tier	Requirements/Limits
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN CREA ( <i>clindamycin phosphate</i> <i>vaginal</i> )	4	
CLEOCIN SUPP	3	
<i>clindamycin phosphate</i> <i>vaginal</i> CREA	1	
<i>metronidazole</i> <i>vaginal</i>	1	
<i>terconazole</i> <i>vaginal</i> CREA	1	
<i>terconazole</i> <i>vaginal</i> SUPP	1	
VANAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA ( <i>estradiol vaginal</i> )	4	
<i>estradiol vaginal</i> CREA	1	
<i>estradiol vaginal</i> TABS	1	
ESTRING RING	2	QL(1 ea per fill retail; 1 per fill mail); PV
FEMRING	3	QL(1 ea per 90 day(s) retail; 1 ea per 90 days mail)
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS ( <i>estradiol vaginal</i> )	4	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA

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Drug Name	Drug Tier	Requirements/ Limits
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	3	QL(2 ea per fill retail; 4 ea per 30 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 ea per fill retail; 4 ea per 30 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail; 4 ea per 30 day(s) retail)
SYMJEPI SOSY 0.15 MG/0.3ML	3	QL(2 ea per fill retail); PA
SYMJEPI SOSY 0.3 MG/0.3ML	3	QL(2 ea per fill retail; 4 ea per 30 day(s) retail); PA
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	3	PA
NORTHERA ( <i>droxidopa</i> )	4	PA
Vasopressors		
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
DRISDOL CAPS ( <i>ergocalciferol</i> )	4	PV
<i>ergocalciferol CAPS</i>	1	PV
<i>phytonadione TABS 5 MG</i>	2	

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(Everolimus) TORPENZ TABS ..... 35	(Indomethacin) INDOCIN SUPP ..... 5	
(Fluocinolone Acetonide (Otic)) FLAC .....105	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC ..... 57	
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP	(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 .....73	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..54
	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG .....73	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..54
	(Gentamicin Sulfate (Ophth)) GENTAK OINT ..... 102	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..54
	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML ..... 107	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..54
	(Glatiramer Acetate) GLATOPA	

CLARAVIS, MYORISAN, ZENATANE 30 MG ..... 54	VIENVA TABS 0.03 MG-0.15 MG . 49 (Levonorgestrel & Eth Estradiol)	(Continuous)) AMETHYST, DOLISHALE ..... 49
(Ketoconazole (Topical)) KETODAN FOAM ..... 57	AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ... 49	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX ..... 49
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC ..... 70		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ..... 117
(Lactulose) CONSTULOSE SOLN 10 GM/15ML ..... 74		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ..... 117
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT ..... 16	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG . 49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG ..... 117
(Lamotrigine) SUBVENITE TABS . 16		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG ..... 117
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG . 118	(Levonorgestrel (Emergency OC)) AFTERA, ATERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG ..... 52	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % ..... 63
(Lansoprazole) CVS LANSOPRAZOLE, GOODSSENSE LANSOPRAZOLE TBDD 15 MG . 118	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 ..... 49	(Lorazepam) LORAZEPAM INTENSOL CONC ..... 12
(Levetiracetam) ROWEEPRA TABS 500 MG ..... 16	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE ..... 49	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC ..... 8
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS ..... 25	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG .... 49	(Methylergonovine Maleate) METHERGINE TABS ..... 105
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX,	(Levonorgestrel-Ethinyl Estradiol	(Metronidazole (Topical)) ROSADAN CREA ..... 63
		(Metronidazole (Topical)) ROSADAN GEL 0.75 % ..... 63
		(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG . 120
		(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP 100
		(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A

THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE

MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR

ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAILS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE

DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, ...(56) TABS .....88

(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN

50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS

HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMENS 50+, MULTIVITAMIN WOMENS 50+

ADVANCED, MYAMULTI,  
 NUTRITIONAL SUPPORT FOR  
 YOUR SKIN/HAIR/NAILS,  
 OCUTABS, OCUTABS VISION  
 FORMULA, OCUTABS/LUTEIN,  
 OCUVITE EXTRA, OCUVITE EYE +  
 MULTI, OCUVITE/LUTEIN, ONE  
 DAILY 50 PLUS, ONE DAILY  
 COMPLETE, ONE DAILY  
 COMPLETE FOR MEN, ONE DAILY  
 FOR MEN 50+ ADVANCED, ONE  
 DAILY FOR MEN/LYCOPENE, ONE  
 DAILY FOR WOMEN, ONE DAILY  
 FOR WOMEN 50+ADVANCED, ONE  
 DAILY HEALTHY WEIGHT, ONE  
 DAILY HEALTHY  
 WEIGHTADVANCED, ONE DAILY  
 MAXIMUM, ONE DAILY MENS, ONE  
 DAILY MENS 50+ MULTIVITAMIN,  
 ONE DAILY MENS  
 HEALTH/LYCOPENE, ONE DAILY  
 MENS MULTIVITAMIN, ONE DAILY  
 MULTIVITAMIN MEN, ONE DAILY  
 MULTIVITAMIN MENS  
 50+/LYCOPENE, ONE DAILY  
 MULTIVITAMIN WOMEN, ONE  
 DAILY MULTIVITAMIN/IRON-FREE,  
 ONE DAILY WOMENS, ONE DAILY  
 WOMENS 50 PLUS, ONE DAILY  
 WOMENS 50+, ONE  
 DAILY/IRON/CALCIUM, ONE  
 DAILY/MINERALS, ONE-A-DAY  
 TEEN ADVANTAGEFOR HER, ONE-  
 DAILY MULTI-VITAMIN/MINERALS,  
 OPTIC-VITES, OPTIC-VITES WITH  
 LUTEIN, OPTIMUM PMS,  
 OSTEOPRIME ULTRA, PROSIGHT,  
 PX ADVANCED FORMULA  
 MULTIVITAMINS/LYCOPENE, PX  
 COMPLETE SENIOR  
 MULTIVITAMINS, PX MENS  
 MULTIVITAMINS, QC HAIR SKIN &  
 NAILS, QC MAXIMUM DAILY  
 MULTIVITAMIN/MULTIMINERAL,  
 QC MENS DAILY MULTIVITAMIN,  
 QC MULTI-VITE, QC MULTI-VITE 50

& OVER, QC THERIN-M, ...(56)  
 TABS .....89  
 (Multiple Vitamins W/ Minerals) A  
 THRU Z ADVANCED, A THRU Z  
 ADVANCED ADULT FORMULA, A  
 THRU Z HIGH POTENCY, A THRU  
 Z SELECT, A THRU Z SELECT 50+  
 ADVANCED FORMULA, A THRU Z  
 SELECT 50+ MENS, A THRU Z  
 SELECT ADVANCED, A THRU Z  
 SELECT ULTIMATEWOMENS, A  
 THRU Z ULTIMATE MENS,  
 ANTIOXIDANT PROTECTION  
 FORMULA, ANTIOXIDANT  
 VITAMINS, CENTAVITE A-Z  
 COMPLETE  
 MULTIVITAMIN/MINERALS,  
 CENTRAVITES, CENTRAVITES 50  
 PLUS, CENTURY, CENTURY  
 MATURE, CEROVITE SENIOR,  
 CERTA PLUS,  
 CERTAVITE/ANTIOXIDANTS,  
 COMPANION, COMPETE, CVS  
 DAILY MULTIPLE FOR MEN, CVS  
 DAILY MULTIPLE FOR WOMEN  
 50+, CVS EYE HEALTH & LUTEIN,  
 CVS ONE DAILY ESSENTIAL, CVS  
 ONE DAILY MENS HEALTH  
 FORMULA, CVS ONE DAILY  
 WOMENS FORMULA, CVS  
 SPECTRAVITE  
 ADVANCEDFORMULA, CVS  
 SPECTRAVITE MEN, CVS  
 SPECTRAVITE MEN 50+, CVS  
 SPECTRAVITE SENIOR, CVS  
 SPECTRAVITE ULTRA HEALTH  
 MENS, CVS SPECTRAVITE ULTRA  
 WOMENS HEALTH SENIOR, CVS  
 SPECTRAVITE WOMEN, CVS  
 SPECTRAVITE WOMEN 50+, CVS  
 WOMENS ACTIVE DAILY, DAILY  
 BETIC, DAILY COMBO MULTI  
 VITAMIN, DAILY MENS HEALTH  
 FORMULA, DAILY MULTIPLE  
 VITAMINS/MINERALS, DAILY

VITAMIN FORMULA+MINERALS,  
 DAILY WOMENS HEALTH  
 FORMULA, DAILY-VITAMIN  
 MAXIMUM FORMULA, DIABETES  
 HEALTH FORMULA, DIALYVITE  
 800/ULTRA D, EQ COMPLETE  
 MULTIVITAMINADULTS 50+, EQ  
 ONE DAILY WOMENS HEALTH,  
 EQL CENTURY, EQL CENTURY  
 MATURE, EQL CENTURY MATURE  
 MEN 50+, EQL CENTURY MATURE  
 WOMEN50+, EQL ONE DAILY  
 MENS 50+ ADVANCED, EQL ONE  
 DAILY MENS HEALTH FORMULA,  
 EQL ONE DAILY WOMENS  
 50+ADVANCED, EQL VISION  
 FORMULA, ESSENTIA, ESSENTIAL  
 BALANCE, EYE-VITES, GERIVITE  
 COMPLETE, GNP CENTURY  
 MATURE FORMULA/WOMEN'S  
 50+, GNP HAIR/SKIN/NAILS, GNP  
 HEALTHY EYES, GNP MEGA  
 MULTI FOR MEN, GNP MEGA  
 MULTI FOR WOMEN, GNP ONE  
 DAILY MENS HEALTH 50+, GNP  
 ONE DAILY MENS  
 HEALTH/LYCOPENE, GNP ONE  
 DAILY WOMENS HEALTH 50+, GNP  
 ONE DAILY WOMENS  
 METABOLISM SUPPORT, GNP  
 THERAPEUTIC-M, HAIR SKIN AND  
 NAILS FORMULA,  
 HAIR/SKIN/NAILS, HEALTHY EYES,  
 HI-KOVITE 2-PART FORMULA, HI-  
 POTENCY MULTI-  
 VITAMIN/MINERAL SUPPLEMENT,  
 HM COMPLETE WOMEN, HM  
 WOMENS 50+ ADVANCED ONE  
 DAILY, I-VITE, ICAPS MV, KP  
 ADULTS 50+ DAILY FORMULA, KP  
 ADULTS DAILY FORMULA, KP  
 MENS 50+ DAILY FORMULA, KP  
 MENS DAILY FORMULA, KP  
 VISION FORMULA, KP VISION  
 FORMULA W/LUTEIN, KP  
 WOMENS 50+ DAILY FORMULA,

KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTI- VITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAILS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS	HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE- DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, ...(56) TABS .....90  (Nabumetone) RELAFEN 500 MG .5  (Nabumetone) RELAFEN 750 MG .5  (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....102  (Niacin (Antihyperlipidemic)) NIACOR TABS .....27  (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE	POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG .....108  (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG .....109  (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS
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QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG .109

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG .....110

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG .....110

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS

NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM ..... 110

(Nicotine) CVS NICOTINE TRANSDERMALSYSYTEM, CVS NICOTINE TRANSDERMALSYSYTEM STEP 1, CVS NICOTINE TRANSDERMALSYSYTEM STEP 2, CVS NICOTINE TRANSDERMALSYSYTEM STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSYTEM, GNP NICOTINE TRANSDERMALSYSYTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR ..... 112

(Nicotine) CVS NICOTINE TRANSDERMALSYSYTEM, CVS NICOTINE TRANSDERMALSYSYTEM STEP 1, CVS NICOTINE TRANSDERMALSYSYTEM STEP 2, CVS NICOTINE TRANSDERMALSYSYTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSYTEM, GNP NICOTINE TRANSDERMALSYSYTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL

SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR 111	1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 115  (Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR . .114	3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR ..... 113  (Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR . .114  (Norelgestromin-Ethinyl Estradiol)
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XULANE, ZAFEMY .....52	NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 50	JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG ..... 50
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG .....49	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 50	(Norethindrone Acetate) GALLIFREY TABS .....105
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG .....49	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .50	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI .... 68
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG ..... 50	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG ..... 50	(Norethindrone Acetate-Ethinyl Estradiol-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG ..... 68
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW ..... 50	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG .... 50	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE ..... 50
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS .....50	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL ... 52	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 ..... 51
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28),	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 51
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL ... 52	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, SPRINTEC 28, VYLIBRA ..... 51
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG ..... 51
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 57
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Olanzapine) ZYPREXA TABS 20 MG ..... 40
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG ..... 50	(Olopatadine Hcl) CVS

OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % ..103	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .9  (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ....9  (Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML ....95	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT E .....74  (PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....74  (PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK ....74
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % .....103	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ...96	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....101  (Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....19  (Phenytoin) PHENYTOIN INFATABS CHEW .....19
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....119	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML ....96	(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 .....74
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....119	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 96  (Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE DROPS SOLN .96	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL .....85
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR .....118	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN 96  (Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML .....96	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ .....85
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG .....9	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN .....96	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15,

KLOR-CON M20 15 MEQ ..... 85	SUPP 12.5 MG, 25 MG .....26	ALYQ TABS .....47
(Potassium Chloride Microencapsulated Crystals ER)	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG .....26	(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM .....11
KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ ..... 85	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML ..... 53	(Tetracaine Hcl (Ophth)) ALTACAINE .....102
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ .....86	(Salicylic Acid) KERALYT SHAM 6 % .....63	(Theophylline) ELIXOPHYLLIN ELIX . 15
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ .....86	(Sapropterin Dihydrochloride) JAVYGTOR PACK .....67	(Tretinoin) AVITA CREA 0.025 % . 54
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ .....86	(Sapropterin Dihydrochloride) JAVYGTOR TABS .....67	(Tretinoin) AVITA GEL 0.025 % ... 54
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK .....71	(Silver Sulfadiazine) SSD ..... 60	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE .....87
(Potassium Citrate-Citric Acid) CYTRA-K SOLN ..... 71	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 54	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, FT 24 HOUR NASAL ALLERGYSPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER- CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI- SYMPTOM, RA NASAL ALLERGY SPRAY AERO ..... 100
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS ..... 85	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 54	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % .....60
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 102	(Sodium Citrate & Citric Acid) CYTRA-2 ..... 71	(Urea In Lactic Acid Vehicle) UREA HYDRATING ..... 62
(Prednisolone) MILLIPRED TABS .53	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG ..... 85	(Urea) UREA NAIL GEL 45 % .....62
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS .....97	(Sodium Polystyrene Sulfonate) SPS SUSP RE 15 GM/60ML .....87	(Vigabatrin) VIGADRONE TABS .. 19
(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .97	(Sotalol Hcl) SORINE TABS ..... 44	(Vigabatrin) VIGADRONE, VIGPODER PACK ..... 19
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT .....97	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % .....54	(Warfarin Sodium) JANTOVEN TABS .....15
(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 97	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM ..... 54	(Zolmitriptan) ZOMIG TABS ..... 84
(Prochlorperazine) COMPRO .....40	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % .... 54	abacavir sulfate TABS ..... 41
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Index 13	(Tadalafil (Pulmonary Hypertension))	

abacavir sulfate-lamivudine	41	acebutolol hcl CAPS	44	ACTOS 15 MG (pioglitazone hcl)	23
ABC COMPLETE ADULT TABS	90	acetaminophen w/ codeine SOLN	9	ACTOS 30 MG, 45 MG (pioglitazone hcl)	23
ABC COMPLETE MENS TABS	90	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	9	ACULAR (ketorolac tromethamine (ophth))	104
ABC COMPLETE SENIOR 50+ TABS	90	acetaminophen w/ codeine TABS 60 MG-300 MG	9	ACULAR LS (ketorolac tromethamine (ophth))	104
ABC COMPLETE SENIOR MEN'S50+ TABS	90	acetazolamide CP12	65	ACUVAIL	104
ABC COMPLETE SENIOR WOMENS 50+ TABS	90	acetazolamide TABS 125 MG	65	acyclovir CAPS	43
ABC COMPLETE WOMENS TABS 90		acetazolamide TABS 250 MG	65	acyclovir SUSP	43
ABILIFY TABS 15 MG (aripiprazole)	41	acetic acid (otic)	104	acyclovir TABS OR 400 MG	43
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)	41	acetylcysteine SOLN	54	acyclovir TABS OR 800 MG	43
ABILIFY TABS 20 MG (aripiprazole)	41	ACIPHEX TBEC (rabeprazole sodium)	119	acyclovir topical CREA	60
abiraterone acetate	34	acitretin 10 MG	58	acyclovir topical OINT	60
ABSORICA 10 MG, 25 MG (isotretinoin)	55	acitretin 17.5 MG	58	ACZONE 5 % (dapsonsone (topical))	55
ABSORICA 20 MG (isotretinoin)	55	acitretin 25 MG	58	ACZONE 7.5 % (dapsonsone (topical))	55
ABSORICA 30 MG (isotretinoin)	55	ACTICLATE TABS (doxycycline hyclate)	116	ADALIMUMAB-ADAZ SOAJ	3
ABSORICA 35 MG, 40 MG (isotretinoin)	55	ACTIMMUNE 100 MCG/0.5ML	38	ADALIMUMAB-ADAZ SOSY	3
acamprosate calcium	106	ACTIQ LPOP 1600 MCG (fentanyl citrate)	8	adapalene CREA	55
acarbose	21	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate)	8	adapalene GEL 0.1 %	55
ACCOLATE 10 MG (zafirlukast)	13	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate)	68	adapalene GEL 0.3 %	55
ACCOLATE 20 MG (zafirlukast)	13	ACTONEL TABS 150 MG (risedronate sodium)	65	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	55
ACCUPRIL (quinapril hcl)	28	ACTONEL TABS 35 MG (risedronate sodium)	65	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	55
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)	29	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl)	21	ADCIRCA TABS (tadalafil (pulmonary hypertension))	47
ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)	29			ADDERALL TABS (amphetamine-dextroamphetamine)	1
				ADDERALL XR CP24 (amphetamine-dextroamphetamine)	1

ADDYI .....	107	VU/SMALL MASK DEVI .....	81	albuterol sulfate TABS .....	14
adefovir dipivoxil .....	43	AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC .....	81	ALCAINE (proparacaine hcl) .....	102
ADEMPAS .....	47	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC .....	81	alclometasone dipropionate CREA	60
ADTHYZA TABS .....	117	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC .....	81	alclometasone dipropionate OINT	.60
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ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	90	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC .....	81	ALDACTONE TABS (spironolactone) .....	65
ADVATE 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT .....	72	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC .....	81	ALECENSA .....	35
ADYNOVATE 3000 UNIT .....	72	AEROCHAMBER/FLOWSIGNAL MISC .....	81	alendronate sodium SOLN .....	65
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AEROCHAMBER MV MISC .....	81	AGAMREE .....	53	alfuzosin hcl .....	71
AEROCHAMBER PLUS FLOW VU MISC .....	81	AGRYLIN 0.5 MG (anagrelide hcl)	72	ALGAE BASED CALCIUM TABS	.90
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI .....	81	AIMSCO LUBRICATED MISC .....	76	ALINIA SUSR .....	31
AEROCHAMBER PLUS FLOW- VU/INTERMEDIATE MASK DEVI	.81	AJOVY SOAJ .....	83	aliskiren fumarate .....	30
AEROCHAMBER PLUS FLOW- VU/LARGE MASK DEVI .....	81	AJOVY SOSY .....	84	ALIVE CALCIUM BONE SUPPORT MAX ABSORPTION TABS .....	90
AEROCHAMBER PLUS FLOW- VU/LARGE MASK MISC .....	81	AKYNZEO .....	24	ALIVE DAILY ENERGY TABS .....	90
AEROCHAMBER PLUS FLOW- VU/MASK MISC .....	81	albendazole .....	11	ALIVE DIABETIC MULTIVITAMIN TABS .....	90
AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK DEVI .....	81	albuterol sulfate AERS .....	14	ALIVE ENERGY 50+ TABS .....	90
AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK MISC .....	81	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	14	ALIVE MENS 50+ TABS .....	90
AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC .....	81	ALBUTEROL SULFATE NEBU .....	14	ALIVE MENS 50+ ULTRA TABS ..	90
AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC .....	81	albuterol sulfate SYRP .....	14	ALIVE MENS COMPLETE MAX POTENCY TABS .....	90
AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC .....	81			ALIVE MENS COMPLETE MULTIVITAMIN TABS .....	90
AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC .....	81			ALIVE MENS ULTRA TABS .....	90
AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC .....	81			ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS .....	90

