

California

3 Tier Drug List

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 All previous versions are no longer in effect.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

California Large Group members

Go to

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

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Nonpreferred Generic Drugs

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

Tier Descriptions

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

Tier	Description
1	Tier one consists of most generic drugs and low-cost preferred brand drugs.

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

Are there any limits on my drug coverage?

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

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

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
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 plan may not deny the request thereafter.

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

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

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

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

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

Step Therapy Exception:

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

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

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

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

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

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.

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

Are preventive drugs covered?

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

What drugs are covered under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered

under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

Can I go to any pharmacy?

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

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

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

Can I use a mail order pharmacy?

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

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate SOLN PO</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	3	Check plan documents for coverage; PA
<i>benzphetamine hcl 25 MG</i>	3	Check plan documents for coverage; PA
LOMAIRA TABS	3	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	3	Check plan documents for coverage; PA
QSYMIA	3	Check plan documents for coverage; QL(1 EA daily); PA
Anti-Obesity Agents		
CONTRACE	3	Check plan documents for coverage; PA
<i>orlistat</i>	3	Check plan documents for coverage; PA
XENICAL (<i>orlistat</i>)	3	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<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>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 EA daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 EA daily)
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	QL(1 EA daily)
Stimulants - Misc.		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 EA daily)	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
<i>armodafinil</i>	1	ST; PA	<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
DAYTRANA PTCH (<i>methylphenidate</i>)	3	QL(1 EA daily)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily)
<i>dexmethylphenidate hcl CP24</i>	3	QL(1 EA daily)	<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)	<i>methylphenidate hcl TBCR 72 MG</i>	3	QL(1 EA daily)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	3	QL(1 EA daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 EA daily)	<i>methylphenidate PTCH</i>	3	QL(1 EA daily)
METADATE CD CPR (<i>methylphenidate hcl</i>)	7	QL(1 EA daily)	<i>modafinil</i>	3	QL(1 EA daily); ST
METHYLIN SOLN 10 MG/5ML (<i>methylphenidate hcl</i>)	3		NUVIGIL (<i>armodafinil</i>)	7	ST; PA
METHYLIN SOLN 5 MG/5ML (<i>methylphenidate hcl</i>)	7		PROVIGIL (<i>modafinil</i>)	3	QL(1 EA daily); ST
<i>methylphenidate hcl CHEW</i>	3		QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)	QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
<i>methylphenidate hcl CP24 60 MG</i>	3	QL(1 EA daily; 90 EA per fill retail)	QUILLIVANT XR SRER	3	QL(12 ML daily); PA
<i>methylphenidate hcl CPR</i>	1	QL(1 EA daily)	RITALIN LA CP24 (<i>methylphenidate hcl</i>)	7	QL(1 EA daily)
<i>methylphenidate hcl SOLN 10 MG/5ML</i>	3		RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 EA daily)
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	1		RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1		AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)	Aminoglycosides		
<i>methylphenidate hcl TB24 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	ARIKAYCE	3	PA
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)	BETHKIS NEBU (<i>tobramycin</i>)	3	PA
			HUMATIN	2	
			KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
TOBI NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	3	PA
<i>tobramycin NEBU</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA
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); SP; PA
XELJANZ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	Check Plan Documents for coverage; QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
ADALIMUMAB-ADAZ SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
HADLIMA PUSHTOUCH SOAJ	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4664; QL(0.143 ML daily); PA
HADLIMA SOSY	4	Check plan documents for coverage-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
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 EA daily); SP; PA	HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	Gold Compounds		
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	AURANOFIN 3 MG	2	
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	RIDAURA	2	
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			(Indomethacin) INDOCIN SUPP	3	
			ANAPROX DS TABS (<i>naproxen sodium</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARTHROTEC TBEC (diclofenac w/ misoprostol)	3		<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail; 20 EA per 30 day(s) retail)
CELEBREX 400 MG (celecoxib)	7	QL(2 EA daily); PA	LODINE TABS (<i>etodolac</i>)	7	
CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 EA daily)	<i>meclofenamate sodium CAPS</i>	1	
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA	<i>mefenamic acid CAPS</i>	3	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
DAYPRO TABS (oxaprozin)	7		<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
<i>diclofenac potassium TABS 50 MG</i>	3		<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
<i>diclofenac sodium TB24</i>	3		<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
<i>diclofenac sodium TBEC</i>	1		NALFON TABS 600 MG	2	
<i>diclofenac w/ misoprostol TBEC</i>	3		NAPROSYN SUSP (<i>naproxen</i>)	7	
<i>etodolac CAPS</i>	1		NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	
<i>etodolac TABS</i>	1		<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>etodolac TB24</i>	1	QL(2 EA daily)	<i>naproxen SUSP</i>	1	
FELDENE CAPS 10 MG (<i>piroxicam</i>)	7		<i>naproxen TABS</i>	1	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 EA daily)	<i>oxaprozin TABS</i>	1	
<i>fenoprofen calcium TABS</i>	1		<i>piroxicam CAPS 10 MG</i>	1	
FENOPRON CAPS	2		<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
<i>flurbiprofen TABS</i>	1		<i>sulindac TABS 200 MG</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1		<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
INDOCIN SUSP (<i>indomethacin</i>)	7		TOLECTIN 600 TABS	2	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		<i>tolmetin sodium CAPS</i>	1	
<i>indomethacin CPCR</i>	1		<i>tolmetin sodium TABS 600 MG</i>	1	
<i>indomethacin SUPP</i>	3		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>indomethacin SUSP</i>	1		OTEZLA TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
<i>ketoprofen CAPS 50 MG</i>	1				
<i>ketoprofen CP24</i>	3				

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Salicylates			(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	Grand Fathered Plans at Tier 2; PV
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	5	Grand Fathered Plans at Tier 2; PV	<i>aspirin CHEW</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>aspirin TBEC 81 MG</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>diflunisal TABS</i>	3	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
(Methadone Hcl) METHADONE HCL INTENSOL CONC				1	
ACTIQ LPOP 1600 MCG (<i>fentanyl citrate</i>)				7	ST; QL(4 EA daily); PA
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (<i>fentanyl citrate</i>)				7	ST; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>codeine sulfate TABS</i>	1		METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7	
<i>DILAUDID LIQD (hydromorphone hcl)</i>	7		METHADOSE CONC (<i>methadone hcl</i>)	7	
<i>DILAUDID TABS (hydromorphone hcl)</i>	7		METHADOSE TBSO (<i>methadone hcl</i>)	2	
<i>fentanyl citrate LPOP 1600 MCG</i>	1	ST; QL(4 EA daily); PA	<i>morphine sulfate beads</i>	1	QL(1 EA daily)
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	1	ST; PA	<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>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>morphine sulfate SUPP</i>	1	
<i>hydrocodone bitartrate CP12</i>	3	PA	<i>morphine sulfate TABS</i>	1	
<i>hydrocodone bitartrate T24A</i>	3	PA	<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>hydromorphone hcl LIQD</i>	1		MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 EA daily)
<i>hydromorphone hcl TABS</i>	1		OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)	<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl SOLN</i>	1	
<i>levorphanol tartrate TABS 2 MG</i>	3	ST; PA	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>levorphanol tartrate TABS 3 MG</i>	3	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	3	
<i>methadone hcl CONC</i>	1		<i>oxymorphone hcl TABS 10 MG</i>	3	QL(8 EA daily)
<i>methadone hcl SOLN PO</i>	1		<i>oxymorphone hcl TB12</i>	1	QL(2 EA daily)
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	7	
<i>methadone hcl TBSO</i>	1		ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 EA daily)
			<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)

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

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<i>tramadol-acetaminophen</i>	3	QL(8 EA daily)	(Methyltestosterone) METHITEST TABS	3	
Opioid Partial Agonists			(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)	ANDROGEL PUMP GEL TD (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 GM daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 EA daily)	<i>danazol CAPS</i>	1	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)	<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)	<i>testosterone enanthate SOLN IM</i>	1	
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)	<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %</i>	1	Limited to 300 gms per month; QL(10 GM daily)
<i>buprenorphine PTWK</i>	3	QL(4 EA per 28 day(s) retail)	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
<i>butorphanol tartrate NA 10 MG/ML</i>	3	Limit 7.5mls per month; QL(0.25 ML daily)	Intrarectal Steroids		
BUTRANS PTWK (<i>buprenorphine</i>)	3	QL(4 EA per 28 day(s) retail)	<i>budesonide (intrarectal)</i>	3	ST; PA
<i>pentazocine w/ naloxone hcl</i>	3		CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ML daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 EA daily)	CORTIFOAM EX 10 %	2	
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 EA daily)	<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			UCERIS (<i>budesonide (intrarectal)</i>)	3	ST; PA
Anabolic Steroids			Rectal Combinations		
<i>oxandrolone 10 MG</i>	1	QL(2 EA daily)	ANALPRAM-HC LOTN EX	3	
<i>oxandrolone 2.5 MG</i>	1		PROCTOFOAM HC FOAM EX	2	
Androgens			Rectal Steroids		
			(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	3	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	3	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	7	
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
<i>ivermectin</i>	3	
<i>praziquantel</i>	1	
STROMEKTOL (<i>ivermectin</i>)	7	QL(5 EA per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
<i>ranolazine TB12 1000 MG</i>	1	
Nitrates		
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7	
<i>isosorbide dinitrate TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2	
<i>isosorbide mononitrate TB24</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 EA daily)
NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 EA daily)
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7	
Benzodiazepines		
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TBDP</i>	3	
ATIVAN TABS (<i>lorazepam</i>)	7	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 EA daily)
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
XANAX TABS (<i>alprazolam</i>)	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<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)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		

Drug Name	Drug Tier	Requirements/ Limits
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN (<i>dofetilide</i>)	7	
ASTHMA AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	7	QL(1 EA daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 EA daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 EA daily)
<i>zileuton TB12</i>	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	7	QL(1 EA daily)
<i>roflumilast</i>	1	QL(1 EA daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 EA daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ML daily)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ML daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ML daily)
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 GM daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 EA daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)
<i>albuterol sulfate NEBU</i>	1	
ALBUTEROL SULFATE NEBU	2	
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	7	QL(2 EA daily)
<i>arformoterol tartrate</i>	1	QL(4 ML daily)
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ML daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
<i>fluticasone-salmeterol</i> AERO	1	Limit 1 inhaler per month; QL(0.4 GM daily)
<i>formoterol fumarate</i> NEBU	1	QL(4 ML daily)
<i>ipratropium-albuterol</i> SOLN	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	7	QL(4 ML daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SYMBICORT (<i>budesonide-formoterol</i> <i>fumarate dihydrate</i>)	7	
<i>terbutaline sulfate</i> TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	1	QL(2 EA daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline</i> ELIX	3	
<i>theophylline</i> SOLN	3	
<i>theophylline</i> TB24	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium</i> TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
<i>rivaroxaban</i> TABS 2.5 MG	1	QL(1 EA daily)
XARELTO STARTER PACK TBPB	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 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
XARELTO TABS 10 MG	2	QL(2 EA daily)
Thrombin Inhibitors		
<i>dabigatran etexilate</i> <i>mesylate</i> CAPS 110 MG	1	QL(4 EA daily)
<i>dabigatran etexilate</i> <i>mesylate</i> CAPS 75 MG, 150 MG	1	QL(2 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	QL(24 ML daily)
FYCOMPA TABS 2 MG	3	QL(6 EA daily)
FYCOMPA TABS 6 MG	3	QL(2 EA daily)
FYCOMPA TABS 4 MG	3	QL(3 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Benzodiazepines			BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 EA daily)
<i>clobazam SUSP</i>	3		BANZEL TABS 200 MG (<i>rufinamide</i>)	7	
<i>clobazam TABS 10 MG</i>	3	QL(1 EA daily)	BRIVIACT SOLN PO 10 MG/ML	3	ST; PA
<i>clobazam TABS 20 MG</i>	3	QL(2 EA daily)	BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
<i>clonazepam TABS</i>	1		BRIVIACT TABS 100 MG	3	ST; QL(2 EA daily); PA
<i>clonazepam TBDP</i>	1		BRIVIACT TABS 10 MG	3	ST; PA
DIASTAT ACUDIAL GEL 20 MG (<i>diazepam (anticonvulsant)</i>)	3	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)	<i>carbamazepine CHEW 100 MG</i>	1	
<i>diazepam (anticonvulsant) GEL 20 MG</i>	3	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)	<i>carbamazepine CP12</i>	1	
KLONOPIN TABS (<i>clonazepam</i>)	7		<i>carbamazepine SUSP</i>	1	
ONFI SUSP (<i>clobazam</i>)	3		<i>carbamazepine TABS</i>	1	
ONFI TABS 20 MG (<i>clobazam</i>)	3	QL(2 EA daily)	<i>carbamazepine TB12 100 MG</i>	1	
ONFI TABS 10 MG (<i>clobazam</i>)	3	QL(1 EA daily)	<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
Anticonvulsants - Misc.			<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)
(Carbamazepine) EPITOL TABS	1		CARBATROL CP12 (<i>carbamazepine</i>)	7	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	1	ST	DIACOMIT CAPS 250 MG	3	QL(12 EA daily); PA
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	1	ST	DIACOMIT CAPS 500 MG	3	QL(6 EA daily); PA
(Lamotrigine) SUBVENITE TABS	1		DIACOMIT PACK 250 MG	3	QL(12 EA daily); PA
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)	DIACOMIT PACK 500 MG	3	QL(6 EA daily); PA
APTIOM	3	QL(1 EA daily); ST	EPIDIOLEX	3	ST; PA
BANZEL SUSP (<i>rufinamide</i>)	7		<i>gabapentin CAPS</i>	1	
			<i>gabapentin SOLN</i>	1	
			<i>gabapentin TABS 600 MG, 800 MG</i>	1	
			KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 EA daily)
			KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	7	
			KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 EA daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
FELBATOL TABS (<i>felbamate</i>)	7	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGODER PACK	1	QL(6 EA daily)
(Vigabatrin) VIGADRONE TABS	1	
GABITRIL (<i>tiagabine hcl</i>)	3	
SABRIL PACK (<i>vigabatrin</i>)	7	QL(6 EA daily)
SABRIL TABS (<i>vigabatrin</i>)	7	
<i>tiagabine hcl</i>	3	
<i>vigabatrin PACK</i>	1	QL(6 EA daily)
<i>vigabatrin TABS</i>	1	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN 30 MG	2	
DILANTIN (<i>phenytoin sodium extended</i>)	7	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7	
DILANTIN-125 SUSP (<i>phenytoin</i>)	7	
DILANTIN SUSP (<i>phenytoin</i>)	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN (<i>methsuximide</i>)	7	
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methsuximide</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	7	
ZARONTIN SOLN (<i>ethosuximide</i>)	7	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7	
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	3	QL(1 EA daily); ST
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	QL(1 EA daily); ST
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX	3	ST	<i>amitriptyline hcl TABS</i>	1	
VIIBRYD STARTER PACK KIT	3	PA	<i>amoxapine</i>	1	
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 EA daily)	ANAFRANIL (<i>clomipramine hcl</i>)	7	
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7		<i>clomipramine hcl</i>	1	
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		<i>desipramine hcl TABS</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)	<i>doxepin hcl CAPS</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>doxepin hcl CONC</i>	1	
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 EA daily)	<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)	<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)	<i>imipramine pamoate</i>	3	
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 EA daily)	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7	
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 EA daily)	<i>nortriptyline hcl CAPS</i>	1	
FETZIMA TITRATION C4PK	3	ST	<i>nortriptyline hcl SOLN</i>	1	
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST	PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST	<i>protriptyline hcl</i>	3	
PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 EA daily)	<i>trimipramine maleate CAPS</i>	3	
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 EA daily)	Alpha-Glucosidase Inhibitors		
<i>venlafaxine hcl TABS</i>	1		<i>acarbose</i>	1	
<i>venlafaxine hcl TB24 225 MG</i>	1		<i>miglitol</i>	3	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)	Antidiabetic Combinations		
Tricyclic Agents			ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	7	
			<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)
			<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)
			DUETACT (<i>pioglitazone hcl-glimepiride</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	1	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
RIOMET SOLN (<i>metformin hcl</i>)	7	
Diabetic Other		
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY	2	