ALIVE ULTRA POTENCY WOMENS 50+ TABS .....	90	amantadine hcl TABS .....	38	105	
ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS 90		AMARYL (glimepiride) .....	23		amoxicillin & pot clavulanate SUSR 105
ALIVE WOMENS ENERGY TABS	90	AMBIEN CR TBCR (zolpidem tartrate) .....	73		amoxicillin & pot clavulanate TABS 105
ALKERAN (melphalan) .....	32	AMBIEN TABS (zolpidem tartrate)	.73		amoxicillin & pot clavulanate TB12 105
allopurinol 100 MG .....	71	ambrisentan .....	47		amoxicillin CAPS .....
allopurinol 300 MG .....	71	amiloride & hydrochlorothiazide ..	65		105
almotriptan malate .....	84	amiloride hcl TABS .....	65		amoxicillin CHEW 250 MG .....
ALOCRIL .....	104	aminocaproic acid SOLN OR 0.25 GM/ML .....	73		105
alogliptin benzoate 25 MG .....	22	aminocaproic acid TABS .....	73		AMOXICILLIN SUSR (amoxicillin) 105
alogliptin benzoate 6.25 MG, 12.5 MG .....	22	amiodarone hcl TABS .....	13		amoxicillin SUSR .....
ALOMIDE .....	104	AMITIZA (lubiprostone) .....	69		105
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	68	amitriptyline hcl TABS .....	21		amoxicillin TABS .....
alosetron hcl .....	70	amlodipine besylate TABS 2.5 MG	45		amoxicillin-clarithromycin w/ lansoprazole THPK .....
ALPHA BETIC TABS .....	90	amlodipine besylate TABS 5 MG, 10 MG .....	45		119
ALPHAGAN P (brimonidine tartrate) 102		amlodipine besylate-atorvastatin calcium .....	46		amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....
ALPRAZOLAM INTENSOL CONC	12	amlodipine besylate-benazepril hcl 10 MG-2.5 MG .....	29		1
alprazolam TABS .....	12	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG	29		amphetamine-dextroamphetamine TABs .....
alprazolam TB24 .....	12	amlodipine besylate-valsartan 10 MG-160 MG .....	29		1
alprazolam TBDP .....	12	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG .....	29		ampicillin CAPS 500 MG .....
ALTABAX .....	56	amlodipine-valsartan- hydrochlorothiazide .....	29		105
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril) .....	28	amoxapine .....	21		ANAFRANIL (clomipramine hcl) ..
ALUNBRIG TABS 30 MG .....	35	amoxicillin & pot clavulanate CHEW .			21
ALUNBRIG TABS 90 MG, 180 MG 35					anagrelide hcl .....
ALUNBRIG TBPk .....	35				72
amantadine hcl CAPS .....	38				ANALPRAM-HC LOTN EX .....
					11
					ANAPROX DS TABS (naproxen sodium) .....
					5
					ANASPAZ TBDP (hyoscyamine sulfate) .....
					117
					anastrozole .....
					34
					ANCOBON (flucytosine) .....
					25
					ANDEXXA 200 MG .....
					24



ANGELIQ .....	68	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) .....	15	atorvastatin calcium TABS .....	27
ANNOVERA .....	52	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) .....	15	atovaquone .....	31
ANORO ELLIPTA .....	14	armodafinil 150 MG, 200 MG, 250 MG .....	2	atovaquone-proguanil hcl .....	32
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apraclonidine hcl .....	102	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol) .....	5	ATROPINE SULFATE SOLN 1 % 101	
aprepitant CAPS 40 MG .....	24	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol) .....	5	ATROVENT HFA .....	13
aprepitant CAPS 80 MG, 125 MG .	24	asenapine maleate .....	40	AUBAGIO (teriflunomide) .....	107
aprepitant CAPS .....	24	aspirin CHEW .....	8	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate) ...	105
aprepitant MISC .....	25	aspirin TBEC 81 MG .....	8	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	105
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .....	41	aspirin-dipyridamole .....	72	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate) ...	105
APTENSIO XR CP24 (methylphenidate hcl) .....	2	ASTAGRAF XL CP24 .....	86	AURYNIA .....	70
APTIOM .....	16	ATACAND 32 MG (candesartan cilexetil) .....	28	AUSTEDO PATIENT TITRATION KIT TBPK .....	107
APTIVUS CAPS .....	41	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil) .....	28	AUSTEDO TABS 12 MG .....	107
ARAVAL 10 MG (leflunomide) .....	6	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) .....	29	AUSTEDO TABS 6 MG .....	107
ARAVAL 20 MG (leflunomide) .....	6	atazanavir sulfate CAPS .....	41	AUSTEDO TABS 9 MG .....	107
ARCALYST .....	4	atenolol & chlorthalidone .....	29	AUSTEDO XR PATIENT TITRATION KIT TEPK .....	107
ARICEPT TABS (donepezil hydrochloride) .....	106	atenolol TABS .....	44	AUSTEDO XR TB24 .....	107
ARIKAYCE .....	3	ATIVAN TABS (lorazepam) .....	12	AVALIDE (irbesartan- hydrochlorothiazide) .....	29
ARIMIDEX (anastrozole) .....	34	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	1	AVAPRO (irbesartan) .....	28
aripiprazole SOLN OR .....	41	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	1	AVODART (dutasteride) .....	71
aripiprazole TABS 15 MG .....	41				
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG .....	41				
aripiprazole TABS 20 MG .....	41				
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AVONEX PEN AJKT .....	107	bacitracin (ophthalmic) .....	102	BD PEN NEEDLE/NANO/ULTRA-	
AVONEX PSKT .....	107	bacitracin-polymyxin b (ophth) .....	102	FINE/32G X 4MM .....	79
AYGESTIN TABS (norethindrone		bacitracin-poly-neomycin-hc .....	102	BD PEN	
acetate) .....	105	baclofen TABS 10 MG .....	99	NEEDLE/ORIGINAL/ULTRA-	
AYVAKIT .....	35	baclofen TABS 20 MG .....	99	FINE/29G X 12.7MM .....	79
AZASITE .....	102	baclofen TABS 5 MG .....	99	BD PEN NEEDLE/SHORT/ULTRA-	
azathioprine TABS 50 MG .....	86	BACMIN TABS .....	91	FINE/31G X 8MM .....	79
azathioprine TABS 75 MG, 100 MG	86	BACTRIM DS TABS		BD SAFETYGLIDE INSULIN	
azelaic acid GEL .....	63	(sulfamethoxazole-trimethoprim) ..	31	SYRINGE/0.3ML/31G X 15/64" ..	79
azelastine hcl (ophth) .....	104	BACTRIM TABS (sulfamethoxazole-		BD SAFETYGLIDE INSULIN	
azelastine hcl 0.1 %, 137		trimethoprim) .....	31	SYRINGE/1ML/31G X 15/64" .....	79
MCG/SPRAY .....	99	BALCOLTRA (levonorgestrel-ethinyl		BD VEO INSULIN SYRINGE ULTRA-	
azelastine hcl 0.15 %, 205.5		estradiol-iron) .....	51	FINE/0.3ML/31G X 6MM .....	79
MCG/SPRAY .....	99	balsalazide disodium CAPS .....	69	BD VEO INSULIN SYRINGE ULTRA-	
azelastine hcl-fluticasone propionate		BALVERSA .....	35	FINE/0.5ML/31G X 6MM .....	79
SUSP .....	99	BANZEL SUSP (rufinamide) .....	16	BD VEO INSULIN SYRINGE ULTRA-	
AZELEX .....	55	BANZEL TABS 200 MG (rufinamide) .	16	FINE/1/2 UNIT/0.3ML/31G X 6MM	79
AZILECT (rasagiline mesylate) ...	39	BANZEL TABS 400 MG (rufinamide) .	16	BD VEO INSULIN SYRINGE ULTRA-	
azithromycin PACK .....	76	BARACLUDE TABS (entecavir) ...	43	FINE/1ML/31G X 6MM .....	79
azithromycin SUSR .....	76	BASIC AM TABS .....	91	BD VEO INSULIN SYRINGE ULTRA-	
azithromycin TABS 250 MG .....	76	BASIC PM TABS .....	91	FINE/U-100/1ML/31G X 15/64" ...	80
azithromycin TABS 500 MG .....	76	BD AUTOSHIELD DUO 30G X 5MM		BD VEO INSULIN SYRINGE ULTR-	
azithromycin TABS 600 MG .....	76	.....	79	FINE/U-100/0.5ML/31G X 15/64" .	80
AZO HORMONAL HEALTH CYCLE		BD PEN NEEDLE/MICRO/ULTRA-		BELLADONNA/OPIUM .....	117
CARE & COMFORT TABS .....	90	FINE/32G X 6MM .....	79	BELSOMRA .....	74
AZO HORMONAL HEALTH HAPPY		BD PEN NEEDLE/MINI/ULTRA-		benazepril & hydrochlorothiazide .	29
CYCLE TABS .....	91	FINE/31G X 5MM .....	79	benazepril hcl .....	28
AZOPT (brinzolamide) .....	104	BD PEN NEEDLE/NANO 2ND		BENICAR 40 MG (olmesartan	
AZULFIDINE EN-TABS TBEC		GEN/32G X 4MM .....	79	medoxomil) .....	28
(sulfasalazine) .....	69	BD PEN NEEDLE/NANO 2ND		BENICAR 5 MG, 20 MG (olmesartan	
AZULFIDINE TABS (sulfasalazine)	69	GEN/32G X 5/32" .....	79	medoxomil) .....	28

BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide) .....	29	BETAPACE AF (sotalol hcl (afib/af)) .....	44	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI .....	81
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide) .....	29	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) .....	44	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI .....	82
BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....	55	BETASERON KIT .....	107	BREATHE EASE/LARGE MASK DEVI .....	82
BENZNIDAZOLE .....	11	betaxolol hcl (ophth) SOLN .....	101	BREATHE EASE/MEDIUM MASK DEVI .....	82
benzonatate .....	53	betaxolol hcl .....	44	BREATHE EASE/SMALL MASK DEVI .....	82
benzoyl peroxide-erythromycin GEL . 55		bethanechol chloride .....	120	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI .	82
benztropine mesylate TABS .....	38	BETHKIS NEBU (tobramycin) .....	3	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI .....	82
bepotastine besilate .....	104	BETIMOL .....	101	BREZTRI AEROSPHERE .....	14
BEPREVE (bepotastine besilate) 104		BETOPTIC-S SUSP .....	101	BRILINTA .....	72
BESIVANCE .....	102	bexarotene (topical) .....	58	brimonidine tartrate (topical) .....	63
betamethasone dipropionate (topical) CREA .....	60	bexarotene .....	38	brimonidine tartrate .....	102
betamethasone dipropionate (topical) LOTN .....	60	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...	51	brimonidine tartrate-timolol maleate . 101	
betamethasone dipropionate (topical) OINT .....	60	bicalutamide .....	34	brinzolamide .....	104
betamethasone dipropionate augmented CREA .....	60	BIDIL (isosorbide dinitrate- hydralazine hcl) .....	46	bromfenac sodium (ophth) 0.07 %, 0.075 % .....	104
betamethasone dipropionate augmented GEL 0.05 % .....	60	BIKTARVY .....	41	bromfenac sodium (ophth) 0.09 % 104	
betamethasone dipropionate augmented LOTN .....	60	bimatoprost SOLN .....	104	bromocriptine mesylate CAPS .....	38
betamethasone dipropionate augmented OINT .....	60	BINOSTO TBEF .....	66	bromocriptine mesylate TABS 2.5 MG .....	38
betamethasone valerate CREA ...	60	bisacodyl SUPP .....	75	BRUKINSA .....	35
betamethasone valerate FOAM ...	60	bisacodyl TBEC .....	75	budesonide (inhalation) SUSP 0.25 MG/2ML .....	14
betamethasone valerate LOTN ....	60	bisoprolol & hydrochlorothiazide ..	29	budesonide (inhalation) SUSP 0.5 MG/2ML .....	14
betamethasone valerate OINT .....	60	bisoprolol fumarate .....	44		
		BONEUP VEGETARIAN TABS ....	91		
		bosentan TABS 125 MG .....	47		
		bosentan TABS 62.5 MG .....	47		
		BOSULIF CAPS .....	35		
		BOSULIF TABS .....	35		
		BRAFTOVI 75 MG .....	35		

budesonide (inhalation) SUSP 1 MG/2ML .....	14	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG .....	7	calcipotriene FOAM .....	58
budesonide (intrarectal) .....	11	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG .....	7	CALCIPOTRIENE FOAM .....	58
budesonide TB24 .....	53	butalbital-acetaminophen-caffeine TABs 40 MG-50 MG-325 MG .....	7	calcipotriene OINT .....	58
budesonide-formoterol fumarate dihydrate .....	14	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	9	calcipotriene SOLN .....	58
bumetanide TABS 0.5 MG, 1 MG ..	65	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	10	calcipotriene-betamethasone dipropionate OINT .....	60
bumetanide TABS 2 MG .....	65	butalbital-aspirin-caffeine CAPS ....	7	calcipotriene-betamethasone dipropionate SUSP .....	60
BUMEX TABS 0.5 MG (bumetanide) . 65		butalbital-aspirin-caffeine w/cod ...	10	calcitonin (salmon) IJ .....	66
BUPHENYL POWD (sodium phenylbutyrate) .....	67	butorphanol tartrate NA 10 MG/ML 10		calcitonin (salmon) NA .....	66
BUPHENYL TABS (sodium phenylbutyrate) .....	67	BYSTOLIC (nebivolol hcl) .....	44	calcitriol (topical) .....	58
buprenorphine hcl SUBL 2 MG ....	10	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER) .....	41	calcitriol CAPS 0.25 MCG .....	67
buprenorphine hcl SUBL 8 MG ....	10	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER) .....	41	calcitriol CAPS 0.5 MCG .....	67
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....	10	cabergoline .....	68	calcitriol SOLN OR .....	67
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	10	CABOMETRYX TABS 20 MG, 60 MG . 35		calcium acetate (phosphate binder) CAPS .....	70
buprenorphine hcl-naloxone hcl dihydrate SUBL .....	10	CABOMETRYX TABS 40 MG .....	36	calcium acetate (phosphate binder) TABS .....	70
buprenorphine PTWK .....	10	CAFERGOT TABS (ergotamine w/ caffeine) .....	84	CAL-DAY 1000 TABS .....	91
bupropion hcl (smoking deterrent) 115		caffeine citrate SOLN OR .....	1	CALQUENCE .....	36
bupropion hcl TABS .....	19	CALAN SR TBCR 120 MG (verapamil hcl) .....	45	candesartan cilexetil 32 MG .....	28
bupropion hcl TB12 .....	19	CALAN SR TBCR 180 MG, 240 MG (verapamil hcl) .....	45	candesartan cilexetil 4 MG, 8 MG, 16 MG .....	28
bupropion hcl TB24 150 MG, 300 MG .....	19	calcipotriene CREA .....	58	candesartan cilexetil- hydrochlorothiazide .....	29
bupropion hcl TB24 450 MG .....	19			capecitabine .....	33
buspirone hcl .....	12			CAPRELSA .....	36
butalbital-acetaminophen CAPS 50 MG-300 MG .....	7			captopril & hydrochlorothiazide ...	29
				captopril .....	28
				CARAC CREA .....	58
				CARAFATE SUSP (sucralfate) ...	118
				CARAFATE TABS (sucralfate) ...	118

carbamazepine CHEW .....	16	(levocarnitine (metabolic modifiers))	67	CELLCEPT CAPS (mycophenolate mofetil) .....	86
carbamazepine CP12 .....	16	CARNITOR TABS (levocarnitine (metabolic modifiers)) .....	67	CELLCEPT TABS (mycophenolate mofetil) .....	86
carbamazepine SUSP .....	16	carteolol hcl (ophth) .....	101	CELONTIN (methsuximide) .....	19
carbamazepine TABS .....	16	carvedilol 3.125 MG .....	44	CENTANY OINT .....	56
carbamazepine TB12 100 MG .....	16	carvedilol 6.25 MG, 12.5 MG, 25 MG	44	CENTRAVITES 50 PLUS TABS ...	91
carbamazepine TB12 200 MG .....	17	carvedilol phosphate .....	44	CENTRAVITES ADULTS TABS ...	91
carbamazepine TB12 400 MG .....	16	CASODEX (bicalutamide) .....	34	CENTRUM ADULTS TABS (multiple vitamins w/ minerals) .....	91
CARBATROL CP12 (carbamazepine) .....	17	CAYA DPRH .....	76	CENTRUM CARDIO TABS .....	91
carbidopa .....	38	cefaclor CAPS .....	48	CENTRUM MEN TABS (multiple vitamins w/ minerals) .....	91
carbidopa-levodopa TABS .....	38	CEFACLOR ER TB12 .....	48	CENTRUM MEN TABS .....	91
carbidopa-levodopa TBCR 100 MG-25 MG .....	38	cefadroxil CAPS .....	48	CENTRUM MINIS ADULTS 50+ TABS .....	91
carbidopa-levodopa TBCR 200 MG-50 MG .....	38	cefadroxil SUSR .....	48	CENTRUM MINIS MEN 50+ TABS	91
carbidopa-levodopa TBDP .....	38	cefadroxil TABS .....	48	91	
carbidopa-levodopa-entacapone ..	38	cefdinir CAPS .....	48	CENTRUM MINIS WOMEN 50+ TABS .....	91
carbinoxamine maleate SOLN .....	25	cefdinir SUSR .....	48	CENTRUM MINIS WOMEN IMMUNE SUPPORT TABS .....	91
carbinoxamine maleate TABS 4 MG .	25	cefixime CAPS .....	48	CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals) .....	91
CARDIZEM CD CP24 (diltiazem hcl coated beads) .....	45	cefixime SUSR .....	48	CENTRUM SILVER 50+WOMEN TABS (multiple vitamins w/ minerals)	91
CARDIZEM LA TB24 (diltiazem hcl)	45	cefpodoxime proxetil SUSR .....	48	91	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....	45	cefpodoxime proxetil TABS .....	48	CENTRUM SILVER ADULT 50+ TABS (multiple vitamins w/ minerals)	91
CARDURA (doxazosin mesylate) .	29	cefprozil SUSR .....	48	91	
CARDURA XL .....	71	cefprozil TABS .....	48	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals)	91
carisoprodol TABS .....	99	cefuroxime axetil TABS .....	48	91	
CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers))	67	CELEBREX 400 MG (celecoxib) ...	5	CENTRUM SILVER ADULTS 50+ TABS (multiple vitamins w/ minerals)	91
CARNITOR SOLN OR 1 GM/10ML		CELEBREX 50 MG, 100 MG, 200 MG (celecoxib) .....	5	CENTRUM SILVER TABS (multiple vitamins w/ minerals) .....	91
		celecoxib 400 MG .....	5		
		celecoxib 50 MG, 100 MG, 200 MG	5		
		CELEXA TABS (citalopram hydrobromide) .....	20		

CENTRUM SILVER ULTRA WOMENS TABS .....	91	chloroquine phosphate TABS .....	32	CIPRODEX (ciprofloxacin-dexamethasone) .....	105
CENTRUM SILVER WOMEN 50+ TABS (multiple vitamins w/ minerals) 91		chlorpromazine hcl TABS .....	40	ciprofloxacin hcl (ophth) SOLN ...	102
CENTRUM SPECIALIST HEART TABS .....	91	chlorthalidone 25 MG, 50 MG .....	65	ciprofloxacin hcl (otic) .....	105
CENTRUM SPECIALIST IMMUNE SUPPORT TABS .....	91	chlorzoxazone TABS 375 MG, 500 MG, 750 MG .....	99	ciprofloxacin hcl TABS .....	69
CENTRUM SPECIALIST VISION TABS .....	91	cholestyramine light PACK .....	26	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	69
CENTRUM ULTRA WOMENS TABS 91		cholestyramine light POWD .....	26	ciprofloxacin-dexamethasone ...	105
CENTRUM WOMEN TABS (multiple vitamins w/ minerals) .....	91	cholestyramine PACK .....	26	citalopram hydrobromide SOLN ...	20
cephalexin CAPS .....	48	cholestyramine POWD .....	26	citalopram hydrobromide TABS ...	20
cephalexin SUSR .....	48	choline fenofibrate 135 MG .....	27	CITRACAL +D3 MAXIMUM PLUS TABS .....	91
CERDELGA .....	72	choline fenofibrate 45 MG .....	27	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG .....	97
CERTAVITE SENIOR TABS .....	91	CIALIS 2.5 MG (tadalafil) .....	46	CITRANATAL ASSURE (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha) .....	97
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS .....	91	CIALIS 5 MG, 10 MG, 20 MG (tadalafil) .....	46	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 97	
CERTAVITE/ANTIOXIDANTS TABS . 91		ciclopirox GEL .....	57	CITRANATAL DHA .....	97
CETACAINE AERO .....	63	ciclopirox olamine CREA .....	57	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG .....	97
CETRAXAL (ciprofloxacin hcl (otic)) . 104		ciclopirox olamine SUSP .....	57	CITRANATAL MEDLEY .....	97
cevimeline hcl .....	87	ciclopirox SHAM .....	57	CLARINEX TABS (desloratadine) . 25	
CHEMET .....	24	ciclopirox SOLN .....	57	clarithromycin SUSR .....	76
CHENODAL .....	69	cilostazol .....	72	clarithromycin TABS .....	76
chlordiazepoxide hcl CAPS .....	12	CILOXAN OINT .....	102	clarithromycin TB24 .....	76
chlordiazepoxide hcl-clidinium bromide .....	117	CIMDUO .....	41	clemastine fumarate SYRP .....	25
chlordiazepoxide-amitriptyline ...	106	cimetidine hcl OR 300 MG/5ML ..	118	clemastine fumarate TABS 2.68 MG . 25	
		cimetidine TABS 300 MG, 800 MG 118			
		cimetidine TABS 400 MG .....	118		
		cinacalcet hcl .....	67		
		CIPRO HC .....	105		
		CIPRO SUSR .....	69		
		CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) .....	69		