Drug Name	Drug Tier	Requirements/ Limits
PROGLYCEM (<i>diazoxide</i>)	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate 25 MG</i>	1	QL(1 EA daily)
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1	
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(1 EA daily)
Incretin Mimetic Agents		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	4	Check plan documents for coverage. Not available through mail order; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	4	Check plan documents for coverage. Not available through mail order; PA
OZEMPIC (2 MG/DOSE) SOPN	4	Check plan documents for coverage. Not available through mail order; PA
RYBELSUS TABS	2	Check plan documents for coverage. Not available through mail order; PA
TRULICITY	4	Check plan documents for coverage. Not available through mail order; PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA SOLN	2	QL(1.5 ML daily)
HUMALOG SOLN IJ	2	QL(1.5 ML daily)	Insulin Sensitizing Agents		
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 EA daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	Meglitinide Analogues		
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(40 ML per fill retail; 40 ML per 30 day(s) retail)	<i>nateglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	<i>repaglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
			FARXIGA	2	QL(1 EA daily)
			JARDIANCE	2	QL(1 EA daily)
			Sulfonylureas		
			(Glipizide) GLIPIZIDE XL TB24	1	
			AMARYL (<i>glimepiride</i>)	7	
			<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
GLYNASE (<i>glyburide micronized</i>)	7	

ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	3	PA
<i>deferasirox TABS</i>	1	PA
<i>deferiprone TABS 500 MG</i>	3	
FERRIPROX SOLN	3	Not available through mail order
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	3	
JADENU SPRINKLE PACK (<i>deferasirox</i>)	3	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
Antidotes and Specific Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
VISTOGARD	3	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	3	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	3	QL(4 EA per 30 day(s) retail); RX/OTC

ANTIEMETICS - Drugs to Treat Nausea and Vomiting

5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; QL(2 EA per fill retail); PA
<i>granisetron hcl TABS</i>	3	ST; Limit 2 tablets per day; QL(2 EA daily); PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per prescription; QL(1.67 ML daily; 50 ML per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
ANTIVERT CHEW (<i>meclizine hcl</i>)	7	RX/OTC
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>scopolamine</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
TRANSDERM-SCOP (<i>scopolamine</i>)	3	
<i>trimethobenzamide hcl</i> CAPS	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	3	QL(4 EA daily)
<i>doxylamine-pyridoxine</i> TBEC	3	QL(4 EA daily)
<i>dronabinol</i> CAPS 5 MG	3	PA
<i>dronabinol</i> CAPS 10 MG	3	PA
<i>dronabinol</i> CAPS 2.5 MG	3	ST; PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	3	ST; PA
MARINOL CAPS 10 MG (<i>dronabinol</i>)	3	PA
MARINOL CAPS 5 MG (<i>dronabinol</i>)	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant</i> CAPS 80 MG, 125 MG	3	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
<i>aprepitant</i> CAPS 40 MG	3	QL(2 EA per 30 day(s) retail)
<i>aprepitant</i> CAPS	3	QL(3 EA per fill retail; 3 EA per 30 day(s) retail)
<i>aprepitant</i> MISC	3	QL(3 EA per fill retail; 3 EA per 30 day(s) retail)
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	3	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	3	QL(3 EA per fill retail; 3 EA per 30 day(s) retail)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)

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

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Drug Name	Drug Tier	Requirements/ Limits
VFEND TABS (<i>voriconazole</i>)	7	QL(2 EA daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	3	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
RYVENT TABS	3	
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS 12.5 MG</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		

Drug Name	Drug Tier	Requirements/ Limits
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 EA daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 EA daily)
<i>colesevelam hcl TABS</i>	1	QL(7 EA daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7	
COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl TABS</i>	1	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
QUESTRAN POWD (<i>cholestyramine</i>)	7	
WELCHOL PACK (<i>colesevelam hcl</i>)	7	QL(1 EA daily)
WELCHOL TABS (<i>colesevelam hcl</i>)	7	QL(7 EA daily)
Fibric Acid Derivatives		
ANTARA 90 MG (<i>fenofibrate micronized</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>choline fenofibrate 45 MG</i>	1		<i>lovastatin TABS 10 MG, 20 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)			Fathered Plans copay is Tier 2; QL(1 EA daily);
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)			AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1		<i>lovastatin TABS 40 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand
<i>fenofibrate micronized 90 MG</i>	3				Fathered Plans copay is Tier 2; QL(2 EA daily);
<i>fenofibrate CAPS</i>	3				AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)	<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)
<i>fenofibrate TABS 48 MG</i>	1		<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)	<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>fenofibric acid</i>	3		<i>simvastatin TABS</i>	1	QL(1 EA daily)
FIBRICOR (<i>fenofibric acid</i>)	3		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	7	QL(1 EA daily)
<i>gemfibrozil TABS</i>	1		Intestinal Cholesterol Absorption Inhibitors		
LIPOFEN CAPS (<i>fenofibrate</i>)	3		<i>ezetimibe</i>	1	
LOPID TABS (<i>gemfibrozil</i>)	7		ZETIA (<i>ezetimibe</i>)	7	
TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 EA daily)	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
TRICOR TABS 48 MG (<i>fenofibrate</i>)	7		JUXTAPID 5 MG	3	ST; PA
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 EA daily)	JUXTAPID 10 MG, 20 MG	3	PA
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7		JUXTAPID 30 MG	3	PA
HMG CoA Reductase Inhibitors			Nicotinic Acid Derivatives		
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)	(Niacin (Antihyperlipidemic)) NIACOR TABS	3	
CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 EA daily)			
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)			
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)			
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 EA daily)			
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>niacin (antihyperlipidemic) TABS</i>	3	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 EA daily)
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 EA daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7	
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 EA daily)
Agents for Pheochromocytoma		

Drug Name	Drug Tier	Requirements/ Limits
DEMSER (<i>metyrosine</i>)	3	
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	7	Not available through mail
<i>metyrosine</i>	3	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 EA daily)
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	7	
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 EA daily)
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
COZAAR (<i>losartan potassium</i>)	7	
DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 EA daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
EDARBI 80 MG	3	QL(1 EA daily)
EDARBI 40 MG	3	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 EA daily)
MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan 20 MG, 40 MG</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)	ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		<i>atenolol & chlorthalidone</i>	1	
Antiadrenergic Antihypertensives			AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7	
CARDURA (<i>doxazosin mesylate</i>)	7		<i>benazepril & hydrochlorothiazide</i>	1	
<i>clonidine hcl TABS</i>	1		BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 EA daily)
<i>clonidine TB24</i>	3	ST	BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	
<i>doxazosin mesylate</i>	1		<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>guanfacine hcl</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>methyldopa TABS</i>	1		<i>captopril & hydrochlorothiazide</i>	1	
MINIPRESS CAPS (<i>prazosin hcl</i>)	7		DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7	
NEXICLON XR TB24 (<i>clonidine</i>)	3	ST	DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 EA daily)
<i>prazosin hcl CAPS</i>	1		EDARBYCLOR	3	QL(1 EA daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 EA daily)
Antihypertensive Combinations			EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7	
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7				
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1				
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)			
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1				
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	7		quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
fosinopril sodium & hydrochlorothiazide	1		quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(1 EA daily)
HYZAAR (losartan potassium & hydrochlorothiazide)	7		TEKTURNA HCT	3	ST
irbesartan-hydrochlorothiazide	1		telmisartan-amlodipine	1	
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1		telmisartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)	TENORETIC 100 (atenolol & chlorthalidone)	7	
losartan potassium & hydrochlorothiazide	1		TENORETIC 50 (atenolol & chlorthalidone)	7	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	7		trandolapril-verapamil hcl	3	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	7	QL(1 EA daily)	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	7	ST
metoprolol & hydrochlorothiazide TABS	1		valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	1	
MICARDIS HCT (telmisartan-hydrochlorothiazide)	7		valsartan-hydrochlorothiazide 25 MG-160 MG	1	QL(1 EA daily)
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	ST	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	7	
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG	1		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	7	
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	1	QL(1 EA daily)	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide)	7	QL(2 EA daily)
			ZIAC (bisoprolol & hydrochlorothiazide)	7	
			Antihypertensives - Misc.		
			VECAMYL	3	
			Direct Renin Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
<i>aliskiren fumarate</i>	3	
TEKTURNA (<i>aliskiren fumarate</i>)	3	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
INSPRA (<i>eplerenone</i>)	7	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>metronidazole</i>)	7	
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	7	
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole</i>	3	ST; PA
<i>trimethoprim TABS</i>	1	
XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
XIFAXAN 550 MG	3	QL(2 EA daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS (<i>nitazoxanide</i>)	3	
<i>atovaquone</i>	1	
LAMPIT	3	AC; PA
MEPRON (<i>atovaquone</i>)	7	
<i>nitazoxanide TABS</i>	3	
Glycopeptides		
VANCOCIN CAPS (<i>vancomycin hcl</i>)	7	QL(2 EA daily)
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	7	
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	3	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ML per 90 day(s) retail)
ZYVOX TABS (<i>linezolid</i>)	7	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		

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Drug Name	Drug Tier	Requirements/ Limits
<i>fosfomycin tromethamine</i>	3	
HIPREX (<i>methenamine hippurate</i>)	3	
MACROBID (<i>nitrofurantoin monohydrate macro</i>)	7	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate</i>	1	
MONUROL (<i>fosfomycin tromethamine</i>)	3	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	2	QL(0.8 EA daily)
MALARONE (<i>atovaquone-proguanil hcl</i>)	3	
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail)
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
QUALAQUIN CAPS (<i>quinine sulfate</i>)	3	QL(2 EA daily); PA
<i>quinine sulfate CAPS 324 MG</i>	3	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	ST; PA
MESTINON SOLN PO (<i>pyridostigmine bromide</i>)	3	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
MESTINON TBCR (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide SOLN PO</i>	3	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	3	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
MYCOBUTIN (<i>rifabutin</i>)	7	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		

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Drug Name	Drug Tier	Requirements/ Limits
ALKERAN (<i>melphalan</i>)	7	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
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 150 MG</i>	1	AC
<i>capecitabine 500 MG</i>	1	AC
<i>mercaptopurine SUSP 2000 MG/100ML</i>	3	AL(Up to 13 yrs old); AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	3	AC; PA
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	2	AC; PA
XELODA 500 MG (<i>capecitabine</i>)	7	AC
XELODA 150 MG (<i>capecitabine</i>)	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (10 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
LENVIMA (20 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (4 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA

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

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	2	AC
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>abiraterone acetate</i>	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC
ARIMIDEX (<i>anastrozole</i>)	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC
AROMASIN (<i>exemestane</i>)	5	Grand Fathered Plans at Tier 2; PV; AC
<i>bicalutamide</i>	1	QL(1 EA daily); AC
CASODEX (<i>bicalutamide</i>)	7	QL(1 EA daily); AC
EMCYT	2	AC
ERLEADA 60 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	3	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA

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

Drug Name	Drug Tier	Requirements/ Limits
ZYTIGA (<i>abiraterone acetate</i>)	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 25 MG, 50 MG	3	QL(1 EA daily); SP; AC; PA
AYVAKIT 100 MG, 200 MG, 300 MG	3	PA; AC; QL(1 EA daily); SP; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	3	AC; PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	3	AC; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	3	AC; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	3	AC; PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	3	AC; PA
XPOVIO (80 MG TWICE WEEKLY)	3	PA; AC; PA
Antineoplastic Combinations		
INQOVI	3	PA; AC; PA
KISQALI FEMARA (200 MG DOSE)	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
KISQALI FEMARA (400 MG DOSE)	2	PA; AC; 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
KISQALI FEMARA (600 MG DOSE)	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA	BRAFTOVI 75 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LONSURF	2	PA; AC; AC; PA	BRUKINSA	3	PA; AC; AC; PA
Antineoplastic Enzyme Inhibitors			CABOMETYX TABS 40 MG	2	QL(2 EA daily); AC; PA
(Everolimus) TORPENZ TABS	3	QL(1 EA daily); SP; AC; PA	CABOMETYX TABS 20 MG, 60 MG	2	QL(1 EA daily); AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 EA daily); AC; PA	CALQUENCE	3	QL(2 EA daily); AC; PA
AFINITOR TABS (<i>everolimus</i>)	3	QL(1 EA daily); SP; AC; PA	CAPRELSA	2	PA; AC; AC; PA
ALECENSA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	COMETRIQ (100 MG DAILY DOSE) KIT	3	PA; AC; AC; PA
ALUNBRIG TABS	2	PA; AC; AC; PA	COMETRIQ (140 MG DAILY DOSE) KIT	3	PA; AC; AC; PA
ALUNBRIG TBPk	2	PA; AC; AC; PA	COMETRIQ (60 MG DAILY DOSE) KIT	3	PA; AC; AC; PA
BALVERSA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	COPIKTRA	3	PA; AC; AC; PA
BOSULIF CAPS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	COTELLIC	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
BOSULIF TABS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	<i>dasatinib</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
			<i>everolimus TABS</i>	3	QL(1 EA daily); SP; AC; PA
			<i>everolimus TBSO</i>	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 EA daily); AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	KISQALI (400 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI (600 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
ICLUSIG 10 MG, 30 MG	3	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA	KOSELUGO	2	PA; AC; PA
ICLUSIG 15 MG, 45 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA	<i>lapatinib ditosylate</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
IDHIFA	3	PA; AC; AC; PA	LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate TABS 100 MG</i>	1	QL(3 EA daily); AC; PA	LUMAKRAS 120 MG, 240 MG	3	QL(2 EA daily); PA
<i>imatinib mesylate TABS 400 MG</i>	1	QL(2 EA daily); AC; PA	LUMAKRAS 320 MG	3	QL(3 EA daily); PA
IMBRUVICA CAPS 140 MG	2	QL(3 EA daily); SP; AC; PA	LYNPARZA TABS	2	QL(4 EA daily); SP; AC; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; AC; PA	MEKINIST TABS	2	PA; AC; AC; PA
IMBRUVICA SUSP	2	QL(8 ML daily); SP; AC; PA	MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA TABS	2	QL(1 EA daily); SP; AC; PA	NERLYNX	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
INREBIC	3	PA; AC; AC; PA			
JAKAFI	2	PA; AC; QL(2 EA daily); AC; PA			
KISQALI (200 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA			