CLEOCIN (clindamycin hcl) .....	31	clindamycin hcl .....	31	clobetasol propionate SHAM .....	61
CLEOCIN CREA (clindamycin phosphate vaginal) .....	120	clindamycin palmitate hydrochloride .	31	clobetasol propionate SOLN 0.05 % .	61
CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride) .....	31	clindamycin phosphate (topical) FOAM .....	55	CLOBEX SHAM (clobetasol propionate) .....	61
CLEOCIN SUPP .....	120	clindamycin phosphate (topical) GEL .....	55	clocortolone pivalate .....	61
CLEOCIN-T LOTN (clindamycin phosphate (topical)) .....	55	clindamycin phosphate (topical) LOTN .....	55	CLODERM (clocortolone pivalate) .....	61
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .	82	clindamycin phosphate (topical) SOLN .....	55	clomiphene citrate TABS .....	66
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI .....	82	clindamycin phosphate (topical) SWAB .....	55	clomipramine hcl .....	21
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	82	clindamycin phosphate vaginal CREA .....	120	clonazepam TABS .....	16
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .	82	clindamycin phosphate-benzoyl peroxide (refrigerate) .....	55	clonazepam TBDP .....	16
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI .....	82	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	55	clonidine hcl (adhd) TB12 .....	1
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .	82	clindamycin phosphate-tretinoin ..	55	clonidine hcl TABS .....	29
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.3ML/31G X 15/64" .....	80	clobazam SUSP .....	16	clopidogrel bisulfate .....	72
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64" .....	80	clobazam TABS 10 MG .....	16	clorazepate dipotassium TABS ....	12
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64" .....	80	clobazam TABS 20 MG .....	16	clotrimazole .....	87
CLIMARA PRO .....	68	clobetasol propionate CREA 0.05 % .	60	clotrimazole w/ betamethasone CREA .....	57
CLIMARA PTWK (estradiol) .....	68	clobetasol propionate emollient base 0.05 % .....	60	clotrimazole w/ betamethasone LOTN .....	57
CLINDAGEL GEL (clindamycin phosphate (topical)) .....	55	clobetasol propionate emulsion ...	60	clozapine TABS .....	40
		clobetasol propionate FOAM .....	60	CLOZARIL TABS (clozapine) .....	40
		clobetasol propionate GEL 0.05 %	60	COARTEM .....	32
		clobetasol propionate LIQD .....	60	codeine sulfate TABS .....	8
		clobetasol propionate LOTN .....	61	CODITUSSIN AC LIQD .....	53
		clobetasol propionate OINT 0.05 %	61	COLAZAL CAPS (balsalazide disodium) .....	70
				colchicine CAPS .....	71
				colchicine TABS .....	71
				colchicine w/ probenecid .....	71
				COLCRYS TABS (colchicine) .....	71

colesevelam hcl PACK .....	26	CONCEPT OB .....	97	timolol maleate) .....	101
colesevelam hcl TABS .....	26	CONDOMS .....	76	COTELLIC .....	36
COLESTID FLAVORED GRAN (colestipol hcl) .....	26	CONTRACE .....	1	COVID VACCINES .....	120
COLESTID FLAVORED PACK (colestipol hcl) .....	26	CONZIP CP24 (tramadol hcl) .....	8	COVID-19 AT HOME TEST KITS .....	64
COLESTID GRAN (colestipol hcl) .....	26	COPAXONE SOSY 20 MG/ML (glatiramer acetate) .....	107	COVID-19 FLU A&B 3-IN-1 TEST KIT .....	64
COLESTID PACK (colestipol hcl) .....	26	COPAXONE SOSY 40 MG/ML (glatiramer acetate) .....	107	COZAAR (losartan potassium) .....	28
COLESTID TABS (colestipol hcl) .....	26	COPIKTRA .....	36	CREON CPEP .....	64
colestipol hcl GRAN .....	26	CORDRAN CREA (flurandrenolide) 61		CRESEMBA CAPS OR 186 MG .....	25
colestipol hcl PACK .....	26	CORDRAN TAPE .....	61	CRESTOR TABS (rosuvastatin calcium) .....	27
colestipol hcl TABS .....	26	COREG 3.125 MG (carvedilol) .....	44	CRINONE GEL 8 % .....	120
COMBIGAN (brimonidine tartrate- timolol maleate) .....	101	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol) .....	44	cromolyn sodium (ophth) .....	104
COMBIPATCH PTTW .....	68	COREG CR (carvedilol phosphate) 44		cromolyn sodium NEBU .....	13
COMBIVENT RESPIMAT AERS .....	14	CORLANOR SOLN .....	47	CUVPOSA SOLN OR (glycopyrrolate) .....	118
COMBIVIR (lamivudine-zidovudine) .....	41	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol) .....	44	CVS DAILY MULTIVITAMIN/MINERAL MENS TABS .....	91
COMETRIQ KIT .....	36	CORLANOR SOLN .....	47	CVS ONE DAILY MENS 50+ ADVANCED TABS .....	91
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI .....	82	CORTEF TABS (hydrocortisone) .....	53	CVS ONE DAILY WOMENS 50+ADVANCED TABS .....	91
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI .....	82	CORTENEMA (hydrocortisone (intrarectal)) .....	11	CVS SPECTRAVITE ADULT 50+ TABS .....	91
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI .....	82	CORTIFOAM EX 10 % .....	11	CVS SPECTRAVITE ADULTS TABS 92	
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI .....	82	CORTISPORIN-TC .....	105	CVS SPECTRAVITE ULTRA MEN50+ TABS .....	92
COMPLERA .....	41	COSENTYX SENSOREADY PEN SOAJ .....	58	CVS SPECTRAVITE ULTRA MENS HEALTH TABS .....	92
COMPLETENATE CHEW .....	97	COSENTYX SOSY 150 MG/ML .....	59	CVS SPECTRAVITE ULTRA WOMEN TABS .....	92
COMTAN (entacapone) .....	38	COSENTYX SOSY 75 MG/0.5ML .....	59	cyclobenzaprine hcl TABS .....	99
CONCEPT DHA .....	97	COSENTYX UNOREADY SOAJ .....	59		
		COSOPT (dorzolamide hcl-timolol maleate) .....	101		
		COSOPT PF (dorzolamide hcl-			



CYCLOGYL (cyclopentolate hcl) 101	DANTRIUM CAPS 25 MG (dantrolene sodium) .....99	DELSTRIGO ..... 41
CYCLOGYL .....101	dantrolene sodium CAPS .....99	demeclocycline hcl TABS ..... 116
CYCLOMYDRIL .....101	dapagliflozin propanediol .....23	DEPAKOTE ER TB24 (divalproex sodium) .....19
cyclopentolate hcl .....101	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG ..... 21	DEPAKOTE SPRINKLES CSDR (divalproex sodium) .....19
cyclophosphamide CAPS .....32	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....21	DEPAKOTE TBEC (divalproex sodium) .....19
CYCLOPHOSPHAMIDE TABS ....32	dapsone (topical) 5 % .....55	DEPEN TITRATABS TABS (penicillamine) .....86
cycloserine ..... 32	dapsone (topical) 7.5 % .....55	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) .....52
cyclosporine (ophth) EMUL .....102	dapsone 100 MG .....31	DERMACINRX MULTITAM TABS .92
cyclosporine CAPS ..... 86	dapsone 25 MG .....31	DERMACINRX RIBOTIN-E TABS .92
cyclosporine modified (for microemulsion) CAPS ..... 86	DARAPRIM .....32	DERMACINRX ZINTREXYL-C TABS .....92
cyclosporine modified (for microemulsion) SOLN ..... 86	darifenacin hydrobromide .....119	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) ..... 61
CYMBALTA CPEP (duloxetine hcl) 21	darunavir TABS .....41	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) ..... 61
cyproheptadine hcl SYRP .....26	dasatinib 20 MG, 50 MG, 70 MG ..36	DERMAVITE TABS .....92
cyproheptadine hcl TABS .....26	dasatinib 80 MG, 100 MG, 140 MG 36	DERMOTIC (fluocinolone acetonide (otic)) .....105
CYSTAGON CAPS ..... 71	DAURISMO .....34	DESCOVY 200 MG-25 MG .....41
CYSTARAN .....104	DAYAVITE TABS ..... 92	desipramine hcl TABS .....21
CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) ..... 117	DAYPRO TABS (oxaprozin) ..... 5	desloratadine TABS .....25
CYTOMEL TABS 5 MCG (liothyronine sodium) ..... 117	DAYTRANA PTCH (methylphenidate) .....2	desloratadine TBDP 2.5 MG .....25
CYTOTEC (misoprostol) .....119	DDAVP TABS 0.1 MG (desmopressin acetate) .....67	desloratadine TBDP 5 MG .....25
CYTRA-3 SYRP .....71	DDAVP TABS 0.2 MG (desmopressin acetate) .....67	DESMOPRESSIN ACETATE SOLN NA .....68
dabigatran etexilate mesylate CAPS 110 MG .....16	deferasirox PACK .....24	desmopressin acetate spray .....68
dabigatran etexilate mesylate CAPS 75 MG, 150 MG .....16	deferasirox TABS .....24	desmopressin acetate spray
dalfampridine .....107	deferasirox TBSO .....24	
DALIRESP (roflumilast) ..... 13	deferiprone TABS 500 MG .....24	
danazol CAPS ..... 11	DELESTROGEN (estradiol valerate) 68	

refrigerated .....	68	dexamethylphenidate hcl CP24 .....	2	2 % .....	58
desmopressin acetate TABS 0.1 MG 68		dextroamphetamine sulfate CP24 ...	1	diclofenac sodium TB24 .....	5
desmopressin acetate TABS 0.2 MG 68		dextroamphetamine sulfate SOLN ..	1	diclofenac sodium TBEC .....	5
desogestrel & ethinyl estradiol ....	51	dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	diclofenac w/ misoprostol TBEC ....	5
desogestrel-ethinyl estradiol (biphasic) .....	51	DHIVY TABS .....	38	dicloxacillin sodium .....	105
desonide CREA .....	61	DIACOMIT CAPS 250 MG .....	17	dicyclomine hcl CAPS .....	118
desonide GEL .....	61	DIACOMIT CAPS 500 MG .....	17	dicyclomine hcl SOLN OR .....	118
desonide LOTN .....	61	DIACOMIT PACK 250 MG .....	17	dicyclomine hcl TABS .....	118
desonide OINT .....	61	DIACOMIT PACK 500 MG .....	17	DIFFERIN CREA (adapalene) ....	55
DESOWEN CREA (desonide) ....	61	DIALYVITE SUPREME D TABS ...	92	DIFFERIN GEL 0.1 % (adapalene)	55
desoximetasone CREA .....	61	DIATROL TABS .....	92	DIFFERIN GEL 0.3 % (adapalene)	55
desoximetasone GEL .....	61	diazepam (anticonvulsant) GEL ...	16	DIFFERIN LOTN .....	55
desoximetasone LIQD .....	61	diazepam CONC .....	12	DIFICID TABS .....	76
desoximetasone OINT .....	61	diazepam SOLN OR 5 MG/5ML ...	12	diflorasone diacetate CREA .....	61
desvenlafaxine succinate .....	21	diazepam TABS 10 MG .....	12	diflorasone diacetate OINT .....	61
DETROL LA CP24 (tolterodine tartrate) .....	119	diazepam TABS 2 MG, 5 MG .....	12	DIFLUCAN SUSR (fluconazole) ...	25
DETROL TABS (tolterodine tartrate) . 119		diazoxide .....	22	DIFLUCAN TABS (fluconazole) ...	25
dexamethasone ELIX .....	53	DIBENZYLINE (phenoxybenzamine hcl) .....	28	diflunisal TABS .....	8
DEXAMETHASONE INTENSOL CONC .....	53	dichlorphenamide .....	65	difluprednate .....	103
dexamethasone sodium phosphate (ophth) .....	103	DICLEGIS TBEC (doxylamine- pyridoxine) .....	24	digoxin SOLN OR 0.05 MG/ML ....	45
dexamethasone SOLN .....	53	diclofenac potassium TABS 50 MG .	5	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	46
dexamethasone TABS .....	53	diclofenac sodium (actinic keratoses) EX .....	58	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	84
dexamethasone TBPK .....	53	diclofenac sodium (ophth) .....	104	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	84
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate) .....	1	diclofenac sodium (topical) GEL EX 58		DILANTIN (phenytoin sodium extended) .....	19
dexamethylphenidate hcl CP24 .....	2	diclofenac sodium (topical) SOLN EX 1.5 % .....	58	DILANTIN 30 MG .....	19

DILANTIN INFATABS CHEW (phenytoin) .....	19	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride) .....	116	doxycycline hyclate TABS 75 MG, 150 MG .....	116
DILANTIN-125 SUSP (phenytoin) .	19	DIURIL SUSP .....	65	DOXYCYCLINE SUSR (doxycycline (monohydrate)) .....	116
DILAUDID LIQD (hydromorphone hcl) .....	8	divalproex sodium CSDR .....	19	doxylamine-pyridoxine TBEC .....	24
DILAUDID TABS (hydromorphone hcl) .....	8	divalproex sodium TB24 .....	19	DRISDOL CAPS (ergocalciferol) .	121
diltiazem hcl coated beads CP24 ..	45	divalproex sodium TBEC .....	19	dronabinol CAPS 10 MG .....	24
diltiazem hcl CP12 .....	45	DIVIGEL GEL (estradiol) .....	68	dronabinol CAPS 2.5 MG .....	24
diltiazem hcl CP24 .....	45	dofetilide .....	13	dronabinol CAPS 5 MG .....	24
diltiazem hcl extended release beads .....	45	DOJOLVI .....	101	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" .....	80
diltiazem hcl TABS .....	45	donepezil hydrochloride TABS ...	106	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....	80
diltiazem hcl TB24 .....	45	donepezil hydrochloride TBDP ...	106	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" .....	80
dimethyl fumarate CDPK .....	107	DORAL (quazepam) .....	73	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....	80
dimethyl fumarate CPDR .....	107	dorzolamide hcl .....	104	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	80
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide) .....	29	DORZOLAMIDE HCL .....	104	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....	80
DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ....	29	DORZOLAMIDE HCL/TIMOLOL MALEATE .....	101	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	80
DIOVAN TABS 160 MG (valsartan) 28		dorzolamide hcl-timolol maleate .	101	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML .....	80
DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan) .....	28	DOVATO .....	41	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML .....	80
DIPENTUM .....	70	doxazosin mesylate .....	29	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML .....	80
diphenoxylate w/ atropine LIQD ...	23	doxepin hcl (antipruritic) .....	58	drospirenone-ethinyl estradiol ....	51
diphenoxylate w/ atropine TABS ..	23	doxepin hcl CAPS .....	21	drospirenone-ethinyl estradiol- levomefolate calcium .....	51
DIPROLENE OINT (betamethasone dipropionate augmented) .....	61	doxepin hcl CONC .....	21	DROXIA CAPS .....	72
dipyridamole .....	72	doxercalciferol CAPS .....	67	droxidopa .....	121
disopyramide phosphate CAPS ...	12	doxycycline (monohydrate) CAPS 116		DRYSOL SOLN .....	63
disulfiram .....	106	doxycycline (monohydrate) TABS 150 MG .....	116		
		doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG .....	116		
		doxycycline (rosacea) .....	63		
		doxycycline hyclate CAPS .....	116		
		doxycycline hyclate TABS 100 MG			

DUAVEE .....	68	.....	82	EGRIFTA 2 MG .....	66
DUET DHA 400 MISC .....	97	EASY FLOW BLACK/RED DEVI ..	82	EGRIFTA SV .....	66
DULCOLAX PINK LAXATIVE TBEC (bisacodyl) .....	75	EASY FLOW BLACK/WHITE DEVI	82	ELESTRIN GEL .....	68
DULCOLAX SUPP (bisacodyl) ....	75	EASY FLOW BLACK/YELLOW DEVI	82	eletriptan hydrobromide .....	84
DULCOLAX TBEC (bisacodyl) .....	76	.....	82	ELIDEL (pimecrolimus) .....	63
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	21	EASY FLOW WHITE/BLUE DEVI .	82	ELIGARD SC .....	34
DUOPA SUSP .....	39	EASY FLOW WHITE/GREEN DEVI	82	ELIQUIS STARTER PACK TBPK .	15
DUPIXENT SOAJ SC 300 MG/2ML	62	EASY FLOW WHITE/PINK DEVI ..	82	ELIQUIS TABS .....	15
DUPIXENT SOSY 100 MG/0.67ML	62	EASY FLOW WHITE/WHITE DEVI	83	ELLA .....	52
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML .....	62	.....	83	ELMIRON CAPS .....	71
DUREX EXTRA SENSITIVE THIN DEVI .....	76	EASY FLOW WHITE/YELLOW DEVI	83	ELOCTATE 250 UNIT .....	72
DUREX EXTRA SENSITIVE THIN MISC .....	76	.....	83	ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT .....	72
DUREX TROPICAL MISC .....	77	econazole nitrate CREA .....	57	EMCYT .....	34
DUREZOL (difluprednate) .....	103	EDARBI 40 MG .....	28	EMEND CAPS 80 MG (aprepitant)	25
dutasteride .....	71	EDARBI 80 MG .....	28	EMEND SUSR .....	25
dutasteride-tamsulosin hcl .....	71	EDARBYCLOR .....	29	EMEND TRIPACK CAPS (aprepitant)	25
DYMISTA SUSP (azelastine hcl- fluticasone propionate) .....	99	EDURANT .....	41	.....	25
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) .....	76	efavirenz CAPS .....	41	EMGALITY SOAJ .....	84
EASIVENT MISC .....	82	efavirenz TABS .....	41	EMGALITY SOSY 120 MG/ML ....	84
EASIVENT/MASK-LARGE MISC ..	82	efavirenz-emtricitabine-tenofovir	41	EMSAM .....	20
EASIVENT/MASK-MEDIUM MISC	82	disoproxil fumarate .....	41	emtricitabine CAPS .....	41
EASIVENT/MASK-SMALL MISC ..	82	.....	41	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG .....	41
EASY FLOW BLACK/BLUE DEVI .	82	efavirenz-lamivudine-tenofovir	41	.....	41
EASY FLOW BLACK/ORANGE DEVI	82	disoproxil fumarate .....	41	EMTRIVA CAPS (emtricitabine) ...	41
		EFFEXOR XR CP24 150 MG (venlafaxine hcl) .....	21	enalapril maleate & hydrochlorothiazide .....	29
		EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl) .....	21	enalapril maleate TABS .....	28
		EFFIENT (prasugrel hcl) .....	72	ENBREL MINI SOCT .....	6
		EFUDEX CREA (fluorouracil (topical)) .....	58		