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Drug Name	Drug Tier	Requirements/ Limits
NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	2	PA; AC; Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 EA daily); AC; PA
<i>pazopanib hcl</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY (200 MG DAILY DOSE)	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
PIQRAY (250 MG DAILY DOSE)	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
PIQRAY (300 MG DAILY DOSE)	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
QINLOCK	3	PA; AC Refer to PantheRx; AC; PA
RETEVMO CAPS	3	PA; AC; AC; PA
RUBRACA	2	PA; AC; AC; PA
RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SPRYCEL (<i>dasatinib</i>)	7	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
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
<i>sunitinib malate 25 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TABRECTA	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA 0.25 MG, 1 MG	2	PA; AC; AC; PA
TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	3	PA
TIBSOVO	3	PA; AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
VERZENIO	3	QL(2 EA daily); AC; PA
VITRAKVI CAPS	2	PA; AC; PA
VITRAKVI SOLN	2	PA; AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XALKORI CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
XOSPATA	2	PA; AC; PA
ZEJULA CAPS	2	PA; AC; AC; PA
ZEJULA TABS	2	PA
ZELBORAF	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
ZYDELIG	2	PA; AC; AC; PA
ZYKADIA TABS	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
Antineoplastics Misc.		
<i>bexarotene</i>	1	SP; AC; PA
HYDREA (<i>hydroxyurea</i>)	7	AC; AC
<i>hydroxyurea</i>	1	AC; AC
MATULANE	2	AC; AC
TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	1	AC; AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
<i>mesna TABS</i>	3	AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC
MESNEX TABS	3	AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	AC; AC
Topoisomerase I Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYCAMTIN CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	DUOPA SUSP	3	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			INBRIJA CAPS	3	PA
Antiparkinson Adjunctive Therapy			KYNMOBI FILM	3	PA
<i>carbidopa</i>	3		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>)	3	
LODOSYN (<i>carbidopa</i>)	3		MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	3	QL(1 EA daily)
Antiparkinson Anticholinergics			NEUPRO	3	
<i>benztropine mesylate TABS</i>	1		PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
<i>trihexyphenidyl hcl SOLN</i>	1		PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	
<i>trihexyphenidyl hcl TABS</i>	1		<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
Antiparkinson COMT Inhibitors			<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
COMTAN (<i>entacapone</i>)	7		<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>entacapone</i>	1		<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	3	
TASMAR (<i>tolcapone</i>)	3		<i>pramipexole dihydrochloride TB24 3 MG</i>	3	QL(1 EA daily)
<i>tolcapone</i>	3		<i>ropinirole hydrochloride TABS</i>	1	
Antiparkinson Dopaminergics			<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
<i>amantadine hcl CAPS</i>	1		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
<i>amantadine hcl TABS</i>	3		RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 EA daily); PA
<i>bromocriptine mesylate CAPS</i>	1				
<i>bromocriptine mesylate TABS 2.5 MG</i>	1				
<i>carbidopa-levodopa-entacapone</i>	1				
<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>	3				
DHIVY TABS	2				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYTARY CPR 95 MG-23.75 MG	3	ST; QL(10 EA daily); PA	<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7		<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7		Benzisoxazoles		
Antiparkinson Monoamine Oxidase Inhibitors			INVEGA (<i>paliperidone</i>)	3	
AZILECT (<i>rasagiline mesylate</i>)	7		<i>paliperidone</i>	3	
<i>rasagiline mesylate</i>	1		RISPERDAL SOLN (<i>risperidone</i>)	7	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)	RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 EA daily)
ZELAPAR TBDP	3		RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			<i>risperidone SOLN</i>	1	
Antimanic Agents			<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>lithium</i>	1		<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)	<i>risperidone TBDP</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		Butyrophenones		
<i>lithium carbonate TABS</i>	1		<i>haloperidol lactate CONC</i>	1	
<i>lithium carbonate TBCR</i>	1		<i>haloperidol TABS</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	7		Dibenzapines		
Antipsychotics - Misc.			<i>asenapine maleate</i>	3	
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7		<i>clozapine TABS</i>	1	
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 EA daily)	<i>clozapine TBDP 12.5 MG, 25 MG, 100 MG, 150 MG</i>	3	
LATUDA (<i>lurasidone hcl</i>)	7		CLOZARIL TABS (<i>clozapine</i>)	7	
<i>lurasidone hcl</i>	1		<i>loxapine succinate</i>	1	
NUPLAZID CAPS	3	QL(1 EA daily); PA	<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
NUPLAZID TABS 10 MG	3	QL(1 EA daily); PA	<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
VRAYLAR CAPS	3		<i>olanzapine TBDP</i>	3	
VRAYLAR CPPK	3		<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
<i>ABILIFY TABS 15 MG (aripiprazole)</i>	7	QL(2 EA daily)
<i>ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)</i>	7	
<i>ABILIFY TABS 20 MG (aripiprazole)</i>	7	QL(1 EA daily)
<i>aripiprazole SOLN PO</i>	1	
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
<i>REXULTI</i>	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
<i>APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)</i>	5	Available through the Medical Benefit
<i>APTIVUS CAPS</i>	2	
<i>atazanavir sulfate CAPS</i>	1	
<i>BIKTARVY 200 MG-50 MG-25 MG</i>	2	
<i>CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)</i>	5	Available through the Medical Benefit
<i>CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)</i>	5	Available through the Medical Benefit

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
REYATAZ PACK	2		ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
<i>ritonavir TABS</i>	1		ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
RUKOBIA	3		<i>zidovudine CAPS</i>	1	
SELZENTRY SOLN	2		<i>zidovudine SYRP</i>	1	
SELZENTRY TABS 25 MG, 75 MG	2		<i>zidovudine TABS</i>	1	
SELZENTRY TABS (<i>maraviroc</i>)	7		Antiviral Combinations		
<i>stavudine CAPS</i>	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
STRIBILD	2		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7		PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7		CMV Agents		
SYMTUZA	2		VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ML daily)
<i>tenofovir disoproxil fumarate TABS</i>	1		VALCYTE TABS (<i>valganciclovir hcl</i>)	7	
TIVICAY TABS	2		<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)
TRIUMEQ PD TBSO	2		<i>valganciclovir hcl TABS</i>	1	
TRIUMEQ TABS	2		Hepatitis Agents		
TRIZIVIR	2		<i>adefovir dipivoxil</i>	1	
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 EA daily)	BARACLUDE TABS (<i>entecavir</i>)	7	
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV	<i>entecavir TABS</i>	1	
TYBOST	2		EPCLUSA PACK	2	SP; PA
VIRACEPT TABS	2		EPCLUSA TABS 50 MG-200 MG	2	SP; PA
VIREAD POWD	2				
VIREAD TABS 150 MG, 200 MG, 250 MG	2				

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Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
<i>lamivudine (hbv) TABS</i>	3	
MAVYRET TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
VEMLIDY	3	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 PO 400 MG</i>	1	
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>famciclovir</i>	1	
SITAVIG TABS BU	3	PA
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 EA daily)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	QL(20 EA per fill retail)
<i>rimantadine hydrochloride TABS</i>	3	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ML daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)
<i>carvedilol phosphate</i>	1	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	7	
COREG 3.125 MG (<i>carvedilol</i>)	7	QL(2 EA daily)
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TENORMIN TABS (<i>atenolol</i>)	7		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
Beta Blockers Non-Selective			(Diltiazem Hcl) DILT-XR CP24	1	
(Sotalol Hcl) SORINE TABS	1		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	7		<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7		<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	7		CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	
HEMANGEOL SOLN PO	3	PA	CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 EA daily)
INDERAL LA CP24 (<i>propranolol hcl</i>)	7		CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 EA daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7	
<i>pindolol TABS</i>	1		CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7	
<i>propranolol hcl CP24</i>	1		<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1		<i>diltiazem hcl extended release beads</i>	1	
<i>propranolol hcl TABS</i>	1		<i>diltiazem hcl CP12</i>	1	
<i>sotalol hcl (afib/afll)</i>	1		<i>diltiazem hcl CP24</i>	1	
<i>sotalol hcl TABS</i>	1		<i>diltiazem hcl TABS</i>	1	
<i>timolol maleate TABS 20 MG</i>	1	QL(60 EA per fill retail)	<i>diltiazem hcl TB24</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)	<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>timolol maleate TABS 5 MG</i>	1	QL(2 EA daily; 60 EA per fill retail)	<i>felodipine 10 MG</i>	1	QL(1 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>isradipine CAPS</i>	3	
Calcium Channel Blockers			<i>nicardipine hcl CAPS</i>	3	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)
<i>nimodipine CAPS</i>	1	
<i>nimodipine SOLN</i>	3	
<i>nisoldipine</i>	1	
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 EA daily)
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 EA daily)
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	7	
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 120 MG</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
VERELAN PM CP24 (<i>verapamil hcl</i>)	7	
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 EA daily)
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	7	QL(1 EA daily)

CARDIOTONICS - Drugs to Treat Heart Failure

Drug Name	Drug Tier	Requirements/ Limits
and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	3	PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	3	PA
ENTRESTO TABS	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	3	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
CIALIS 2.5 MG (<i>tadalafil</i>)	3	Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	3	Not available through Mail Order; QL(0.2 EA daily); PA	TYVASO DPI TITRATION KIT POWD	3	QL(9 EA daily); PA
<i>sildenafil citrate</i>	3	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA	TYVASO REFILL KIT SOLN IN	3	PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	3	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA	TYVASO STARTER KIT SOLN IN	3	PA
<i>tadalafil 2.5 MG</i>	3	Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA	TYVASO SOLN IN	3	PA
VIAGRA (<i>sildenafil citrate</i>)	3	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA	VENTAVIS IN	3	PA
Prostaglandin Vasodilators			Pulmonary Hypertension - Endothelin Receptor Antagonists		
ORENITRAM TBCR 5 MG	3	PA	<i>ambrisentan</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA	<i>bosentan TABS 62.5 MG</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TYVASO DPI INSTITUTIONAL KIT POWD	3	QL(4 EA daily); PA	<i>bosentan TABS 125 MG</i>	1	ST
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 EA daily); PA	LETAIRIS (<i>ambrisentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(8 EA daily); PA	OPSUMIT	3	ST; PA
TYVASO DPI TITRATION KIT POWD	3	QL(7 EA daily); PA	TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST
			TRACLEER TBSO	2	ST; PA
			Pulmonary Hypertension - Phosphodiesterase Inhibitors		
			(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	QL(2 EA daily); PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	3	PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	3	QL(3 EA daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	3	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	3	QL(3 EA daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPk	3	ST; PA
UPTRAVI TABS 200 MCG	3	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	3	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); ST
<i>ivabradine hcl TABS</i>	2	
Transthyretin Stabilizers		
VYNDAMAX	3	QL(1 EA daily); PA
VYNDAQEL	3	QL(4 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 750 MG</i>	3	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
SUPRAX CAPS (<i>cefixime</i>)	7	
SUPRAX CHEW	3	
SUPRAX SUSR 500 MG/5ML	3	
SUPRAX SUSR 200 MG/5ML (<i>cefixime</i>)	7	
CHEMICALS		
Bulk Chemicals - C's		
CALCITRIOL	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; PV			
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	Grand Fathered Plans at Tier 2; PV			

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(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	Grand Fathered Plans at Tier 2; PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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	Grand Fathered Plans at Tier 2; PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	Grand Fathered Plans at Tier 2; PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	Grand Fathered Plans at Tier 2; PV	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	Grand Fathered Plans at Tier 2; PV	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	Grand Fathered Plans at Tier 2; PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>ethynodiol diacet & eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV
			GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	Grand Fathered Plans at Tier 2; PV	TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV
NATAZIA	5	Grand Fathered Plans at Tier 2; PV	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV	YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>norethin acet & estrad-fe CAPS</i>	5	Grand Fathered Plans at Tier 2; PV	Combination Contraceptives - Transdermal		
<i>norethin acet & estrad-fe CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norelgestromin-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; PV	TWIRLA	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone acet & eth estra TABS</i>	5	Grand Fathered Plans at Tier 2; PV	Combination Contraceptives - Vaginal		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; PV	(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV
<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	ANNOVERA	5	Grand Fathered Plans at Tier 2; PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>etonogestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV	NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
			Emergency Contraceptives		

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Drug Name	Drug Tier	Requirements/ Limits	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	Grand Fathered Plans at Tier 2; PV	Glucocorticosteroids		
ELLA	5	Grand Fathered Plans at Tier 2; PV	<i>budesonide CPEP</i>	1	QL(3 EA daily)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>budesonide TB24</i>	3	PA
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	Grand Fathered Plans at Tier 2; PV	CORTEF TABS (<i>hydrocortisone</i>)	7	
Progestin Contraceptives - Injectable			<i>deflazacort SUSP</i>	3	PA
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit	<i>deflazacort TABS</i>	3	PA
Progestin Contraceptives - Oral			DEXAMETHASONE INTENSOL CONC	2	
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	Grand Fathered Plans at Tier 2; PV	<i>dexamethasone ELIX</i>	1	
<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>dexamethasone SOLN</i>	1	
OPILL	5	Grandfather Plans at Tier 2; PV	<i>dexamethasone TABS</i>	1	
SLYND	5	Grand Fathered Plans at Tier 2; PV	EMFLAZA SUSP (<i>deflazacort</i>)	3	PA
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			EMFLAZA TABS (<i>deflazacort</i>)	3	PA
			<i>hydrocortisone TABS</i>	1	
			MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	7	
			MEDROL TABS	2	
			MEDROL TBPK (<i>methylprednisolone</i>)	7	
			<i>methylprednisolone TABS</i>	1	
			<i>methylprednisolone TBPK</i>	1	
			ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	3	
			PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7	
			<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 20 MG/5ML</i>	1	
			<i>prednisolone sodium phosphate TBDP</i>	3	
			PREDNISONE INTENSOL CONC	2	
			<i>prednisone SOLN</i>	1	
			<i>prednisone TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	3	
<i>prednisone TBPk</i>	1	
UCERIS TB24 (<i>budesonide</i>)	3	PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate 100 MG, 200 MG</i>	1	
<i>benzonatate 150 MG</i>	3	
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
(Phenylephrine-Brompheniramine-DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1	
BIO-DTUSS DMX LIQD	3	
CODITUSSIN AC LIQD	3	
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUEP</i>	1	Limit 10mls per day; QL(10 ML daily); AL(At least 6 yrs old)
MAR-COF CG EXPECTORANT LIQD	3	
M-CLEAR WC SOLN	3	
NINJACOF-XG LIQD	3	
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)
<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	3	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
HYPERSAL NEBU (<i>sodium chloride inhalant</i>)	3	
HYPERSAL NEBU	3	
NEBUSAL NEBU	3	