ENBREL SOLN .....	6	EQ COMPLETE		ERYPED 200 SUSR (erythromycin ethylsuccinate) .....	76
ENBREL SOSY 25 MG/0.5ML .....	6	MULTIVITAMINADULTS UNDER 50		ERYPED 400 SUSR (erythromycin ethylsuccinate) .....	76
ENBREL SOSY 50 MG/ML .....	6	TABS .....	92	erythromycin (acne aid) GEL .....	56
ENBREL SURECLICK SOAJ .....	6	EQ ONE DAILY MENS 50+ TABS	.92	erythromycin (acne aid) SOLN ....	56
ENDOMETRIN INST .....	120	EQ ONE DAILY MENS HEALTH		erythromycin (ophth) .....	102
enoxaparin sodium SOLN IJ 300		TABS .....	92	ERYTHROMYCIN .....	102
MG/3ML .....	15	EQ ONE DAILY WOMENS 50+		erythromycin base CPEP .....	76
enoxaparin sodium SOSY .....	15	TABS .....	92	erythromycin base TABS .....	76
entacapone .....	38	EQ ONE DAILY WOMENS HEALTH		erythromycin ethylsuccinate SUSR	76
entecavir TABS .....	43	TABS .....	92	76	
ENTRESTO CPSP .....	46	EQ SPACE CHAMBER ANTI-		erythromycin ethylsuccinate TABS	76
ENTRESTO TABS .....	46	STATIC DEVI .....	83	ESBRIET CAPS (pirfenidone) ....	116
EPCLUSA PACK .....	43	EQ SPACE CHAMBER ANTI-		ESBRIET TABS (pirfenidone) ....	116
EPCLUSA TABS 100 MG-400 MG	43	STATIC/LARGE MASK DEVI .....	83	escitalopram oxalate SOLN .....	20
EPCLUSA TABS 50 MG-200 MG	43	EQ SPACE CHAMBER ANTI-		escitalopram oxalate TABS 10 MG,	20
EPIDIOLEX .....	17	STATIC/MEDIUM MASK DEVI ...	83	20 MG .....	20
EPIDUO FORTE GEL (adapalene-		EQ SPACE CHAMBER ANTI-		escitalopram oxalate TABS 5 MG	20
benzoyl peroxide) .....	55	STATIC/SMALL MASK DEVI .....	83	ESGIC TABS (butalbital-	
EPIDUO GEL (adapalene-benzoyl		EQ L CENTURY MATURE		acetaminophen-caffeine) .....	7
peroxide) .....	55	ADULTS50+ TABS .....	92	estazolam .....	73
EPIFOAM FOAM .....	61	EQ L CENTURY MENS TABS ....	92	ESTRACE CREA (estradiol vaginal) .	120
epinastine hcl (ophth) .....	104	EQ L CENTURY WOMENS TABS .92		ESTRACE TABS (estradiol) .....	68
epinephrine (anaphylaxis) SOAJ 0.15		EQ L ONE DAILY MENS TABS ...	92	estradiol & norethindrone acetate	
MG/0.3ML .....	121	EQUETRO .....	39	TABS .....	68
epinephrine (anaphylaxis) SOAJ 0.3		ergocalciferol CAPS .....	121	estradiol GEL 0.06 % .....	69
MG/0.3ML .....	121	ergoloid mesylates TABS .....	108	estradiol GEL 0.25 MG/0.25GM, 0.5	
epinephrine (anaphylaxis) SOAJ .121		ERGOMAR SUBL .....	84	MG/0.5GM, 0.75 MG/0.75GM, 1	
EPIVIR SOLN (lamivudine) .....	41	ergotamine w/ caffeine TABS ....	84	MG/GM, 1.25 MG/1.25GM .....	68
EPIVIR TABS (lamivudine) .....	41	ERIVEDGE .....	34	estradiol PTTW .....	69
eplerenone .....	30	ERLEADA 240 MG .....	34		
EPZICOM (abacavir sulfate-		ERLEADA 60 MG .....	34		
lamivudine) .....	41	erlotinib hcl .....	34		
		ERYGEL GEL (erythromycin (acne			
		aid)) .....	56		

estradiol PTWK .....	69	EVOXAC (cevimeline hcl) .....	87	FC2 FEMALE CONDOM .....	77
estradiol TABS .....	69	EVRYSDI .....	101	febuxostat 40 MG .....	71
estradiol vaginal CREA .....	120	EXELDERM CREA (sulconazole nitrate) .....	57	febuxostat 80 MG .....	71
estradiol vaginal TABS .....	120	EXELON (rivastigmine) .....	106	FEIBA 500 UNIT, 1000 UNIT .....	72
estradiol valerate .....	68	exemestane .....	34	felbamate SUSP .....	18
ESTRING RING .....	120	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	29	felbamate TABS .....	19
ESTROGEL GEL (estradiol) .....	69	EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) .....	29	FELBATOL SUSP (felbamate) .....	19
ESTROVEN MENOPAUSE SUPPLEMENT TABS .....	92	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide) ....	29	FELBATOL TABS (felbamate) .....	19
eszopiclone .....	73	EXFORGE TBSO (deferiasirox) .....	24	FELDENE CAPS 10 MG (piroxicam) .	5
ethacrynic acid .....	65	EXTINA FOAM (ketoconazole (topical)) .....	57	FELDENE CAPS 20 MG (piroxicam) .	5
ethambutol hcl TABS .....	32	EYE HEALTH/LUTEIN TABS .....	92	felodipine 10 MG .....	45
ethosuximide CAPS .....	19	EYE MULTIVITAMIN/SODIUM TABS .....	92	felodipine 2.5 MG, 5 MG .....	45
ethosuximide SOLN .....	19	ezetimibe .....	27	FEMARA (letrozole) .....	34
ethynodiol diacet & eth estrad .....	51	EZETIMIBE/ATORVASTATIN ....	26	FEMCAP DEVI .....	77
etodolac CAPS .....	5	ezetimibe-simvastatin .....	26	FEMRING .....	120
etodolac TABS .....	5	FABHALTA .....	72	fenofibrate CAPS .....	27
etodolac TB24 .....	5	FABIOR FOAM .....	56	fenofibrate micronized 130 MG, 200 MG .....	27
etonogestrel-ethinyl estradiol .....	52	famciclovir .....	43	fenofibrate micronized 43 MG, 67 MG, 134 MG .....	27
etoposide CAPS .....	38	famotidine SUSR .....	118	fenofibrate TABS 145 MG, 160 MG 27	
etravirine .....	41	famotidine TABS 40 MG .....	118	fenofibrate TABS 48 MG .....	27
EUCRISA .....	63	FANTASY LUBRICATED MISC ...	77	fenofibrate TABS 54 MG .....	27
EULEXIN .....	34	FANTASY LUBRICATED/SPERMICIDE MISC 77		FENOFIBRATE TABS .....	27
EVAMIST SOLN .....	69	FARXIGA .....	23	fenofibric acid .....	27
everolimus (immunosuppressant) .	86	FASENRA PEN SOAJ .....	13	FENOPROFEN CALCIUM CAPS 200 MG .....	5
everolimus TABS .....	36			fenopropfen calcium CAPS .....	5
everolimus TBSO .....	36			FENSOLVI SC .....	66
EVISTA (raloxifene hcl) .....	66				
EVOCLIN FOAM (clindamycin phosphate (topical)) .....	56				
EVOTAZ .....	41				

fentanyl citrate LPOP 1600 MCG ... 8	FLEXICHAMBER DEVI .....83	fluorouracil (topical) CREA 0.5 % ..58
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....8	FLOMAX (tamsulosin hcl) .....71	fluorouracil (topical) CREA 5 % ....58
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR .....8	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal)) .....100	fluorouracil (topical) SOLN .....58
FERRIPROX SOLN .....24	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) .. 100	fluoxetine hcl (pmdd) TABS ..... 108
FERRIPROX TABS 500 MG (deferiprone) .....24	FLORAFOL PEDIATRIC CHEW ...96	fluoxetine hcl CAPS 10 MG, 20 MG 20
fesoterodine fumarate .....119	FLORIVA 75 MG-40 MCG-262 MCG-1.3 MG-1.8 MG-600 UNIT-6 MCG-1.5 MG-15 MG-2000 UNIT-1 MG-5 MG-0.25 MG-20 UNIT ..... 96	fluoxetine hcl CAPS 40 MG .....20
FETZIMA CP24 20 MG .....21	FLORIVA PLUS SOLN .....96	fluoxetine hcl CPDR ..... 20
FETZIMA CP24 40 MG, 80 MG, 120 MG .....21	FLORRAVITE TABS .....92	fluoxetine hcl SOLN .....20
FETZIMA TITRATION PACK C4PK 21	FLUBLOK 2024-2025 SOSY .....120	fluoxetine hcl TABS 10 MG .....20
FINACEA FOAM .....63	FLUCELVAX 2024-2025 SUSP ..120	fluoxetine hcl TABS 20 MG, 60 MG 20
FINACEA GEL (azelaic acid) .....63	fluconazole SUSR .....25	FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl) ..... 20
finasteride .....71	fluconazole TABS .....25	fluphenazine hcl TABS ..... 40
fingolimod hcl ..... 107	flucytosine .....25	flurandrenolide CREA .....61
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 10	fludrocortisone acetate TABS .....53	flurazepam hcl .....73
FIRDAPSE .....32	FLUMIST QUADRIVALENT .....120	flurbiprofen sodium .....104
FIRST-MOUTHWASH BLM .....87	fluocinolone acetonide (otic) .....105	flurbiprofen TABS ..... 5
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS .....92	fluocinolone acetonide CREA .....61	flutamide .....34
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS .....92	fluocinolone acetonide OIL ..... 61	fluticasone furoate-vilanterol ..... 14
FLAREX .....103	fluocinolone acetonide OINT .....61	fluticasone propionate (inhalation) AEPB 100 MCG/ACT ..... 14
flavoxate hcl .....120	fluocinolone acetonide SOLN .....61	fluticasone propionate (inhalation) AEPB 250 MCG/ACT ..... 14
flecainide acetate .....13	fluocinonide CREA .....61	fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....14
	fluocinonide emulsified base .....61	fluticasone propionate (nasal) SUSP . 100
	fluocinonide GEL .....61	fluticasone propionate CREA 0.05 % 61
	fluocinonide OINT .....61	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....14
	fluocinonide SOLN .....61	
	fluorometholone (ophth) SUSP ...103	

fluticasone propionate hfa 44 MCG/ACT .....	14	FOLIVANE-F .....	73	SYSTEM KIT .....	78
fluticasone propionate LOTN .....	61	FOLIVANE-OB .....	97	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP .....	64
fluticasone propionate OINT .....	61	fondaparinux sodium 2.5 MG/0.5ML . 16		FREESTYLE TEST STRIPS STRP	64
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	15	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML .....	15	FROVA (frovatriptan succinate) ...	84
fluticasone-salmeterol AERO .....	15	formaldehyde SOLN 10 % .....	41	frovatriptan succinate .....	84
fluvastatin sodium CAPS .....	27	formoterol fumarate NEBU .....	15	FT CENTURY ADULTS TABS ....	92
fluvastatin sodium TB24 .....	27	FOSAMAX TABS 70 MG (alendronate sodium) .....	66	FT HAIR SKIN & NAILS EXTRA STRENGTH TABS .....	92
fluvoxamine maleate CP24 100 MG 20		fosamprenavir calcium TABS .....	41	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	65
fluvoxamine maleate CP24 150 MG 20		fosfomycin tromethamine .....	31	furosemide TABS .....	65
fluvoxamine maleate TABS 100 MG . 20		fosinopril sodium & hydrochlorothiazide .....	30	FUZEON SOLR .....	41
fluvoxamine maleate TABS 25 MG, 50 MG .....	20	fosinopril sodium .....	28	FYCOMPA SUSP .....	16
FML FORTE SUSP .....	103	FOSRENOL PACK .....	70	FYCOMPA TABS 2 MG .....	16
FML LIQUIFILM SUSP (fluorometholone (ophth)) .....	103	FRAGMIN SOLN 95000 UNIT/3.8ML 16		FYCOMPA TABS 4 MG .....	16
FML OINT .....	103	FRAGMIN SOSY 2500 UNIT/0.2ML 16		FYCOMPA TABS 6 MG .....	16
FOCALIN TABS (dexmethylphenidate hcl) .....	2	FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..	16	FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	16
FOCALIN XR CP24 (dexmethylphenidate hcl) .....	2	FREEDAVITE TABS .....	92	gabapentin CAPS .....	17
FOLAMAX TABS .....	92	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP .....	64	gabapentin SOLN .....	17
FOLAPRIME TABS .....	92	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT .....	78	gabapentin TABS 600 MG, 800 MG	17
folic acid TABS 1 MG .....	73	FREESTYLE LITE TEST STRIPS STRP .....	64	GALAFOLD .....	67
folic acid TABS 400 MCG, 800 MCG . 73		FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING		galantamine hydrobromide CP24	106
FOLIFLEX TABS .....	92			galantamine hydrobromide SOLN	106
FOLITIN-Z TABS .....	92			galantamine hydrobromide TABS	106
				GALZIN .....	86
				gatifloxacin (ophth) .....	102
				GATTEX .....	70



gefitinib .....	34	glucagon (rdna) .....	22	HADLIMA PUSHTOUCH SOAJ .....	3
gemfibrozil TABS .....	27	GLUCOTROL XL TB24 (glipizide) .....	23	HADLIMA SOSY .....	4
GENERESS FE (norethindrone & ethinyl estradiol-fe) .....	51	glyburide micronized 1.5 MG, 3 MG, 6 MG .....	23	HAEGARDA SOLR SC .....	72
gentamicin sulfate (ophth) SOLN .....	102	glyburide TABS .....	23	HAIR SKIN & NAILS ADVANCED FORMULA TABS .....	92
gentamicin sulfate (topical) CREA .....	57	glyburide-metformin .....	21	HAIR SKIN & NAILS TABS .....	92
gentamicin sulfate (topical) OINT .....	57	GLYCATE TABS .....	118	HALCION 0.25 MG (triazolam) .....	73
GENVOYA .....	41	glycopyrrolate SOLN OR 1 MG/5ML . 118		halobetasol propionate CREA .....	61
GEODON 20 MG, 40 MG (ziprasidone hcl) .....	39	glycopyrrolate TABS 1 MG, 2 MG 118		halobetasol propionate OINT .....	61
GEODON 60 MG, 80 MG (ziprasidone hcl) .....	39	GLYCOPYRROLATE TABS .....	118	haloperidol lactate CONC .....	40
GERI-FREEDA SENIOR FORMULA TABS .....	92	GLYNASE (glyburide micronized) 23		haloperidol TABS .....	40
GILENYA (fingolimod hcl) .....	107	GLYXAMBI .....	21	HEAD CARE PROACTIVE HEALTH TABS .....	92
GILENYA 0.5 MG .....	107	GNP CENTURY ADULT TABS .....	92	HELIDAC THERAPY .....	119
GILOTRIF .....	34	GNP THERAPEUTIC-M TABS .....	92	HEMANGEOL SOLN OR .....	44
glatiramer acetate SOSY 20 MG/ML . 107		GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	74	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS .....	92
glatiramer acetate SOSY 40 MG/ML . 107		GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML .....	66	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS 92	
GLEOSTINE 10 MG, 40 MG, 100 MG .....	32	GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML .....	66	HIPREX (methenamine hippurate) 31	
glimepiride 1 MG, 2 MG, 4 MG .....	23	GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML .....	66	HM COMPLETE MEN TABS .....	92
glipizide TABS .....	23	GONITRO PACK .....	11	HM HAIR/SKIN/NAILS TABS .....	93
glipizide TB24 .....	23	granisetron hcl TABS .....	24	HUMALOG JUNIOR KWIKPEN SOPN .....	22
glipizide-metformin hcl .....	21	griseofulvin microsize SUSP .....	25	HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	22
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...	80	griseofulvin microsize TABS .....	25	HUMALOG KWIKPEN SOPN 200 UNIT/ML .....	22
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	80	griseofulvin ultramicrosize .....	25	HUMALOG MIX 50/50 KWIKPEN SUPN .....	22
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....	80	guaifenesin-codeine SOLN .....	53	HUMALOG MIX 50/50 SUSP .....	22
		guanfacine hcl (adhd) .....	1		
		guanfacine hcl .....	29		

HUMALOG MIX 75/25 KWIKPEN SUPN .....	22	HUMULIN N SUSP .....	23	MG-7.5 MG .....	10
HUMALOG MIX 75/25 SUSP .....	22	HUMULIN R SOLN IJ .....	23	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG .....	10
HUMALOG SOCT .....	22	HUMULIN R U-500 (CONCENTRATED) SOLN SC .....	23	hydrocodone-ibuprofen 5 MG-200 MG .....	10
HUMALOG SOLN IJ .....	22	HUMULIN R U-500 KWIKPEN SOPN SC .....	23	hydrocortisone (intrarectal) .....	11
HUMATIN .....	3	HUCAMTIN CAPS .....	38	hydrocortisone (rectal) EX 2.5 % ..	11
HUMATROPE CART IJ .....	66	HUCAMTIN SOLR (topotecan hcl) ..	38	hydrocortisone (topical) CREA 2.5 %	61
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	4	HUCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide) .....	53	hydrocortisone (topical) LOTN 2 %, 2.5 % .....	61
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	4	HUCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide) .....	53	hydrocortisone (topical) OINT 2.5 % ..	61
HUMIRA PEN AJKT SC 40 MG/0.4ML .....	4	hydralazine hcl TABS .....	31	hydrocortisone butyrate CREA ....	61
HUMIRA PEN AJKT SC 40 MG/0.8ML .....	4	HYDREA (hydroxyurea) .....	38	hydrocortisone butyrate hydrophilic lipo base .....	61
HUMIRA PEN AJKT SC 80 MG/0.8ML .....	4	hydrochlorothiazide CAPS .....	65	hydrocortisone butyrate OINT .....	61
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML .....	4	hydrochlorothiazide TABS .....	65	hydrocortisone butyrate SOLN ....	61
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML .....	4	hydrocodone bitartrate CP12 .....	8	hydrocortisone TABS .....	53
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC 80 MG/0.8ML .....	4	hydrocodone bitartrate-homatropine methylbromide SOLN .....	53	hydrocortisone valerate CREA ....	61
HUMIRA PEN-PS/UV STARTER AJKT SC 40 MG/0.8ML .....	4	hydrocodone bitartrate-homatropine methylbromide TABS .....	53	hydrocortisone valerate OINT .....	62
HUMIRA PEN-PS/UV STARTER AJKT SC .....	4	hydrocodone polistirex-chlorpheniramine polistirex SUER ..	53	hydrocortisone w/acetic acid .....	105
HUMIRA PSKT 40 MG/0.8ML .....	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	10	hydromorphone hcl LIQD .....	8
HUMIRA PSKT .....	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG .....	10	hydromorphone hcl TABS .....	8
HUMULIN 70/30 KWIKPEN SUPN ..	22	hydrocodone-acetaminophen TABS 300 MG-7.5 MG .....	10	hydromorphone hcl TB24 32 MG ...	8
HUMULIN 70/30 SUSP .....	22	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325		hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	8
HUMULIN N KWIKPEN SUPN .....	22			hydroxychloroquine sulfate 200 MG	32
				hydroxyurea .....	38
				hydroxyzine hcl SYRP .....	12
				hydroxyzine hcl TABS .....	12
				hydroxyzine pamoate CAPS .....	12

HYLAZINC TABS .....	93	IMITREX 20 MG/ACT (sumatriptan) 84	INQOVI .....	35
hyoscyamine sulfate SUBL 0.125 MG .....	118	IMITREX 5 MG/ACT (sumatriptan) 84	INREBIC .....	36
hyoscyamine sulfate TABS 0.125 MG .....	118	IMITREX STATDOSE REFILL SOCT (sumatriptan succinate) .....	INSPIREASE DRUG DELIVERY SYSTEM MISC .....	83
hyoscyamine sulfate TBDP 0.125 MG .....	118	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate) .....	INSPIRA (eplerenone) .....	31
HYPODERMIC NEEDLE 30GX1/2" . 80		IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) .....	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	23
HYZAAR (losartan potassium & hydrochlorothiazide) .....	30	IMITREX TABS (sumatriptan succinate) .....	INTEGRA F .....	73
ibandronate sodium TABS .....	66	IMURAN TABS (azathioprine) .....	INTELENCE (etravirine) .....	41
IBRANCE CAPS .....	36	INBRIJA CAPS .....	INTELENCE 25 MG .....	42
IBRANCE TABS .....	36	INCRELEX .....	INTRON A SOLR 10000000 UNIT	38
ibuprofen TABS 400 MG, 600 MG, 800 MG .....	5	INCRUSE ELLIPTA .....	INTUNIV (guanfacine hcl (adhd)) ...	1
ICAPS AREDS FORMULA TABS .	93	indapamide TABS 1.25 MG, 2.5 MG . 65	INVEGA (paliperidone) .....	40
ICLUSIG .....	36	INDERAL LA CP24 (propranolol hcl) . 44	iodoquinol-hydrocortisone in aloe vehicle .....	57
icosapent ethyl .....	26	INDERAL XL .....	IOPIDINE .....	102
IDHIFA .....	36	indomethacin CAPS 25 MG, 50 MG	ipratropium bromide (nasal) .....	99
ILEVRO .....	104	indomethacin CPCR .....	ipratropium bromide SOLN 0.02 %	13
imatinib mesylate 100 MG .....	36	indomethacin SUPP .....	ipratropium-albuterol SOLN .....	15
imatinib mesylate 400 MG .....	36	indomethacin SUSP .....	irbesartan .....	28
IMBRUVICA CAPS 140 MG .....	36	INGREZZA CAPS 40 MG .....	irbesartan-hydrochlorothiazide ....	30
IMBRUVICA CAPS 70 MG .....	36	INGREZZA CAPS 60 MG .....	IRON FOLATE-F .....	73
IMBRUVICA SUSP .....	36	INGREZZA CAPS 80 MG .....	ISENTRESS CHEW 100 MG .....	42
IMBRUVICA TABS .....	36	INGREZZA CPPK .....	ISENTRESS CHEW 25 MG .....	42
imipramine hcl TABS 10 MG, 25 MG . 21		INGREZZA CPSP .....	ISENTRESS HD TABS .....	42
imipramine hcl TABS 50 MG .....	21	INLYTA .....	ISENTRESS PACK .....	42
imipramine pamoate .....	21	INNOPRAN XL .....	ISENTRESS TABS .....	42
imiquimod 5 % .....	62		isoniazid SYRP .....	32
			isoniazid TABS .....	32
			ISOPTO ATROPINE SOLN .....	101

ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate) .....	11	JARDIANCE .....	23	ketorolac tromethamine TABS .....	5
isosorbide dinitrate TABS 40 MG ..	12	JIVI .....	72	KETOSTIX STRP .....	64
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	12	JULUCA .....	42	KEVEYIS (dichlorphenamide) ....	65
isosorbide dinitrate-hydralazine hcl 46		JUXTAPID 10 MG, 20 MG .....	27	KEVZARA SOAJ .....	4
isosorbide mononitrate TABS .....	12	JUXTAPID 30 MG .....	27	KEVZARA SOSY .....	5
isosorbide mononitrate TB24 .....	12	JUXTAPID 5 MG .....	27	KEYFOLIC TABS .....	93
isotretinoin 10 MG, 25 MG .....	56	KALETRA SOLN (lopinavir-ritonavir) . 42		KEYLOSA TABS .....	93
isotretinoin 20 MG .....	56	KALETRA TABS (lopinavir-ritonavir) . 42		KIMONO COLORS DEVI .....	77
isotretinoin 30 MG .....	56	KALYDECO PACK .....	115	KIMONO LUBRICATED MISC ....	77
isotretinoin 35 MG, 40 MG .....	56	KALYDECO TABS .....	116	KIMONO MAXX/LARGE FLARE MISC .....	77
isradipine CAPS .....	45	KAMELEON LUBRICATED MISC .	77	KIMONO MICRO THIN MISC .....	77
ISTALOL SOLN (timolol maleate (ophth)) .....	101	KAPVAY TB12 (clonidine hcl (adhd)) 1		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 77	
itraconazole CAPS .....	25	KENALOG AERS (triamcinolone acetone (topical)) .....	62	KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	77
itraconazole SOLN .....	25	KEPPRA SOLN OR 100 MG/ML (levetiracetam) .....	17	KIMONO PLUS SPERMICIDE/LUBRICATED MISC 77	
ivabradine hcl TABS .....	47	KEPPRA TABS 1000 MG (levetiracetam) .....	17	KIMONO PS LUBRICATED MISC .	77
ivermectin (rosacea) .....	63	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam) .....	17	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 77	
ivermectin .....	11	KEPPRA XR TB24 (levetiracetam) 17		KIMONO SENSATION LUBRICATED MISC .....	77
JADENU SPRINKLE PACK (deferasirox) .....	24	KESIMPTA .....	107	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 77	
JADENU TABS (deferasirox) .....	24	ketconazole (topical) CREA .....	57	KIMONO SPECIAL DEVI .....	77
JAKAFI .....	36	ketconazole (topical) FOAM .....	57	KISQALI .....	36
JALYN (dutasteride-tamsulosin hcl) . 71		ketconazole (topical) SHAM 2 % .	57	KISQALI FEMARA 200 DOSE ....	35
JANUMET TABS .....	21	ketconazole .....	25	KISQALI FEMARA 400 DOSE ....	35
JANUMET XR TB24 1000 MG-100 MG .....	21	KETONE STRP .....	64	KISQALI FEMARA 600 DOSE ....	35
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	21	ketoprofen CP24 .....	5		
JANUVIA .....	22	ketorolac tromethamine (ophth) .	104		

KITABIS PAK NEBU (tobramycin) .. 3	lactic acid (ammonium lactate) CREA .. 62	lansoprazole CPDR ..... 119
KLARITY-A ..... 102	lactulose (encephalopathy) ..... 70	lansoprazole TBDD 15 MG ..... 119
KLARON (sulfacetamide sodium (acne)) ..... 56	lactulose SOLN ..... 74	lansoprazole TBDD 30 MG ..... 119
KLONOPIN TABS (clonazepam) .. 16	LAGEVRIO ..... 44	lanthanum carbonate CHEW 1000 MG ..... 70
KLOXXADO LIQD ..... 24	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 17	lanthanum carbonate CHEW 500 MG ..... 70
KOSELUGO ..... 36	LAMICTAL ODT TBDP (lamotrigine) . 17	LANTUS SOLN ..... 23
KOVALTRY 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT ..... 72	LAMICTAL TABS (lamotrigine) .... 17	LANTUS SOLOSTAR SOPN ..... 23
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS ..... 93	LAMICTAL XR KIT ..... 17	lapatinib ditosylate ..... 36
K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..... 85	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) .... 17	LASIX TABS (furosemide) ..... 65
K-PHOS NO 2 ..... 70	LAMICTAL XR TB24 250 MG (lamotrigine) ..... 17	LASTACAFT ..... 104
K-PHOS TABS (potassium phosphate monobasic) ..... 85	LAMICTAL XR TB24 300 MG (lamotrigine) ..... 17	latanoprost SOLN ..... 104
KRINTAFEL ..... 32	lamivudine (hbv) TABS ..... 43	LATANOPROST SOLN ..... 104
K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride) ..... 86	lamivudine SOLN ..... 42	leflunomide 10 MG ..... 6
KUVAN PACK (sapropterin dihydrochloride) ..... 67	lamivudine TABS ..... 42	leflunomide 20 MG ..... 6
KUVAN TABS (sapropterin dihydrochloride) ..... 67	lamivudine-zidovudine ..... 42	lenalidomide ..... 86
K-Y ME & YOU EXTRA LUBRICATED DEVI ..... 77	lamotrigine CHEW ..... 17	LENVIMA 10 MG DAILY DOSE ... 33
K-Y ME & YOU INTENSE DEVI ... 77	lamotrigine KIT 25 MG ..... 17	LENVIMA 12MG DAILY DOSE ... 33
KYNMOBI FILM ..... 39	lamotrigine KIT ..... 17	LENVIMA 14 MG DAILY DOSE ... 33
KYNMOBI TITRATION KIT KIT ... 39	lamotrigine TABS ..... 17	LENVIMA 18 MG DAILY DOSE ... 33
labetalol hcl TABS ..... 44	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG ..... 17	LENVIMA 20 MG DAILY DOSE ... 33
lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML ..... 17	lamotrigine TB24 250 MG ..... 17	LENVIMA 24 MG DAILY DOSE ... 33
lacosamide TABS ..... 17	lamotrigine TB24 300 MG ..... 17	LENVIMA 4 MG DAILY DOSE .... 33
	lamotrigine TBDP ..... 17	LENVIMA 8 MG DAILY DOSE .... 33
	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) ..... 46	LESCOL XL TB24 (fluvastatin sodium) ..... 27
		LETAIRIS (ambrisentan) ..... 47
		letrozole ..... 34
		leucovorin calcium TABS ..... 38
		LEUKERAN ..... 32

leuprolide acetate KIT IJ 1 MG/0.2ML .....34	levorphanol tartrate TABS 2 MG ....8	LINZESS .....70
levobunolol hcl .....101	levorphanol tartrate TABS 3 MG ....8	liothyronine sodium TABS 25 MCG, 50 MCG .....117
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....67	levothyroxine sodium CAPS 125 MCG .....117	liothyronine sodium TABS 5 MCG 117
levocarnitine (metabolic modifiers) TABS .....67	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 .....117	LIPITOR TABS (atorvastatin calcium) .....27
levocetirizine dihydrochloride SOLN 25	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....117	LIPOFEN CAPS 50 MG (fenofibrate) . 27
levocetirizine dihydrochloride TABS 26	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....117	lisdexamphetamine dimesylate CAPS 1 1
levofloxacin (ophth) 1.5 % .....102	LEVSIN TABS (hyoscyamine sulfate) .....118	lisdexamphetamine dimesylate CHEW . 1
levofloxacin SOLN OR .....69	LEVSIN/SL SUBL (hyoscyamine sulfate) .....118	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....30
levofloxacin TABS .....69	LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate) .....20	lisinopril & hydrochlorothiazide 25 MG-20 MG .....30
levonorgestrel & eth estradiol TABS 51	LEXAPRO TABS 5 MG (escitalopram oxalate) .....20	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG .....28
levonorgestrel (emergency oc) 1.5 MG .....52	LEXIVA TABS (fosamprenavir calcium) .....42	lisinopril TABS 40 MG .....28
levonorgestrel-eth estradiol (triphasic) .....51	LIBRAX (chlordiazepoxide hcl- clidinium bromide) .....118	lithium .....39
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....51	lidocaine hcl (mouth-throat) .....87	lithium carbonate CAPS 150 MG, 600 MG .....39
levonorgestrel-ethinyl estradiol (continuous) .....51	lidocaine hcl SOLN .....63	lithium carbonate CAPS 300 MG ..39
levonorgestrel-ethinyl estradiol-iron 51	lidocaine PTCH 5 % .....63	lithium carbonate TABS .....39
	lidocaine-prilocaine CREA .....63	lithium carbonate TBCR .....39
	LIDODERM PTCH (lidocaine) .....63	LITHOBID TBCR (lithium carbonate) . 39
	linezolid SUSR .....31	LITHOSTAT .....71
	linezolid TABS .....31	LIVALO (pitavastatin calcium) ....27
		LIVER DETOX TABS .....93
		LO LOESTRIN FE TABS .....51
		LOCOID LIPOCREAM .....62
		LODINE TABS (etodolac) .....5



MAXIDEX SUSP OP .....	103	MEGAVITE FRUITS & VEGGIES TABS .....	93	meprobamate .....	12
MAXITROL OINT (neomycin-polymy- dexameth) .....	103	megestrol acetate (appetite) .....	106	MEPRON (atovaquone) .....	31
MAXITROL SUSP (neomycin- polymy-dexameth) .....	103	megestrol acetate SUSP .....	34	mercaptopurine TABS .....	33
MAXX LUBRICATED MISC .....	77	megestrol acetate TABS .....	34	mesalamine CP24 .....	70
MAXX PLUS SPERMICIDE LUBRICATED MISC .....	77	MEKINIST TABS .....	36	mesalamine CPCR .....	70
MAXZIDE TABS (triamterene & hydrochlorothiazide) .....	65	MEKTOVI .....	36	mesalamine CPDR .....	70
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) .....	65	MELOXICAM SUSP (meloxicam) ...	5	mesalamine CPDR .....	70
MAYZENT STARTER PACK TBPB 107		meloxicam SUSP .....	5	mesalamine ENEM .....	70
MAYZENT STARTER PACK TBPB 108		meloxicam TABS 15 MG .....	5	mesalamine SUPP .....	70
MAYZENT TABS 0.25 MG .....	108	meloxicam TABS 7.5 MG .....	5	mesalamine TBEC 1.2 GM .....	70
MAYZENT TABS 1 MG .....	108	melphalan .....	33	mesalamine TBEC 800 MG .....	70
MAYZENT TABS 2 MG .....	108	memantine hcl CP24 14 MG, 21 MG, 28 MG .....	106	MESNEX TABS .....	38
meclofenamate sodium CAPS .....	5	memantine hcl CP24 7 MG .....	106	MESTINON SOLN OR (pyridostigmine bromide) .....	32
MEDROL DOSEPAK TBPB (methylprednisolone) .....	53	memantine hcl SOLN .....	106	MESTINON TABS (pyridostigmine bromide) .....	32
MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone) .....	53	memantine hcl TABS 10 MG .....	106	METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl) .....	2
MEDROL TABS .....	53	memantine hcl TABS 5 MG .....	106	METADATE CD CPCR 20 MG, 30 MG (methylphenidate hcl) .....	2
medroxyprogesterone acetate 10 MG .....	105	memantine hcl TABS .....	106	metaxalone 800 MG .....	99
medroxyprogesterone acetate 2.5 MG, 5 MG .....	105	MENEST 0.3 MG, 0.625 MG, 1.25 MG .....	69	metformin hcl SOLN .....	22
mefenamic acid CAPS .....	5	MENEST 2.5 MG .....	69	metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	22
mefloquine hcl .....	32	MENOSTAR PTWK .....	69	metformin hcl TB24 500 MG, 750 MG .....	22
MEGA MULTI FOR MEN TABS ...	93	MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS .....	93	methadone hcl CONC .....	8
MEGA MULTI FOR WOMEN TABS 93		MENS 50+ MULTIVITAMIN TABS .....	93	methadone hcl SOLN OR .....	8
		MENS MULTI VITAMIN & MINERAL FORMULA TABS .....	93	methadone hcl TABS .....	8
		MENS MULTIVITAMIN TABS .....	93	METHADOSE CONC (methadone hcl) .....	9
		meperidine hcl SOLN OR 50 MG/5ML .....	8	METHADOSE SUGAR-FREE CONC (methadone hcl) .....	9
		meperidine hcl TABS 50 MG .....	8		



methamphetamine hcl .....	1	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....	2	metronidazole (topical) LOTN .....	63
methazolamide TABS .....	65	methylphenidate hcl TB24 36 MG ..	2	metronidazole CAPS .....	31
methenamine hippurate .....	31	methylphenidate hcl TBCR 10 MG ..	2	metronidazole TABS .....	31
METHENAMINE MANDELATE (methenamine mandelate) .....	31	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....	2	metronidazole vaginal .....	120
methenamine mandelate 1 GM .....	31	methylphenidate hcl TBCR 20 MG ..	2	mexiletine hcl .....	13
methimazole TABS .....	116	methylphenidate hcl TBCR 54 MG ..	2	MIACALCIN IJ (calcitonin (salmon)) 66	
METHITEST TABS .....	11	methylphenidate hcl TBCR 72 MG ..	2	MICARDIS 20 MG, 40 MG (telmisartan) .....	28
methocarbamol TABS 500 MG, 750 MG .....	99	methylphenidate PTCH .....	2	MICARDIS 80 MG (telmisartan) ...	28
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	33	methylprednisolone TABS .....	53	MICARDIS HCT (telmisartan- hydrochlorothiazide) .....	30
methotrexate sodium TABS 2.5 MG 33		methylprednisolone TBPk .....	53	MICROCHAMBER DEVI .....	83
methoxsalen rapid .....	59	methyltestosterone CAPS .....	11	MICROCHAMBER MISC .....	83
methscopolamine bromide .....	118	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	69	MICROSPACER MISC .....	83
methsuximide .....	19	metoclopramide hcl TABS .....	69	midazolam hcl SYRP .....	73
methyldopa TABS .....	29	metoclopramide hcl TBDP .....	69	midodrine hcl .....	121
methylergonovine maleate TABS	105	metolazone .....	65	MIFEPREX (mifepristone) .....	68
METHYLIN SOLN (methylphenidate hcl) .....	2	METOPIRONE .....	64	mifepristone .....	68
methylphenidate hcl CHEW .....	2	metoprolol & hydrochlorothiazide TABs .....	30	miglitol .....	21
methylphenidate hcl CP24 60 MG ..	2	metoprolol succinate TB24 .....	44	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) .....	51
methylphenidate hcl CP24 .....	2	metoprolol tartrate TABS .....	44	MINIPRESS CAPS (prazosin hcl) .	29
methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG .....	2	METROCREAM CREA (metronidazole (topical)) .....	63	MINIVELLE PTTW (estradiol) .....	69
methylphenidate hcl CPR 20 MG, 30 MG .....	2	METROGEL GEL 1 % (metronidazole (topical)) .....	63	minocycline hcl CAPS .....	116
methylphenidate hcl SOLN .....	2	METROLOTION LOTN (metronidazole (topical)) .....	63	minocycline hcl CP24 .....	116
methylphenidate hcl TABS 20 MG ..	2	metronidazole (topical) CREA .....	63	minocycline hcl TABS 50 MG, 100 MG .....	116
methylphenidate hcl TABS 5 MG, 10 MG .....	2	metronidazole (topical) GEL 0.75 % 63		minoxidil 2.5 MG, 10 MG .....	31
		metronidazole (topical) GEL 1 % ..	63	MIRALAX POWD (polyethylene glycol 3350) .....	74
				MIRAPEX ER TB24 0.375 MG, 0.75	

MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) .39	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML .....9	MULTI-VIT-FLOR CHEW .....96
MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride) ..... 39	morphine sulfate SUPP ..... 9	mupirocin OINT ..... 57
MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) .....51	morphine sulfate TABS .....9	MYALEPT ..... 67
mirtazapine TABS .....19	morphine sulfate TBCR ..... 9	MYAMBUTOL TABS 400 MG (ethambutol hcl) .....32
mirtazapine TBDP .....19	MOVANTIK .....70	mycophenolate mofetil CAPS ..... 87
MIRVASO (brimonidine tartrate (topical)) .....63	moxifloxacin hcl (ophth) SOLN OP 102	mycophenolate mofetil SUSR ..... 87
misoprostol .....119	moxifloxacin hcl TABS .....69	mycophenolate mofetil TABS .....87
MITIGARE CAPS (colchicine) ..... 71	MS CONTIN TBCR (morphine sulfate) .....9	mycophenolate sodium ..... 87
M-NATAL PLUS TABS .....97	MULPLETA .....73	MYDRIACYL SOLN (tropicamide) 101
modafinil .....2	MULTI-BETIC DIABETES TABS ..93	MYLERAN TABS ..... 33
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY . 120	multiple vitamins w/ minerals TABS 93	MYSOLINE (primidone) .....17
moexipril hcl .....28	MULTITOL-M TABS ..... 93	MYTESI ..... 23
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) .....43	MULTIVITAMIN + FLUORIDE CHEW .....96	nabumetone 500 MG .....5
mometasone furoate (nasal) SUSP 100	MULTIVITAMIN ADULTS TABS ..93	nabumetone 750 MG .....5
mometasone furoate CREA .....62	MULTIVITAMIN MEN TABS .....93	nadolol TABS 20 MG, 40 MG, 80 MG .....44
mometasone furoate OINT ..... 62	MULTI-VITAMIN MONOCAPS TABS 93	naftifine hcl CREA ..... 57
mometasone furoate SOLN .....62	MULTIVITAMIN TABS 150 MG-2 MG-2.5 MG-10 MCG-7.5 MCG-10 MG-100 MG-3000 MCG-10 MG-15 MG-15 MG-5 MG-1 MG-1.5 MG-150 MCG-1 MG .....93	naftifine hcl GEL 2 % ..... 57
montelukast sodium CHEW .....13	MULTIVITAMIN WITH FLUORIDE CHEW .....96	NAFTIN GEL 1 % .....57
montelukast sodium PACK ..... 13	MULTIVITAMIN WITH FLUORIDE SOLN .....96	NAFTIN GEL 2 % (naftifine hcl) ... 57
montelukast sodium TABS .....13	MULTIVITAMIN WOMEN TABS ...93	NALFON CAPS (fenoprofen calcium) ..... 5
MONUROL (fosfomycin tromethamine) .....32	MULTIVITAMIN/ZINC STRESSFORMULA TABS .....93	naloxone hcl LIQD ..... 24
morphine sulfate beads .....9		naltrexone hcl ..... 24
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....9		NAMENDA TABS 10 MG (memantine hcl) ..... 106
		NAMENDA TABS 5 MG (memantine hcl) ..... 106
		NAMENDA TITRATION PAK TABS (memantine hcl) ..... 106

NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl) .....	106	NEBUSAL NEBU .....	54	NEUPRO .....	39
NAMENDA XR CP24 7 MG (memantine hcl) .....	106	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 .....	97	NEURONTIN CAPS (gabapentin) .	17
NAMZARIC C4PK .....	106	nefazodone hcl .....	20	NEURONTIN SOLN (gabapentin) .	17
NAPROSYN SUSP (naproxen) .....	5	neomycin sulfate TABS .....	3	NEURONTIN TABS (gabapentin) .	17
NAPROSYN TABS 500 MG (naproxen) .....	5	neomycin-bacitracin zn-polymyxin 102		NEVANAC .....	104
naproxen sodium TABS 275 MG, 550 MG .....	6	neomycin-polymy-dexameth OINT 103		nevirapine TABS .....	42
naproxen SUSP .....	6	neomycin-polymy-dexameth SUSP 103		nevirapine TB24 .....	42
naproxen TABS .....	6	neomycin-polymyxin-gramicidin .	102	NEXAVAR (sorafenib tosylate) ...	37
naratriptan hcl .....	84	neomycin-polymyxin-hc (ophth) .	103	NEXTSTELLIS .....	51
NARCAN LIQD (naloxone hcl) ....	24	neomycin-polymyxin-hc (otic) SOLN .	105	niacin (antihyperlipidemic) TABS ..	27
NARDIL (phenelzine sulfate) .....	20	neomycin-polymyxin-hc (otic) SUSP .	105	niacin (antihyperlipidemic) TBCR ..	27
NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal))	100	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG .....	97	NIASPAN TBCR 1000 MG (niacin (antihyperlipidemic)) .....	28
NASONEX 24HR SUSP (mometasone furoate (nasal)) ....	100	NEONATAL PLUS TABS .....	97	NICADAN TABS .....	93
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 97		NEORAL CAPS (cyclosporine modified (for microemulsion)) .....	87	NICADAN ZX TABS .....	93
NATACYN .....	102	NEORAL SOLN (cyclosporine modified (for microemulsion)) .....	87	nicardipine hcl CAPS .....	45
NATAZIA .....	51	NEO-SYNALAR .....	57	NICAZEL FORTE TABS .....	93
nateglinide .....	23	NEOVITE TABS .....	93	NICAZEL TABS .....	93
NATPARA .....	66	NERLYNX .....	36	NICODERM CQ PT24 TD (nicotine) .	115
NATROBA (spinosad) .....	63	NESTABS .....	97	115	
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS .....	93	NESTABS DHA .....	97	NICORETTE GUM (nicotine polacrilex) .....	115
NATRUL-VITES TABS .....	93	NESTABS ONE .....	97	NICORETTE LOZG (nicotine polacrilex) .....	115
NAYZILAM .....	16			NICORETTE MINI LOZG (nicotine polacrilex) .....	115
nebivolol hcl .....	44			NICORETTE STARTER KIT GUM (nicotine polacrilex) .....	115
				nicotine MISC XX .....	115
				nicotine polacrilex GUM .....	115
				nicotine polacrilex LOZG .....	115
				nicotine PT24 TD 7 MG/24HR, 14	

MG/24HR, 21 MG/24HR .....	115	NIVA THYROID TABS .....	117	NORVIR CAPS .....	42
NICOTINE TRANSDERMAL SYSTEM KIT .....	115	NIVA-PLUS TABS .....	97	NORVIR PACK .....	42
NICOTROL INHALER INHA .....	115	nizatidine CAPS .....	118	NORVIR TABS (ritonavir) .....	42
NICOTROL NS SOLN .....	115	NO IRON MULTIPLE VITAMIN/MINERALS TABS .....	93	NOVOEIGHT 250 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 72	
nifedipine CAPS .....	45	NORDITROPIN FLEXPLO SOPN .....	66	NP THYROID 120 TABS .....	117
nifedipine TB24 30 MG, 60 MG ...	45	norelgestromin-ethinyl estradiol ...	52	NP THYROID 15 TABS .....	117
nifedipine TB24 .....	45	norethin acet & estrad-fe CAPS ...	51	NP THYROID 30 TABS .....	117
NILANDRON (nilutamide) .....	34	norethin acet & estrad-fe CHEW ..	51	NP THYROID 60 TABS .....	117
nilutamide .....	34	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	51	NP THYROID 90 TABS .....	117
nimodipine CAPS .....	45	norethindrone & ethinyl estradiol-fe 51		NUBEQA .....	34
NINLARO .....	37	norethindrone (contraceptive) ....	52	NUCALA SOAJ .....	13
nisoldipine .....	45	norethindrone acet & eth estra TABS 51		NUCALA SOLR .....	13
nitazoxanide TABS .....	31	norethindrone acetate TABS .....	106	NUCALA SOSY .....	13
nitisinone CAPS 2 MG, 5 MG, 10 MG .....	67	norethindrone acetate-ethinyl estradiol .....	68	NUEDEXTA .....	108
nitisinone CAPS 20 MG .....	67	norethindrone acetate-ethinyl estradiol-fe .....	51	NUPLAZID CAPS .....	39
NITRO-BID OINT .....	12	norgestimate-ethinyl estradiol (triphasic) .....	51	NUPLAZID TABS 10 MG .....	39
NITRO-DUR PT24 (nitroglycerin) ..	12	norgestimate-ethinyl estradiol .....	51	NUTRICAP TABS .....	93
NITRO-DUR PT24 .....	12	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) .....	21	NUVARING (etonogestrel-ethinyl estradiol) .....	52
nitrofurantoin .....	32	NORTHERA (droxidopa) .....	121	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil) .....	2
nitrofurantoin macrocrystal .....	32	nortriptyline hcl CAPS .....	21	NUVIGIL 50 MG (armodafinil) .....	2
nitrofurantoin monohyd macro ....	32	NORVASC TABS 2.5 MG (amlodipine besylate) .....	45	NUVIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT .....	72
nitroglycerin (intra-anal) .....	11	NORVASC TABS 5 MG, 10 MG (amlodipine besylate) .....	45	NUVIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT .....	72
nitroglycerin PT24 .....	12			NYSTATIN (nystatin (mouth-throat)) . 87	
nitroglycerin SOLN TL 0.4 MG/SPRAY .....	12			nystatin (mouth-throat) .....	87
nitroglycerin SUBL .....	12			nystatin (topical) CREA .....	57
NITROLINGUAL SOLN TL (nitroglycerin) .....	12				
NITROSTAT SUBL (nitroglycerin) ..	12				

nystatin (topical) OINT .....	57	olmesartan medoxomil 5 MG, 20 MG	28	MULTIVITAMIN TABS .....	93
nystatin (topical) POWD EX .....	57	olmesartan medoxomil-amlodipine-		ONE DAILY MENS FORMULA W/O	
nystatin TABS .....	25	hydrochlorothiazide .....	30	IRON TABS .....	93
nystatin-triamcinolone CREA .....	57	olmesartan medoxomil-		ONE DAILY WOMENS TABS .....	93
nystatin-triamcinolone OINT .....	57	hydrochlorothiazide 12.5 MG-20 MG .	30	ONE DIALY MULTIVITAMIN	
NYVEPRIA .....	73			WOMENS TABS .....	94
OB COMPLETE ONE .....	97	olmesartan medoxomil-		ONE VITE WOMENS	
OB COMPLETE PETITE .....	97	hydrochlorothiazide 12.5 MG-40 MG,		PRENATALVITAMIN PLUS TABS	97
OB COMPLETE/DHA .....	97	25 MG-40 MG .....	30	ONE-A-DAY ENERGY TABS .....	94
OBIZUR .....	72	olopatadine hcl (nasal) .....	99	ONE-A-DAY MENOPAUSE	
OBSTETRIX ONE 30 MG-15 UNIT-		olopatadine hcl 0.1 % .....	104	FORMULA TABS .....	94
250 UNIT-15 MCG-25 MG-15 MG-20		olopatadine hcl 0.2 % .....	104	ONE-A-DAY MENS 50+	
MG-18 MG-38 MG-1 MG-225 MG .	97	OLUX FOAM (clobetasol propionate)		ADVANTAGE TABS .....	94
OCALIVA 10 MG .....	69	62		ONE-A-DAY MENS 50+ TABS ....	94
OCALIVA 5 MG .....	69	OLUX-E (clobetasol propionate		ONE-A-DAY MENS HEALTH	
octreotide acetate SOLN .....	68	emulsion) .....	62	FORMULA TABS .....	94
OCUFLOX (ofloxacin (ophth)) ...	102	omega-3-acid ethyl esters .....	26	ONE-A-DAY MENS PRO EDGE	
OCULAR VITAMINS TABS .....	93	omeprazole CPDR 10 MG .....	119	TABS .....	94
ODEFSEY .....	42	omeprazole CPDR 20 MG, 40 MG		ONE-A-DAY MENS TABS .....	94
ODOMZO .....	34	119		ONE-A-DAY PROACTIVE 65+ TABS	
OFEV .....	116	omeprazole magnesium CPDR ..	119	.....	94
ofloxacin (ophth) .....	102	ONCOVITE TABS .....	93	ONE-A-DAY TEEN	
ofloxacin (otic) .....	105	ondansetron hcl SOLN OR 4		ADVANTAGEFOR HIM TABS .....	94
ofloxacin 300 MG .....	69	MG/5ML .....	24	ONE-A-DAY WEIGHT SMART	
ofloxacin 400 MG .....	69	ondansetron hcl TABS 4 MG, 8 MG		ADVANCED TABS (multiple vitamins	
olanzapine TABS 15 MG, 20 MG ..	40	24		w/ minerals) .....	94
olanzapine TABS 2.5 MG, 5 MG, 7.5		ondansetron TBDP 4 MG, 8 MG ...	24	ONE-A-DAY WOMENS 50+	
MG, 10 MG .....	40	ONE A DAY ENERGY TABS .....	93	ADVANTAGE TABS (multiple	
olanzapine TBDP .....	40	ONE A DAY MENS 50+ TABS ....	93	vitamins w/ minerals) .....	94
olanzapine-fluoxetine hcl .....	106	ONE A DAY TRIPLE IMMUNE		ONE-A-DAY WOMENS 50+ TABS	94
olmesartan medoxomil 40 MG .....	28	SUPPORT ADULT TABS .....	93	ONE-A-DAY WOMENS ACTIVE	
		ONE A DAY WOMENS 50+ TABS	93	MIND & BODY TABS (multiple	
		ONE DAILY MENS 50+		vitamins w/ minerals) .....	94

ONE-A-DAY WOMENS PETITES TABS (multiple vitamins w/ minerals) 94	OPURITY TABS ..... 94	MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML ..... 3
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (multiple vitamins w/ minerals) .... 94	ORAPRED ODT TBDP (prednisolone sodium phosphate) ..... 53	OVACE PLUS LOTN ..... 59
ONE-A-DAY WOMENS TABS ..... 94	ORAVIG ..... 87	OVACE PLUS WASH LIQD (sulfacetamide sodium) ..... 59
ONETOUCH ULTRA 2 KIT ..... 79	ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG ..... 46	OVACE WASH LIQD (sulfacetamide sodium) ..... 59
ONETOUCH ULTRA STRP ..... 64	ORENITRAM TBCR 5 MG ..... 46	oxaprozin TABS ..... 6
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT ..... 79	ORENITRAM TITRATION KIT MONTH 1 TEPK ..... 46	OXAYDO TABS 5 MG ..... 9
ONETOUCH VERIO REFLECT KIT 79	ORENITRAM TITRATION KIT MONTH 2 TEPK ..... 46	OXAYDO TABS 7.5 MG ..... 9
ONETOUCH VERIO TEST STRIPS STRP ..... 64	ORENITRAM TITRATION KIT MONTH 3 TEPK ..... 46	oxazepam CAPS 10 MG, 15 MG .. 12
ONEVITE TABS ..... 94	ORFADIN CAPS 2 MG, 5 MG, 10 MG (nitisinone) ..... 67	oxazepam CAPS 30 MG ..... 12
ONUREG TABS ..... 33	ORFADIN CAPS 20 MG (nitisinone) . 67	oxcarbazepine SUSP ..... 17
OPILL ..... 52	ORFADIN SUSP ..... 67	oxcarbazepine TABS 150 MG ..... 18
OPSUMIT ..... 47	ORIAHNN ..... 68	oxcarbazepine TABS 300 MG ..... 18
OPTICHAMBER DIAMOND DEVI . 83	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG ..... 116	oxcarbazepine TABS 600 MG ..... 18
OPTICHAMBER DIAMOND MISC . 83	ORKAMBI PACK 94 MG-75 MG . 116	oxcarbazepine TB24 150 MG, 300 MG ..... 18
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI ..... 83	orphenadrine citrate TB12 ..... 99	oxcarbazepine TB24 600 MG ..... 18
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC ..... 83	oseltamivir phosphate CAPS ..... 43	oxiconazole nitrate CREA ..... 57
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC ..... 83	oseltamivir phosphate SUSP ..... 43	OXISTAT CREA (oxiconazole nitrate) ..... 57
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 120	OSMOPREP ..... 75	OXISTAT LOTN ..... 57
OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals) ..... 94	OSPHENA ..... 66	OXTELLAR XR TB24 150 MG, 300 MG (oxcarbazepine) ..... 18
	OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS ..... 94	OXTELLAR XR TB24 600 MG (oxcarbazepine) ..... 18
	OTEZLA TABS 20 MG ..... 6	oxybutynin chloride TABS 5 MG . 119
	OTEZLA TABS 30 MG ..... 6	oxybutynin chloride TB24 ..... 119
	OTEZLA TBPK ..... 6	oxycodone hcl CAPS ..... 9
	OTREXUP SOAJ 10 MG/0.4ML, 15	oxycodone hcl CONC 100 MG/5ML 9
		oxycodone hcl SOLN ..... 9

oxycodone hcl TABS 30 MG .....9	paroxetine hcl TB24 .....20	PENTASA CPCR 250 MG .....70
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG .....9	PARVLEX TABS .....94	pentazocine w/ naloxone hcl .....10
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..10	PATADAY 0.1 % (olopatadine hcl) 104	pentoxifylline .....72
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....10	PATADAY 0.2 % (olopatadine hcl) 104	PEPCID TABS 40 MG (famotidine) 118
oxycodone w/ acetaminophen TABS 325 MG-5 MG .....10	PATANASE (olopatadine hcl (nasal)) .....99	PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) .....10
oxymorphone hcl TABS 10 MG .....9	PAXIL CR TB24 (paroxetine hcl) ..20	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ... 10
oxymorphone hcl TABS 5 MG .....9	PAXIL TABS (paroxetine hcl) .....20	PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ... 10
oxymorphone hcl TB12 .....9	PAXLOVID 100 MG-150 MG .....43	PERFOROMIST NEBU (formoterol fumarate) .....15
OZEMPIC SOPN .....22	pazopanib hcl .....37	perindopril erbumine .....28
paliperidone .....40	PEDIAPRED SOLN (prednisolone sodium phosphate) .....53	permethrin CREA .....63
PALYNZIQ .....67	pediatric multivitamins w/fl CHEW .96	perphenazine TABS .....40
PAMELOR CAPS (nortriptyline hcl) 21	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....74	perphenazine-amitriptyline .....106
PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT .....64	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM .....74	PERSERIS PRSY .....40
PANRETIN .....58	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....74	phenelzine sulfate .....20
pantoprazole sodium PACK .....119	PEGASYS SOLN .....43	phenobarbital ELIX .....73
pantoprazole sodium TBEC .....119	PEG-PREP .....74	phenobarbital TABS .....73
paricalcitol CAPS .....67	penicillamine TABS .....86	phenoxybenzamine hcl .....28
PARLODEL CAPS (bromocriptine mesylate) .....39	penicillin v potassium SOLR .....105	phenylephrine hcl (mydriatic) SOLN 101
PARLODEL TABS (bromocriptine mesylate) .....39	penicillin v potassium TABS .....105	phenytoin CHEW .....19
paroxetine hcl SUSP .....20	PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) .....58	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....19
paroxetine hcl TABS .....20	PENNSAID SOLN EX .....58	phenytoin SUSP .....19
	pentamidine isethionate IN .....31	PHEXXI .....120
	PENTASA CPCR (mesalamine) ...70	PHYTOMULTI TABS .....94
		phytonadione TABS 5 MG .....121
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pilocarpine hcl (oral) 5 MG .....87	PLEXION CREA (sulfacetamide sodium w/ sulfur) .....56	potassium citrate (alkalinizer) TBCR . 71
pilocarpine hcl (oral) 7.5 MG .....87	PLEXION LOTN (sulfacetamide sodium w/ sulfur) .....56	potassium citrate-citric acid SOLN .71
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 101	PNV-DHA+DOCUSATE .....97	potassium iodide (expectorant) SOLN .....54
pimecrolimus .....63	PNV-OMEGA .....97	PRALUENT SOAJ .....28
pimozide .....108	POCKET CHAMBER DEVI .....83	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG .....39
pindolol TABS .....44	POCKET SPACER DEVI .....83	pramipexole dihydrochloride TABS 1 MG .....39
pioglitazone hcl 15 MG .....23	PODOCON-25 SOLN .....63	pramipexole dihydrochloride TABS 1.5 MG .....39
pioglitazone hcl 30 MG, 45 MG ....23	podofilox GEL .....63	pramipexole dihydrochloride TABS 3 MG .....39
pioglitazone hcl-glimepiride .....21	podofilox SOLN .....63	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG .....39
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pirfenidone TABS .....116	POLY-VI-FLOR/IRON SUSP .....96	praziquantel .....11
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piroxicam CAPS 20 MG .....6	posaconazole SUSP .....25	PRECISION XTRA .....64
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PLEGRIDY SOSY IM .....108	potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ .....86	prednisolone acetate (ophth) ....103
PLEGRIDY SOSY SC .....108	potassium chloride PACK OR 20 MEQ .....86	PREDNISOLONE
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prednisolone sodium phosphate TBDP .....	53	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	98	PREVACID SOLUTAB TBDD 15 MG (lansoprazole) .....	119
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prednisone SOLN .....	53	PRENATE .....	98	PREZISTA TABS (darunavir) .....	42
prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG .....	53	PRENATE AM .....	98	PREZISTA TABS 75 MG, 150 MG	42
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pregabalin CAPS 225 MG, 300 MG 18		PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	98	PRILOSEC PACK .....	119
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	18	PRENATE ENHANCE .....	98	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate) .....	32
pregabalin SOLN .....	18	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG .....	98	primaquine phosphate TABS .....	32
PREMARIN .....	120	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG ..	98	primidone 50 MG, 250 MG .....	18
PREMARIN TABS .....	69	PRENATE PIXIE .....	98	PRISTIQ (desvenlafaxine succinate) 21	
PREMESISRX .....	97	PRENATE RESTORE .....	98	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC .....	83
PREMIUM SCAR PATCH .....	63	PRENATRIX TABS .....	98	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC .....	83
PREMPHASE .....	68	PRENATRYL TABS .....	98	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI .....	83
PREMPRO .....	68			PROAIR RESPICLICK AEPB .....	15
PRENA 1 TRUE .....	97			probenecid .....	72
PRENA1 CHEW .....	97			PRO-CAL TABS .....	94
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PRENAISSANCE .....	97			PROCARE SPACER CHAMBER W/ADULT MASK DEVI .....	83
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PROCARE SPACER CHAMBER W/CHILD MASK DEVI .....	83	PROMETRIUM CAPS (progesterone) .....	54	PULMICORT FLEXHALER AEPB 180 MCG/ACT .....	14
PROCERV HP TABS .....	94	propafenone hcl CP12 .....	13	PULMICORT FLEXHALER AEPB 90 MCG/ACT .....	14
PROCHAMBER VALVED HOLDINGCHAMBER DEVI .....	83	propafenone hcl TABS 150 MG ...	13	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) .....	14
prochlorperazine .....	40	propafenone hcl TABS 225 MG, 300 MG .....	13	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) .....	14
prochlorperazine maleate TABS ...	40	propracaine hcl .....	102	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) .....	14
PROCTOFOAM HC FOAM EX ....	11	propranolol hcl CP24 .....	44	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) .....	14
PROCYSBI CPDR .....	71	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	44	PULMOZYME .....	116
PROFOLA TABS .....	94	propranolol hcl TABS .....	44	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	83
progesterone CAPS .....	106	propylthiouracil .....	116	PURIXAN SUSP .....	33
progesterone OIL .....	106	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....	54	pyrazinamide .....	32
PROGLYCEM (diazoxide) .....	22	PRORENAL+D TABS .....	94	pyridostigmine bromide SOLN OR	32
PROGRAF PACK .....	87	PROSCAR (finasteride) .....	71	pyridostigmine bromide TABS 60 MG .....	32
PROLIA SOSY .....	66	PROTONIX PACK (pantoprazole sodium) .....	119	pyridostigmine bromide TBCR ....	32
PROMACTA PACK 12.5 MG .....	73	PROTONIX TBEC (pantoprazole sodium) .....	119	pyrimethamine .....	32
PROMACTA PACK 25 MG .....	73	protriptyline hcl .....	21	QBRELIS SOLN .....	28
PROMACTA TABS .....	73	PROVERA 10 MG (medroxyprogesterone acetate) ..	106	QC MULTI-VITE TABS .....	94
promethazine & phenylephrine SYRP .....	54	PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) ..	106	QINLOCK .....	37
promethazine hcl SOLN OR 6.25 MG/5ML .....	26	PROVIDA OB .....	98	QSYMIA .....	1
promethazine hcl SUPP 12.5 MG, 25 MG .....	26	PROVIGIL (modafinil) .....	2	QUALAQUIN CAPS (quinine sulfate) 32	
promethazine hcl TABS 12.5 MG ..	26	PROVIT TABS .....	94	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) .....	52
promethazine hcl TABS 25 MG ...	26	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl) .....	20	quazepam .....	73
promethazine hcl TABS 50 MG ...	26	PROZAC CAPS 40 MG (fluoxetine hcl) .....	20	QUESTRAN LIGHT POWD (cholestyramine light) .....	26
promethazine w/codeine SOLN ...	54	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML		QUESTRAN PACK (cholestyramine)	
promethazine w/codeine SYRP ...	54				
promethazine-dm SYRP .....	54				
promethazine-phenylephrine-codeine .....	54				