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<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3	
<i>sodium chloride (inhalant) NEBU 7 %</i>	3		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
Mucolytics			(Tretinoin) AVITA CREA 0.025 %	1	
<i>acetylcysteine SOLN</i>	1		(Tretinoin) AVITA GEL 0.025 %	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 EA daily; 150 Day(s) limit)
Acne Products			ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 EA daily; 150 Day(s) limit)
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC	ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 EA daily; 150 Day(s) limit)
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	3		ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 EA daily; 150 Day(s) limit)
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	3		ACZONE 5 % (<i>dapsone (topical)</i>)	3	ST; PA
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		ACZONE 7.5 % (<i>dapsone (topical)</i>)	3	ST; QL(2 GM daily); PA
(Erythromycin (Acne Aid)) ERY PADS	3		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(2 EA daily; 150 Day(s) limit)	<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	3	ST; Limit 45gms per month; QL(1.5 GM daily); PA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	1	QL(4 EA daily; 150 Day(s) limit)	<i>adapalene CREA</i>	1	QL(45 GM per fill retail)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	1	QL(3 EA daily; 150 Day(s) limit)	<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	1	QL(5 EA daily; 150 Day(s) limit)	<i>adapalene GEL 0.1 %</i>	1	QL(45 GM per fill retail); RX/OTC
			ATRALIN GEL (<i>tretinoin</i>)	3	Limit 45gms per month; QL(1.5 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	7	QL(2 GM daily)	EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	3	ST; Limit 45gms per month; QL(1.5 GM daily); PA
benzoyl peroxide-erythromycin GEL	1	QL(2 GM daily)	EPIDUO GEL (adapalene-benzoyl peroxide)	7	Limit 45gms per month; QL(1.5 GM daily)
CLEOCIN-T LOTN (clindamycin phosphate (topical))	7		ERYGEL GEL (erythromycin (acne aid))	7	
CLINDAGEL GEL (clindamycin phosphate (topical))	7		erythromycin (acne aid) GEL	1	
clindamycin phosphate (topical) FOAM	3		erythromycin (acne aid) SOLN	1	
clindamycin phosphate (topical) GEL	1		FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
clindamycin phosphate (topical) LOTN	1		isotretinoin 20 MG	1	QL(5 EA daily; 150 Day(s) limit)
clindamycin phosphate (topical) SOLN	1		isotretinoin 10 MG, 25 MG	1	QL(4 EA daily; 150 Day(s) limit)
clindamycin phosphate (topical) SWAB	3		isotretinoin 30 MG	1	QL(3 EA daily; 150 Day(s) limit)
clindamycin phosphate-benzoyl peroxide (refrigerate)	1		isotretinoin 35 MG, 40 MG	1	QL(2 EA daily; 150 Day(s) limit)
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	3		KLARON (sulfacetamide sodium (acne))	7	
clindamycin phosphate-tretinoin	3	QL(1 GM daily)	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur)	3	
dapsone (topical) 5 %	3	ST; PA	PLEXION CREA (sulfacetamide sodium w/ sulfur)	3	
dapsone (topical) 7.5 %	3	ST; QL(2 GM daily); PA	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	3	
DIFFERIN CREA (adapalene)	7	QL(45 GM per fill retail)	RETIN-A MICRO (tretinoin microsphere)	7	Limit 50gms per month; QL(1.7 GM daily)
DIFFERIN GEL 0.3 % (adapalene)	7	QL(45 GM per fill retail; 135 per fill mail)			
DIFFERIN GEL 0.1 % (adapalene)	7	QL(45 GM per fill retail); RX/OTC			
DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ML daily)			

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RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 GM daily)	Agents for External Genital and Perianal Warts		
RETIN-A MICRO PUMP 0.08 % (<i>tretinoin microsphere</i>)	3	ST; Limit 50gms per month; QL(1.7 GM daily); PA	VEREGEN	3	QL(30 GM per fill retail)
RETIN-A CREA (<i>tretinoin</i>)	7		Antibiotics - Topical		
RETIN-A GEL (<i>tretinoin</i>)	7		ALTABAX	3	
<i>sulfacetamide sodium (acne)</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	3		<i>gentamicin sulfate (topical) OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	3		<i>mupirocin OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)	Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	3		(Ciclopirox) CICLODAN SOLN	3	
SULFACETAMIDE-SULFUR IN UREA EMUL	3		(Clotrimazole (Topical)) ATHLETES FOOT, CVS CLOTRIMAZOLE SOLN	1	RX/OTC
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	(Ketoconazole (Topical)) KETODAN FOAM	3	
<i>tretinoin microsphere 0.08 %</i>	3	ST; Limit 50gms per month; QL(1.7 GM daily); PA	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 50gms per month; QL(1.7 GM daily)	<i>ciclopirox olamine CREA</i>	1	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>ciclopirox olamine SUSP</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		<i>ciclopirox GEL</i>	1	
<i>tretinoin GEL 0.05 %</i>	3	Limit 45gms per month; QL(1.5 GM daily)	<i>ciclopirox SHAM</i>	3	
VELTIN (<i>clindamycin phosphate-tretinoin</i>)	3	QL(1 GM daily)	<i>ciclopirox SOLN</i>	3	
ZIANA (<i>clindamycin phosphate-tretinoin</i>)	3	QL(1 GM daily)	<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
			<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail; 45 GM per 30 day(s) retail)
			<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(60 ML per fill retail; 60 ML per 30 day(s) retail)
			<i>econazole nitrate CREA</i>	1	
			ECOZA FOAM	3	Limit 70gms per month; QL(2.5 GM daily)
			ERTACZO	3	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXODERM	3		(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)	<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>ketoconazole (topical) FOAM</i>	3		<i>diclofenac sodium (topical) SOLN EX 2 %</i>	3	QL(4 GM daily); PA
<i>ketoconazole (topical) SHAM 2 %</i>	1		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
LOPROX SHAM (<i>ciclopirox</i>)	3		PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	3	QL(4 GM daily); PA
LOPROX SUSP (<i>ciclopirox olamine</i>)	7		VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC
<i>luliconazole</i>	3		Antineoplastic or Premalignant Lesion Agents - Topical		
LUZU (<i>luliconazole</i>)	3		<i>bexarotene (topical)</i>	1	SP; PA
<i>naftifine hcl CREA</i>	3		CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 GM daily)
<i>naftifine hcl GEL 2 %</i>	3		<i>diclofenac sodium (actinic keratoses) EX</i>	3	PA
NAFTIN GEL	3				
NAFTIN GEL (<i>naftifine hcl</i>)	3				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				
<i>nystatin (topical) POWD EX</i>	1				
<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 GM daily)			
<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 GM daily)			
<i>oxiconazole nitrate CREA</i>	3				
OXISTAT CREA (<i>oxiconazole nitrate</i>)	3				
OXISTAT LOTN	3				
Anti-inflammatory Agents - Topical					

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EFUDEX CREA (<i>fluorouracil (topical)</i>)	7		COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
<i>fluorouracil (topical)</i> CREA 5 %	1				
<i>fluorouracil (topical)</i> SOLN	1		COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
PANRETIN	3	PA			
TARGRETIN (<i>bexarotene (topical)</i>)	7	SP; PA	COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ML daily); PA
VALCHLOR	3	ST; PA			
Antipruritics - Topical			COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ML daily); PA
<i>doxepin hcl (antipruritic)</i>	3	QL(3 GM daily)			
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	3	QL(3 GM daily)	DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 GM daily)
ZONALON (<i>doxepin hcl (antipruritic)</i>)	3	QL(3 GM daily)	<i>methoxsalen rapid</i>	1	
Antipsoriatics			SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)			
<i>acitretin 25 MG</i>	3	QL(2 EA daily)	SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA
<i>acitretin 17.5 MG</i>	3				
<i>acitretin 10 MG</i>	3	QL(1 EA daily)	SORILUX FOAM	3	QL(4 GM daily)
<i>calcipotriene CREA</i>	1	QL(5 GM daily)	STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage.; SP; PA
<i>calcipotriene FOAM</i>	3	QL(4 GM daily)			
CALCIPOTRIENE FOAM	3	QL(4 GM daily)			
<i>calcipotriene OINT</i>	1	QL(5 GM daily)			
<i>calcipotriene SOLN</i>	1				
COSENTYX (300 MG DOSE) SOSY	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA			
COSENTYX SENSOREADY (300 MG) SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA			

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STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA	USTEKINUMAB SOSY 90 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA
STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA	Antiseborrheic Products		
<i>tazarotene CREA</i>	1	QL(1 GM daily)	<i>selenium sulfide LOTN 2.5 %</i>	1	
<i>tazarotene GEL</i>	1	QL(1 GM daily)	Antivirals - Topical		
TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 GM daily)	<i>acyclovir topical CREA</i>	3	Limit 5gms per month; QL(0.17 GM daily); PA
TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 GM daily)	<i>acyclovir topical OINT</i>	1	QL(1 GM daily)
TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA	ZOVIRAX CREA (<i>acyclovir topical</i>)	3	Limit 5gms per month; QL(0.17 GM daily); PA
TREMFYA PEN SOAJ 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA	ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 GM daily)
TREMFYA SOSY 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA	Burn Products		
USTEKINUMAB SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage.; SP; PA	(Silver Sulfadiazine) SSD	1	
USTEKINUMAB SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA	SILVADENE (<i>silver sulfadiazine</i>)	7	
			<i>silver sulfadiazine</i>	1	
			SULFAMYLLON CREA	3	
			Corticosteroids - Topical		
			(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
			(Clobetasol Propionate Emulsion) TOVET	3	
			(Clobetasol Propionate) CLODAN SHAM	1	
			(Desonide) DESRX GEL	3	
			(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	1	
			(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	3	