26	RADICAVA ORS STARTER KIT SUSP .....	101	REBIF TITRATION PACK SOSY .	108
QUESTRAN POWD (cholestyramine) .....	26	RADICAVA ORS SUSP .....	101	REGLAN TABS (metoclopramide hcl) .....
quetiapine fumarate TABS 200 MG 40	40	raloxifene hcl .....	66	REGRANEX .....
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG .....	40	ramelteon .....	74	RELENZA DISKHALER .....
quetiapine fumarate TABS 300 MG, 400 MG .....	40	ramipril CAPS .....	28	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" .....
quetiapine fumarate TB24 .....	40	RANEXA TB12 1000 MG (ranolazine) .....	11	RELION INSULIN SYRINGE 1ML/31GX15/64" .....
QUFLORA FE PEDIATRIC LIQD ..	96	RANEXA TB12 500 MG (ranolazine) . 11	11	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" .....
QUFLORA GUMMIES CHEW .....	96	ranolazine TB12 1000 MG .....	11	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....
QUFLORA PEDIATRIC CHEW .....	96	ranolazine TB12 500 MG .....	11	REL PAX (eletriptan hydrobromide) 84
QUFLORA PEDIATRIC SOLN .....	96	RAPAFLO 4 MG (silodosin) .....	71	REMERON SOLTAB TBDP (mirtazapine) .....
QUILLICHEW ER CHER 20 MG, 40 MG .....	2	RAPAFLO 8 MG (silodosin) .....	71	REMERON TABS 15 MG, 30 MG (mirtazapine) .....
QUILLICHEW ER CHER 30 MG .....	2	rasagiline mesylate .....	39	RENAPLEX-D TABS .....
QUILLIVANT XR SRER .....	2	RASUVO SOAJ 20 MG/0.4ML .....	3	RENVELA PACK 0.8 GM (sevelamer carbonate) .....
QUIN B STRONG TABS .....	94	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	RENVELA PACK 2.4 GM (sevelamer carbonate) .....
quinapril hcl .....	28	RAYAVIT TABS .....	94	RENVELA TABS (sevelamer carbonate) .....
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....	30	RAZADYNE ER CP24 (galantamine hydrobromide) .....	106	repaglinide .....
quinapril-hydrochlorothiazide 25 MG- 20 MG .....	30	REALITY LATEX CONDOMS/LUBRICATED MISC ..	77	RESTORIL 15 MG (temazepam) ..
quinidine gluconate TBCR .....	12	REALITY LATEX/ULTRA TEXTURED DEVI .....	77	RESTORIL 22.5 MG, 30 MG (temazepam) .....
quinine sulfate CAPS 324 MG .....	32	REALITY LATEX/ULTRA THIN DEVI 77	77	RESTORIL 7.5 MG (temazepam) .
QUINTABS-M TABS .....	94	REBIF REBIDOSE SOAJ .....	108	RETACRIT .....
QVAR REDIHALER 40 MCG/ACT .	14	REBIF REBIDOSE TITRATIONPACK SOAJ .....	108	RETACRIT 20000 UNIT/ML .....
QVAR REDIHALER 80 MCG/ACT .	14	REBIF SOSY .....	108	RETEVMO CAPS .....
RA CENTRAL-VITE TABS .....	94			
RABEPRAZOLE SODIUM DR SPRINKLE CPSP .....	119			
rabeprazole sodium TBEC .....	119			

RETIN-A CREA (tretinoin) .....	56	RISPERDAL SOLN (risperidone) ..	40	ropinirole hydrochloride TB24 12 MG	39
RETIN-A GEL (tretinoin) .....	56	RISPERDAL TABS 0.5 MG, 1 MG, 2		ropinirole hydrochloride TB24 2 MG,	
RETIN-A MICRO 0.04 % (tretinoin		MG, 4 MG (risperidone) .....	40	4 MG, 6 MG, 8 MG .....	39
microsphere) .....	56	RISPERDAL TABS 3 MG		rosuvastatin calcium TABS .....	27
RETIN-A MICRO 0.1 % (tretinoin		(risperidone) .....	40	ROXICODONE TABS 15 MG	
microsphere) .....	56	risperidone SOLN .....	40	(oxycodone hcl) .....	9
RETIN-A MICRO PUMP 0.04 %		risperidone TABS 0.25 MG, 0.5 MG,		ROXICODONE TABS 30 MG	
(tretinoin microsphere) .....	56	1 MG, 2 MG, 4 MG .....	40	(oxycodone hcl) .....	9
RETIN-A MICRO PUMP 0.1 %		risperidone TABS 3 MG .....	40	ROZEREM (ramelteon) .....	74
(tretinoin microsphere) .....	56	risperidone TBDP .....	40	RUBRACA .....	37
RETROVIR CAPS (zidovudine) ...	42	RITALIN LA CP24 (methylphenidate		rufinamide SUSP .....	18
RETROVIR SYRP (zidovudine) ...	42	hcl) .....	2	rufinamide TABS 200 MG .....	18
REVATIO SOLN (sildenafil citrate		RITALIN TABS 20 MG		rufinamide TABS 400 MG .....	18
(pulmonary hypertension)) .....	47	(methylphenidate hcl) .....	2	RUKOBIA .....	42
REVATIO SUSR (sildenafil citrate		RITALIN TABS 5 MG, 10 MG		RYBELSUS TABS .....	22
(pulmonary hypertension)) .....	47	(methylphenidate hcl) .....	2	RYDAPT .....	37
REVLIMID (lenalidomide) .....	86	RITEFLO DEVI .....	83	RYTARY CPCR 145 MG-36.25 MG,	
REXULTI .....	41	ritonavir TABS .....	42	195 MG-48.75 MG, 245 MG-61.25	
REYATAZ CAPS 200 MG, 300 MG		rivastigmine .....	106	MG .....	39
(atazanavir sulfate) .....	42	rivastigmine tartrate CAPS .....	106	RYTARY CPCR 95 MG-23.75 MG	39
REYATAZ PACK .....	42	rizatriptan benzoate TABS .....	84	SABRIL PACK (vigabatrin) .....	19
RHOFADE .....	63	rizatriptan benzoate TBDP .....	84	SABRIL TABS (vigabatrin) .....	19
ribavirin (hepatitis c) CAPS .....	43	ROBINUL FORTE TABS		SAFYRAL (drospirenone-ethinyl	
RIDAURA .....	4	(glycopyrrolate) .....	118	estradiol-levomefolate calcium) ...	52
rifabutin .....	32	ROBINUL TABS (glycopyrrolate) .	118	SALAGEN 5 MG (pilocarpine hcl	
rifampin CAPS .....	32	ROCALTROL CAPS 0.25 MCG		(oral) .....	87
RILUTEK TABS (riluzole) .....	101	(calcitriol) .....	67	SALAGEN 7.5 MG (pilocarpine hcl	
riluzole TABS .....	101	ROCALTROL CAPS 0.5 MCG		(oral) .....	87
rimantadine hydrochloride TABS ..	43	(calcitriol) .....	67	salicylic acid in ammonium lactate	
RINVOQ TB24 .....	3	ROCALTROL SOLN OR (calcitriol)		vehicle .....	63
risedronate sodium TABS 150 MG	66	67		salicylic acid SHAM 6 % .....	63
risedronate sodium TABS 5 MG, 30		roflumilast .....	13	SALIMEZ CREA .....	63
MG, 35 MG .....	66	ropinirole hydrochloride TABS .....	39		

salsalate .....	8	SENTRY SENIOR/LUTEIN TABS .	94	sildenafil citrate .....	46
SALYCIM CREA .....	63	SENTRY TABS .....	94	silodosin 4 MG .....	71
SANCUSO PTCH .....	24	SEREVENT DISKUS .....	15	silodosin 8 MG .....	71
SANDIMMUNE CAPS (cyclosporine) 87		SEROQUEL TABS 200 MG (quetiapine fumarate) .....	40	SILVADENE (silver sulfadiazine) .	60
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate) .....	68	SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate) ....	40	silver sulfadiazine .....	60
SANTYL OINT .....	62	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate) .....	40	simvastatin TABS .....	27
SAPHRIS 5 MG .....	40	SEROQUEL XR TB24 (quetiapine fumarate) .....	40	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa) .....	39
sapropterin dihydrochloride PACK .	67	SEROSTIM SC 4 MG, 5 MG, 6 MG 66		SINGULAIR CHEW (montelukast sodium) .....	13
sapropterin dihydrochloride TABS .	67	sertraline hcl CONC .....	20	SINGULAIR PACK (montelukast sodium) .....	13
SAVELLA TABS .....	107	sertraline hcl TABS .....	20	SINGULAIR TABS (montelukast sodium) .....	13
SAVELLA TITRATION PACK MISC 107		sevelamer carbonate PACK 0.8 GM . 70		sirolimus SOLN .....	87
saxagliptin hcl .....	22	sevelamer carbonate PACK 2.4 GM . 70		sirolimus TABS .....	87
saxagliptin-metformin hcl .....	22	sevelamer carbonate TABS .....	70	SKYRIZI PEN SOAJ .....	59
SAXENDA .....	1	sevelamer hcl 400 MG .....	70	SKYRIZI PSKT .....	59
scopolamine .....	24	sevelamer hcl 800 MG .....	70	SKYRIZI SOCT .....	70
SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....	52	SFROWASA ENEM .....	70	SKYRIZI SOSY .....	59
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 .....	98	SIDEROL TABS .....	94	SLYND .....	52
SELECT-OB+DHA MISC .....	98	SIGNIFOR .....	68	SM ONE DAILY MENS TABS .....	94
selegiline hcl CAPS .....	39	SIKLOS TABS 100 MG .....	72	SM ONE DAILY WOMENS TABS .	94
selegiline hcl TABS .....	39	SIKLOS TABS 1000 MG .....	72	SOAANZ TABS 20 MG .....	65
selenium sulfide LOTN 2.5 % .....	59	sildenafil citrate (pulmonary hypertension) SOLN .....	47	sodium chloride (inhalant) NEBU 0.9 %, 3 % .....	54
SELZENTRY SOLN .....	42	sildenafil citrate (pulmonary hypertension) SUSR .....	47	sodium chloride (inhalant) NEBU 7 % .....	54
SELZENTRY TABS (maraviroc) ...	42	sildenafil citrate (pulmonary hypertension) TABS .....	47	sodium citrate & citric acid .....	71
SE-NATAL 19 CHEW .....	98			sodium fluoride CHEW 0.25 MG, 0.5 MG .....	85
SE-NATAL 19 TABS .....	98			sodium fluoride CHEW 1 MG, 2.2 MG	

85	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	13	STROVITE FORTE TABS (multiple vitamins w/ minerals)	95	
sodium fluoride SOLN 0.5 MG/ML	.85	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	13	STROVITE ONE TABS	95
sodium fluoride TABS 0.5 MG	.85	spironolactone & hydrochlorothiazide	65	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	
sodium fluoride TABS 1 MG	.85	.....	65	(buprenorphine hcl-naloxone hcl dihydrate)	10
SODIUM OXYBATE SOLN	106	spironolactone TABS	65	SUBOXONE FILM SL 3 MG-12 MG	
sodium phenylbutyrate POWD	67	SPORANOX CAPS (itraconazole)	25	(buprenorphine hcl-naloxone hcl dihydrate)	10
sodium phenylbutyrate TABS	67	SPORANOX PULSEPAK CAPS (itraconazole)	25	SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG	9
sodium polystyrene sulfonate POWD	87	SPORANOX SOLN (itraconazole)	25	sucralfate SUSP	118
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	56	SPRAVATO 56MG DOSE	20	sucralfate TABS	118
sodium sulfate-potassium sulfate-magnesium sulfate	74	SPRAVATO 84MG DOSE	20	sulconazole nitrate CREA	57
solifenacin succinate TABS 10 MG	120	SPRYCEL 20 MG, 50 MG, 70 MG (dasatinib)	37	sulconazole nitrate SOLN	57
120		SPRYCEL 80 MG, 100 MG, 140 MG (dasatinib)	37	sulfacetamide sodium (acne)	56
solifenacin succinate TABS 5 MG	120	SSKI SOLN (potassium iodide (expectorant))	54	sulfacetamide sodium (ophth) OINT	102
SOLO TABS	95	STELARA SOLN 45 MG/0.5ML	59	sulfacetamide sodium (ophth) SOLN	102
SOLUVITA SOLN	85	STELARA SOSY 45 MG/0.5ML	59	sulfacetamide sodium LIQD	60
SOLUVITA SOLN	96	STELARA SOSY 90 MG/ML	59	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	56
SOMA TABS (carisoprodol)	99	STIMATE SOLN NA	68	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	56
SOMAVERT 10 MG, 15 MG, 20 MG	66	STIOLTO RESPIMAT	15	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	56
66		STIVARGA	37	sulfacetamide sod-prednisolone SOLN	103
SOMAVERT 25 MG, 30 MG	66	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	2	sulfadiazine TABS	116
SOOLANTRA (ivermectin (rosacea))	63	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	1	sulfamethoxazole-trimethoprim SUSP	31
.....	63	STRENSIQ	67	.....	31
sorafenib tosylate	37	STRIBILD	42	sulfamethoxazole-trimethoprim TABS	
SORILUX FOAM	59	STRIVERDI RESPIMAT	15		
sotalol hcl (afib/afI)	44	STROMECTOL (ivermectin)	11		
sotalol hcl TABS	44				
SPECTRAVITE TABS	95				
spinosad	64				

.....	31	SYMBICORT (budesonide- formoterol fumarate dihydrate) .....	15	TACLONEX SUSP (calcipotriene- betamethasone dipropionate) .....	62
SULFAMYLON CREA .....	60	SYMDEKO .....	116	tacrolimus (topical) OINT 0.03 % ..	63
sulfasalazine TABS .....	70	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate) .....	42	tacrolimus (topical) OINT 0.1 % ...	63
sulfasalazine TBEC .....	70	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate) .....	42	tacrolimus CAPS .....	87
sulindac TABS 150 MG .....	6	SYMJEPI SOSY 0.15 MG/0.3ML ..	121	tadalafil (pulmonary hypertension) TABs .....	47
sulindac TABS 200 MG .....	6	SYMJEPI SOSY 0.3 MG/0.3ML ..	121	tadalafil 2.5 MG .....	46
sumatriptan 20 MG/ACT .....	84	SYMTUZA .....	42	tadalafil 5 MG, 10 MG, 20 MG .....	46
sumatriptan 5 MG/ACT .....	84	SYNALAR CREA (fluocinolone acetone) .....	62	TAFINLAR CAPS .....	37
sumatriptan succinate SOAJ 4 MG/0.5ML .....	84	SYNALAR OINT (fluocinolone acetone) .....	62	tafluprost .....	104
sumatriptan succinate SOAJ 6 MG/0.5ML .....	85	SYNALAR SOLN (fluocinolone acetone) .....	62	TAGRISSE .....	34
sumatriptan succinate SOCT .....	85	SYNDROS SOLN .....	24	TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG .....	37
sumatriptan succinate SOLN 6 MG/0.5ML .....	85	SYNJARDY TABS .....	22	TALZENNA 0.25 MG, 1 MG .....	37
sumatriptan succinate TABS .....	85	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....	22	TAMIFLU CAPS (oseltamivir phosphate) .....	43
sunitinib malate 12.5 MG, 37.5 MG, 50 MG .....	37	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG .....	22	TAMIFLU SUSR (oseltamivir phosphate) .....	43
sunitinib malate 25 MG .....	37	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) .....	117	tamoxifen citrate TABS .....	34
SUPER D/ZINC/SELENIUM/COPPER TABS . 95		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) .....	117	tamsulosin hcl .....	71
SUPERIOR MENS MULTI TABS ..	95	SYPRINE (trientine hcl) .....	86	TARCEVA 100 MG, 150 MG (erlotinib hcl) .....	34
SUPERIOR WOMENS MULTI TABS 95		SYSTANE ICAPS AREDS2 TABS ..	95	TARGRETIN (bexarotene (topical)) 58	
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) .....	74	TABLOID .....	33	TASIGNA .....	37
SUSTIVA CAPS (efavirenz) .....	42	TABRECTA .....	37	TASMAR (tolcapone) .....	38
SUSTIVA TABS (efavirenz) .....	42	TACLONEX OINT (calcipotriene- betamethasone dipropionate) .....	62	TAYTULLA CAPS (norethin acet & estradiol) .....	52
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) .....	37			tazarotene CREA .....	59
SUTENT 25 MG (sunitinib malate) ..	37			TAZAROTENE FOAM .....	56
				tazarotene GEL .....	59
				TAZORAC CREA (tazarotene) ....	59

TAZORAC GEL (tazarotene) .....	59	TENORETIC 100 (atenolol & chlorthalidone) .....	30	theophylline TB12 450 MG .....	15
TAZVERIK .....	37	TENORETIC 50 (atenolol & chlorthalidone) .....	30	theophylline TB24 .....	15
TECFIDERA CPDR (dimethyl fumarate) .....	108	TENORMIN TABS (atenolol) .....	44	THERA M PLUS TABS .....	95
TECFIDERA STARTER PACK CDPK (dimethyl fumarate) .....	108	terazosin hcl 1 MG, 2 MG, 5 MG ..	29	THERABETIC MULTI-VITAMIN TABS .....	95
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64" .....	81	terazosin hcl 10 MG .....	29	THERAGRAN-M ADVANCED 50 PLUS TABS .....	95
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" .....	81	terbinafine hcl TABS .....	25	THERAGRAN-M ADVANCED TABS .	95
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" .....	81	terbutaline sulfate TABS .....	15	THERAGRAN-M PREMIER 50 PLUS TABS .....	95
TEGRETOL SUSP (carbamazepine) .	18	terconazole vaginal CREA .....	120	THERAGRAN-M PREMIER TABS	95
TEGRETOL TABS (carbamazepine) .	18	terconazole vaginal SUPP .....	120	THERAGRAN-M TABS .....	95
TEGRETOL-XR TB12 100 MG (carbamazepine) .....	18	teriflunomide .....	108	THERA-M TABS .....	95
TEGRETOL-XR TB12 200 MG (carbamazepine) .....	18	TESTIM GEL TD (testosterone) ...	11	THERANATAL CORE NUTRITION TABS .....	98
TEGRETOL-XR TB12 400 MG (carbamazepine) .....	18	testosterone cypionate SOLN IM ..	11	THERA-TABS M TABS .....	95
TEGSEDI .....	115	testosterone enanthate SOLN IM ..	11	THERA-VITE MAX-M TABS .....	95
TEKTURNA (aliskiren fumarate) ..	30	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM .....	11	THEREMS-M TABS .....	95
telmisartan 20 MG, 40 MG .....	28	testosterone GEL TD 1 % .....	11	THIOLA EC TBEC (tiopronin) .....	71
telmisartan 80 MG .....	28	testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM .....	11	THIOLA TABS (tiopronin) .....	71
telmisartan-amlodipine .....	30	testosterone GEL TD 10 MG/ACT ..	11	thioridazine hcl 10 MG, 25 MG, 100 MG .....	40
telmisartan-hydrochlorothiazide ..	30	tetrabenazine .....	107	thioridazine hcl 50 MG .....	40
temazepam 15 MG .....	74	tetracaine hcl (ophth) .....	102	thiothixene .....	41
temazepam 22.5 MG, 30 MG .....	74	tetracycline hcl CAPS .....	116	THRIVITE RX TABS .....	98
temazepam 7.5 MG .....	74	TEXACORT SOLN 2.5 % .....	62	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	117
temozolomide CAPS .....	33	THALITONE .....	65	tiagabine hcl .....	19
tenofovir disoproxil fumarate TABS	42	THALOMID .....	86	TIAZAC (diltiazem hcl extended release beads) .....	45
		THEO-24 CP24 .....	15	TIBSOVO .....	37
		theophylline ELIX .....	15	timolol maleate (ophth) SOLG ....	101
		theophylline SOLN .....	15		
		theophylline TB12 300 MG .....	15		



timolol maleate (ophth) SOLN .....101	tolcapone .....38	torsemide TABS 100 MG .....65
timolol maleate TABS 10 MG .....44	TOLSURA CAPS .....25	torsemide TABS 5 MG, 10 MG, 20 MG .....65
timolol maleate TABS 5 MG, 20 MG . 44	tolterodine tartrate CP24 .....120	TOUJEO MAX SOLOSTAR SOPN 23
TIMOPTIC SOLN (timolol maleate (ophth)) .....101	tolterodine tartrate TABS .....120	TOUJEO SOLOSTAR SOPN .....23
TIMOPTIC-XE SOLG (timolol maleate (ophth)) .....101	TOPAMAX SPRINKLE CPSP (topiramate) .....18	TOVIAZ (fesoterodine fumarate) 120
tinidazole .....31	TOPAMAX TABS 100 MG (topiramate) .....18	TPOXX (TECOVIRIMAT CAP 200 MG) .....44
tiopronin TABS .....71	TOPAMAX TABS 200 MG (topiramate) .....18	TPOXX CAPS .....44
tiopronin TBEC .....71	TOPAMAX TABS 25 MG (topiramate) .....18	TPOXX SOLN .....44
tiotropium bromide monohydrate CAPS .....13	TOPAMAX TABS 50 MG (topiramate) .....18	TRACLEER TBSO .....47
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG .....117	TOPICORT GEL (desoximetasone) 62	tramadol hcl CP24 100 MG, 200 MG, 300 MG .....9
TIROSINT CAPS 75 MCG .....117	TOPICORT OINT (desoximetasone) . 62	tramadol hcl TABS 100 MG .....9
TIVICAY TABS 50 MG .....42	topiramate CP24 200 MG .....18	tramadol hcl TABS 50 MG .....9
tizanidine hcl CAPS .....99	topiramate CP24 25 MG, 50 MG, 100 MG .....18	tramadol hcl TB24 100 MG .....9
tizanidine hcl TABS 2 MG .....99	topiramate CPSP .....18	tramadol hcl TB24 200 MG .....9
tizanidine hcl TABS 4 MG .....99	topiramate CS24 100 MG, 150 MG, 200 MG .....18	tramadol hcl TB24 .....9
TOBI NEBU (tobramycin) .....3	topiramate CS24 25 MG, 50 MG ..18	tramadol-acetaminophen .....10
TOBI PODHALER CAPS .....3	topiramate TABS 100 MG .....18	trandolapril .....28
TOBRADEX OINT .....103	topiramate TABS 200 MG .....18	trandolapril-verapamil hcl .....30
TOBRADEX ST SUSP .....103	topiramate TABS 25 MG .....18	tranexamic acid TABS .....73
TOBRADEX SUSP (tobramycin- dexamethasone) .....103	topiramate TABS 50 MG .....18	TRANSDERM-SCOP (scopolamine) 24
tobramycin (ophth) SOLN .....102	topotecan hcl SOLR .....38	TRANXENE T TABS 7.5 MG (clorazepate dipotassium) .....12
tobramycin NEBU .....3	TOPROL XL TB24 (metoprolol succinate) .....44	tranylcypromine sulfate .....20
tobramycin-dexamethasone SUSP 103	toremifene citrate .....34	TRAVATAN Z SOLN (travoprost) 104
TOBREX OINT .....102		travoprost SOLN .....104
TODAY SPONGE MISC .....120		trazodone hcl TABS .....20
		TRECTOR .....32

TRELEGY ELLIPTA .....	15	triazolam 0.25 MG .....	74	trimethobenzamide hcl CAPS .....	24
TREMFYA SOAJ .....	59	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide) .....	30	trimethoprim TABS .....	31
TREMFYA SOSY 100 MG/ML .....	59	TRICARE TABS .....	98	TRINATAL RX 1 TABS .....	98
TRESIBA FLEXTOUCH SOPN .....	23	TRICOR TABS 145 MG (fenofibrate) . 27		TRINTELLIX .....	20
TRESIBA SOLN .....	23	TRICOR TABS 48 MG (fenofibrate) 27		TRISTART DHA .....	98
tretinoin (chemotherapy) .....	38	TRIDESILON CREA 0.05 % (desonide) .....	62	TRIUMEQ PD TBSO .....	42
tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	56	trientine hcl 250 MG .....	86	TRIUMEQ TABS .....	42
tretinoin GEL 0.01 %, 0.025 % .....	56	trientine hcl 500 MG .....	86	tropicamide SOLN .....	101
tretinoin GEL 0.05 % .....	56	trifluoperazine hcl TABS .....	40	trospium chloride CP24 .....	120
tretinoin microsphere 0.04 % .....	56	trifluridine .....	102	trospium chloride TABS .....	120
tretinoin microsphere 0.1 % .....	56	trihexyphenidyl hcl SOLN .....	38	TRUE COVER DEVI .....	78
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	33	trihexyphenidyl hcl TABS .....	38	TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML .....	22
triamcinolone acetonide (mouth) ..	87	TRIJARDY XR .....	22	TRUSOPT (dorzolamide hcl) .....	104
triamcinolone acetonide (nasal) AERO .....	100	TRIKAFTA TBPk 100 MG-50 MG 116		TRUSTEX COLOR CONDOMS + LUBE MISC .....	78
triamcinolone acetonide (topical) AERS .....	62	TRIKAFTA TBPk 50 MG-25 MG .	116	TRUSTEX LUBRICATED EXTRALARGE MISC .....	78
triamcinolone acetonide (topical) CREA .....	62	TRIKAFTA THPK .....	116	TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....	78
triamcinolone acetonide (topical) LOTN .....	62	TRILEPTAL SUSP (oxcarbazepine) 18		TRUSTEX LUBRICATED MISC ...	78
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....	62	TRILEPTAL TABS 150 MG (oxcarbazepine) .....	18	TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC .....	78
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	65	TRILEPTAL TABS 300 MG (oxcarbazepine) .....	18	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	78
triamterene & hydrochlorothiazide TABs 25 MG-37.5 MG .....	65	TRILEPTAL TABS 600 MG (oxcarbazepine) .....	18	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....	78
triamterene & hydrochlorothiazide TABs 50 MG-75 MG .....	65	TRILIPIX 135 MG (choline fenofibrate) .....	27	TRUSTEX LUBRICATED/SPERMICIDE MISC 78	
triamterene CAPS .....	65	TRILIPIX 45 MG (choline fenofibrate) .....	27		
triazolam 0.125 MG .....	74				

TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....	78	POWD .....	46	URSO FORTE TABS (ursodiol) ...	69
TRUSTEX NON-LUBRICATED MISC .....	78	TYVASO REFILL KIT SOLN IN ...	46	ursodiol CAPS .....	69
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC .....	78	TYVASO SOLN IN .....	46	ursodiol TABS .....	69
TRUSTEX/RIA LUBRICATED MISC . 78		TYVASO STARTER KIT SOLN IN	46	VAGIFEM TABS (estradiol vaginal) 120	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....	78	UBRELVY .....	84	valacyclovir hcl 1 GM, 1000 MG ...	43
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 78		UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG ...	95	valacyclovir hcl 500 MG .....	43
TRUSTEX/RIA NON-LUBRICATED MISC .....	78	UDENYCA ONBODY SOSY .....	73	VALCHLOR .....	58
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate) .....	42	UDENYCA SOAJ .....	73	VALCYTE SOLR (valganciclovir hcl) . 43	
TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) .....	42	UDENYCA SOSY .....	73	VALCYTE TABS (valganciclovir hcl) . 43	
TUKYSA .....	33	ULORIC 40 MG (febuxostat) .....	72	valganciclovir hcl SOLR .....	43
TURALIO 200 MG .....	37	ULORIC 80 MG (febuxostat) .....	72	valganciclovir hcl TABS .....	43
T-VITES TABS .....	95	ULTRA BONEUP TABS .....	95	VALIUM TABS 10 MG (diazepam) 12	
TWIRLA .....	52	ULTRACET (tramadol- acetaminophen) .....	10	VALIUM TABS 2 MG, 5 MG (diazepam) .....	12
TYBLUME CHEW .....	52	ULTRAM TABS (tramadol hcl) .....	9	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML .....	19
TYBOST .....	42	UPTRAVI TABS 200 MCG .....	47	valproic acid CAPS .....	19
TYKERB (lapatinib ditosylate) ....	38	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG ....	47	valsartan TABS 160 MG .....	29
TYMLOS .....	66	UPTRAVI TITRATION PACK TBPK 47		valsartan TABS 40 MG, 80 MG, 320 MG .....	29
TYVASO DPI INSTITUTIONALKIT POWD .....	46	URAMAXIN GEL (urea) .....	62	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG .....	30
TYVASO DPI MAINTENANCE KIT POWD .....	46	urea LOTN 40 % .....	62	valsartan-hydrochlorothiazide 25 MG- 160 MG .....	30
TYVASO DPI TITRATION KIT		UROCIT-K 10 TBCR (potassium citrate (alkalinizer)) .....	71	VALTRES 1 GM (valacyclovir hcl) .43	
		UROCIT-K 15 TBCR (potassium citrate (alkalinizer)) .....	71	VALTRES 500 MG (valacyclovir hcl) . 43	
		UROCIT-K 5 TBCR (potassium citrate (alkalinizer)) .....	71	VANCOGIN CAPS (vancomycin hcl) . 31	
		UROXATRAL (alfuzosin hcl) .....	71	vancomycin hcl CAPS .....	31
		URSO 250 TABS (ursodiol) .....	69		

VANDAZOLE .....	120	verapamil hcl CP24 100 MG, 120	19
VANOS CREA (fluocinonide) .....	62	MG, 200 MG, 240 MG, 300 MG ...	45
varenicline tartrate TABS .....	115	verapamil hcl CP24 180 MG .....	45
VARUBI TBPK .....	25	verapamil hcl CP24 360 MG .....	45
VASCEPA (icosapent ethyl) .....	26	verapamil hcl TABS .....	45
VASERETIC 25 MG-10 MG (enalapril		verapamil hcl TBCR 120 MG .....	45
maleate & hydrochlorothiazide) ...	30	verapamil hcl TBCR 180 MG, 240	
VASOTEC TABS (enalapril maleate) .		MG .....	45
28		VEREGEN .....	56
VCF VAGINAL CONTRACEPTIVE		VERELAN CP24 120 MG, 240 MG	
FILM FILM .....	120	(verapamil hcl) .....	45
VECTICAL (calcitriol (topical)) ....	59	VERELAN CP24 180 MG (verapamil	
VELTIN (clindamycin phosphate-		hcl) .....	45
tretinoin) .....	56	VERELAN CP24 360 MG (verapamil	
VEMLIDY .....	43	hcl) .....	45
VENCLEXTA STARTING PACK		VERELAN PM CP24 (verapamil hcl) .	
TBPK .....	33	45	
VENCLEXTA TABS 10 MG .....	34	VERSACLOZ SUSP .....	40
VENCLEXTA TABS 100 MG .....	33	VERZENIO .....	38
VENCLEXTA TABS 50 MG .....	34	VESICARE TABS 10 MG (solifenacin	
VENEXA FE TABS .....	95	succinate) .....	120
VENEXA TABS .....	95	VESICARE TABS 5 MG (solifenacin	
venlafaxine hcl CP24 150 MG .....	21	succinate) .....	120
venlafaxine hcl CP24 37.5 MG, 75		VFEND SUSR (voriconazole) .....	25
MG .....	21	VFEND TABS (voriconazole) .....	25
venlafaxine hcl TABS .....	21	VIAGRA (sildenafil citrate) .....	46
venlafaxine hcl TB24 225 MG .....	21	VIBERZI .....	70
venlafaxine hcl TB24 37.5 MG, 75		VIBRAMYCIN CAPS (doxycycline	
MG, 150 MG .....	21	hyclate) .....	116
VENTAVIS .....	46	VIBRAMYCIN SUSR (doxycycline	
VENTRIXYL FE TABS .....	95	(monohydrate)) .....	116
VENTRIXYL TABS .....	95	VICTOZA (liraglutide) .....	22
		vigabatrin PACK .....	19
		vigabatrin TABS .....	19
		VIGAMOX SOLN OP (moxifloxacin	
		hcl (ophth)) .....	102
		VIIBRYD STARTER PACK KIT ....	20
		VIIBRYD TABS 10 MG, 40 MG	
		(vilazodone hcl) .....	20
		VIIBRYD TABS 20 MG (vilazodone	
		hcl) .....	20
		vilazodone hcl TABS 10 MG, 40 MG .	
		20	
		vilazodone hcl TABS 20 MG .....	21
		VIMPAT SOLN OR 10 MG/ML	
		(lacosamide) .....	18
		VIMPAT TABS (lacosamide) .....	18
		VINATE DHA RF .....	98
		VINATE ONE TABS .....	98
		VIRACEPT TABS .....	42
		VIREAD TABS (tenofovir disoproxil	
		fumarate) .....	42
		VIREAD TABS 150 MG, 200 MG,	
		250 MG .....	42
		VISTARIL CAPS (hydroxyzine	
		pamoate) .....	12
		VITAFOL GUMMIES .....	98
		VITAFOL-NANO .....	98
		VITAFOL-ONE CAPS .....	98
		VITAMEDMD ONE	
		RX/QUATREFOLIC .....	98
		VITAMEDMD REDICHEW RX ....	98
		VITAMINS A/C/D/FLUORIDE SOLN .	
		96	
		VITAPEARL .....	98
		VITAROCA PLUS TABS (multiple	
		vitamins w/ minerals) .....	95

VITASANA TABS .....	95	VOSEVI .....	43	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	78
VITATHELY/GINGER TABS .....	98	VOTRIENT (pazopanib hcl) .....	38	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	78
VITATRUE .....	98	VRAYLAR CAPS .....	40	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	78
VITEYES CLASSIC MULTIIVITAMIN TABS .....	95	VRAYLAR CPPK .....	40	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS .....	95
VITEYES CLASSIC MULTIVITAMIN TABS .....	95	VYLEESI .....	107	WOMENS 50+ MULTIVITAMIN TABS .....	95
VITEYES OPTIC NERVE SUPPORT TABS .....	95	VYNDAMAX .....	47	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS .....	95
VITRAKVI CAPS .....	38	VYNDAQEL .....	47	XADAGO .....	39
VITRAKVI SOLN .....	38	VYTON 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle) ....	57	XALATAN SOLN (latanoprost) ...	104
VITRAMYN TABS .....	95	VYTORIN (ezetimibe-simvastatin) 26		XALKORI CAPS .....	38
VITRANOL FE TABS .....	95	VYVANSE CAPS .....	1	XANAX TABS (alprazolam) .....	12
VITRANOL TABS .....	95	VYVANSE CHEW .....	1	XANAX XR TB24 (alprazolam) ....	12
VITRANOL TABS .....	95	warfarin sodium TABS .....	15	XARELTO STARTER PACK TBPK 15	
VITREXATE FE TABS .....	95	WELCHOL TABS (colesevelam hcl) . 26		XARELTO SUSR .....	15
VITREXATE TABS .....	95	WELLBUTRIN SR TB12 (bupropion hcl) .....	19	XARELTO TABS 10 MG .....	15
VITREXYL TABS .....	95	WELLBUTRIN XL TB24 (bupropion hcl) .....	19	XARELTO TABS 2.5 MG, 15 MG, 20 MG .....	15
VITREXYL/IRON TABS .....	95	WELLFOLA TABS .....	95	XATMEP SOLN .....	33
VIVELLE-DOT PTTW (estradiol) ..	69	WESCAP-C DHA .....	98	XELJANZ SOLN .....	3
VIVOTIF .....	120	WESTAB PLUS TABS .....	98	XELJANZ TABS .....	3
VIZIMPRO .....	34	WESTGEL DHA .....	98	XELJANZ XR TB24 .....	3
VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	58	WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	78	XERAC AC .....	63
voriconazole SUSR .....	25	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	78	XERMELO .....	70
voriconazole TABS .....	25	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	78	XHANCE EXHU .....	101
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI .....	83	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	78	XIFAXAN 200 MG .....	31
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI .....	83	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	78	XIFAXAN 550 MG .....	31
VORTEX VALVED HOLDING CHAMBER DEVI .....	83			XIGDUO XR 1000 MG-10 MG, 500	

MG-10 MG .....	22	ZARONTIN SOLN (ethosuximide) .	19	zileuton TB12 .....	13
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG .....	22	ZARXIO .....	73	ZIOPTAN (tafluprost) .....	104
XIMINO CP24 .....	116	ZEJULA CAPS .....	38	ziprasidone hcl 20 MG, 40 MG ....	40
XOPENEX (levalbuterol hcl) .....	15	ZEJULA TABS .....	38	ziprasidone hcl 60 MG, 80 MG ....	40
XOPENEX CONCENTRATE (levalbuterol hcl) .....	15	ZELAPAR TBDP .....	39	ZIRGAN GEL .....	102
XOSPATA .....	38	ZELBORAF .....	38	ZITHROMAX PACK (azithromycin) 76	
XPOVIO .....	35	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) .....	67	ZITHROMAX SUSR (azithromycin) 76	
XPOVIO 80 MG TWICE WEEKLY 35		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 .....	64	ZITHROMAX TABS 250 MG (azithromycin) .....	76
XTANDI CAPS .....	35	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide) .....	30	ZITHROMAX TABS 500 MG (azithromycin) .....	76
XTANDI TABS .....	35	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ..	30	ZITHROMAX TRI-PAK TABS (azithromycin) .....	76
XYREM SOLN .....	106	ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril) ....	28	ZITHROMAX Z-PAK TABS (azithromycin) .....	76
XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride) .....	26	ZETIA (ezetimibe) .....	27	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin) .....	27
XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride) ....	26	ZIAC (bisoprolol & hydrochlorothiazide) .....	30	ZOLINZA .....	38
YASMIN 28 (drospirenone-ethinyl estradiol) .....	52	ZIAGEN TABS (abacavir sulfate) ..	43	zolmitriptan SOLN .....	85
YAZ (drospirenone-ethinyl estradiol) 52		ZIANA (clindamycin phosphate- tretinoin) .....	56	zolmitriptan TABS .....	85
YELETS TEENAGE FORMULA TABs .....	95	zidovudine CAPS .....	43	zolmitriptan TBDP .....	85
YONSA .....	35	zidovudine SYRP .....	43	ZOLOFT CONC (sertraline hcl) ....	20
zafirlukast 10 MG .....	13	zidovudine TABS .....	43	ZOLOFT TABS (sertraline hcl) ....	20
zafirlukast 20 MG .....	13			zolpidem tartrate TABS .....	74
zaleplon .....	74			zolpidem tartrate TBCR .....	74
ZANAFLEX CAPS (tizanidine hcl) .	99			ZOMIG SOLN (zolmitriptan) .....	85
ZANAFLEX TABS 4 MG (tizanidine hcl) .....	99			ZOMIG SOLN 2.5 MG .....	85
ZARONTIN CAPS (ethosuximide) .	19			ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan) .....	85

ZONEGRAN CAPS 25 MG (zonisamide) .....	18
zonisamide CAPS 100 MG .....	18
zonisamide CAPS 25 MG, 50 MG .	18
ZORTRESS (everolimus (immunosuppressant)) .....	87
ZOVIRAX CREA (acyclovir topical) 60	
ZOVIRAX OINT (acyclovir topical) .	60
ZOVIRAX SUSP (acyclovir) .....	43
ZYDELIG .....	38
ZYFLO TABS .....	13
ZYKADIA TABS .....	38
ZYLET .....	103
ZYLOPRIM 100 MG (allopurinol) ..	72
ZYLOPRIM 300 MG (allopurinol) ..	72
ZYMAXID (gatifloxacin (ophth)) ..	102
ZYPREXA TABS 15 MG, 20 MG (olanzapine) .....	40
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine) .....	40
ZYPREXA ZYDIS TBDP (olanzapine) .....	40
ZYTIGA (abiraterone acetate) ....	35
ZYVOX SUSR (linezolid) .....	31
ZYVOX TABS (linezolid) .....	31