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(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	1		<i>calcipotriene-betamethasone dipropionate SUSP</i>	3	QL(2 GM daily); ST
<i>alclometasone dipropionate CREA</i>	1		CAPEX SHAM	2	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate emulsion</i>	3	
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide OINT</i>	3		<i>clobetasol propionate FOAM</i>	3	
APEXICON E CREA	2		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate LIQD</i>	3	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LOTN</i>	3	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	3	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	3	
<i>betamethasone dipropionate augmented OINT</i>	1		CLOBEX SHAM (<i>clobetasol propionate</i>)	7	
<i>betamethasone valerate CREA</i>	1		<i>clocortolone pivalate</i>	3	
<i>betamethasone valerate FOAM</i>	3		CLODERM (<i>clocortolone pivalate</i>)	3	
<i>betamethasone valerate LOTN</i>	1		CORDRAN CREA (<i>flurandrenolide</i>)	3	
<i>betamethasone valerate OINT</i>	1		CORDRAN LOTN (<i>flurandrenolide</i>)	3	PA
<i>calcipotriene-betamethasone dipropionate OINT</i>	3	QL(2 GM daily); ST	CORDRAN TAPE	3	
			DERMA-SMOOTHIE/FS BODY OIL (<i>fluocinolone acetonide</i>)	7	

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DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7		<i>flurandrenolide</i> OINT	3	PA
<i>desonide</i> CREA	1		<i>fluticasone propionate</i> CREA 0.05 %	1	
<i>desonide</i> GEL	3		<i>fluticasone propionate</i> LOTN	3	
<i>desonide</i> LOTN	1		<i>fluticasone propionate</i> OINT	1	
<i>desonide</i> OINT	1		<i>halcinonide</i> SOLN 0.1 %	3	
DESOWEN CREA (<i>desonide</i>)	7		<i>halobetasol propionate</i> CREA	1	
<i>desoximetasone</i> CREA	1		<i>halobetasol propionate</i> OINT	1	
<i>desoximetasone</i> GEL	1		HALOG SOLN	3	
<i>desoximetasone</i> LIQD	3	PA	<i>hydrocortisone (topical)</i> CREA 2.5 %	1	
<i>desoximetasone</i> OINT 0.05 %	3		<i>hydrocortisone (topical)</i> LOTN 2.5 %	1	
<i>desoximetasone</i> OINT 0.25 %	1		<i>hydrocortisone (topical)</i> OINT 2.5 %	1	
<i>diflorasone diacetate</i> CREA	1		<i>hydrocortisone (topical)</i> SOLN 2.5 %	3	
<i>diflorasone diacetate</i> OINT	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	3	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7		<i>hydrocortisone butyrate</i> CREA	1	
EPIFOAM FOAM	3		<i>hydrocortisone butyrate</i> LOTN	3	PA
<i>fluocinolone acetonide</i> CREA	1		<i>hydrocortisone butyrate</i> OINT	1	
<i>fluocinolone acetonide</i> OIL	1		<i>hydrocortisone butyrate</i> SOLN	3	
<i>fluocinolone acetonide</i> OINT	1		<i>hydrocortisone valerate</i> CREA	3	
<i>fluocinolone acetonide</i> SOLN	1		<i>hydrocortisone valerate</i> OINT	3	
<i>fluocinonide emulsified base</i>	1		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7	
<i>fluocinonide</i> CREA	1		LOCOID LIPOCREAM	3	
<i>fluocinonide</i> GEL	1		LOCOID LOTN (<i>hydrocortisone butyrate</i>)	3	PA
<i>fluocinonide</i> OINT	1				
<i>fluocinonide</i> SOLN	1				
<i>flurandrenolide</i> CREA	3				
<i>flurandrenolide</i> LOTN	3	PA			

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LUXIQ FOAM (betamethasone valerate)	3		triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	
mometasone furoate CREA	1		TRIDESILON CREA 0.05 % (desonide)	7	
mometasone furoate OINT	1		ULTRAVATE LOTN	3	ST; PA
mometasone furoate SOLN	1		Immunomodulating Agents - Topical		
NUCORT LOTN	3		imiquimod 5 %	1	
OLUX-E (clobetasol propionate emulsion)	3		Immunosuppressive Agents - Topical		
PRAMOSONE LOTN	3		ELIDEL (pimecrolimus)	3	QL(60 GM per fill retail)
PRAMOSONE OINT	3		pimecrolimus	3	QL(60 GM per fill retail)
SYNALAR CREA (fluocinolone acetonide)	7		PROTOPIC OINT 0.03 % (tacrolimus (topical))	7	QL(2 GM daily); AL(At least 2 yrs old)
SYNALAR OINT (fluocinolone acetonide)	7		PROTOPIC OINT 0.1 % (tacrolimus (topical))	7	QL(2 GM daily); AL(At least 15 yrs old)
SYNALAR SOLN (fluocinolone acetonide)	7		tacrolimus (topical) OINT 0.03 %	1	QL(2 GM daily); AL(At least 2 yrs old)
TACLONEX OINT (calcipotriene-betamethasone dipropionate)	3	QL(2 GM daily); ST	tacrolimus (topical) OINT 0.1 %	1	QL(2 GM daily); AL(At least 15 yrs old)
TACLONEX SUSP (calcipotriene-betamethasone dipropionate)	3	QL(2 GM daily); ST	Keratolytic/Antimitotic/Vesicant Agents		
TOPICORT SPRAY LIQD (desoximetasone)	3	PA	(Salicylic Acid) KERALYT SHAM 6 %	1	
TOPICORT CREA (desoximetasone)	7		CONDYLOX GEL (podofilox)	7	
TOPICORT GEL (desoximetasone)	7		PODOCON-25 SOLN	3	
TOPICORT OINT 0.25 % (desoximetasone)	7		podofilox GEL	1	
TOPICORT OINT 0.05 % (desoximetasone)	3		podofilox SOLN	1	
triamcinolone acetonide (topical) AERS	1		salicylic acid SHAM 6 %	1	
triamcinolone acetonide (topical) CREA	1		Local Anesthetics - Topical		
triamcinolone acetonide (topical) LOTN	1		(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
			lidocaine-prilocaine CREA	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 EA daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	3	ST; PA
<i>doxycycline (rosacea)</i>	3	ST; QL(1 EA daily); PA
FINACEA FOAM	3	
FINACEA GEL (<i>azelaic acid</i>)	7	
<i>ivermectin (rosacea)</i>	3	QL(1.5 GM daily); PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ML per fill retail)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)
MIRVASO (<i>brimonidine tartrate (topical)</i>)	3	ST; PA
ORACEA (<i>doxycycline (rosacea)</i>)	3	ST; QL(1 EA daily); PA
RHOFADE	3	ST; PA

Drug Name	Drug Tier	Requirements/ Limits
SOOLANTRA (<i>ivermectin (rosacea)</i>)	3	QL(1.5 GM daily); PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	3	
ELIMITE CREA (<i>permethrin</i>)	7	QL(60 GM per fill retail)
<i>ivermectin (pediculicide)</i>	3	
<i>malathion</i>	3	
NATROBA (<i>spinosad</i>)	3	AL(At least 4 yrs old)
OVIDE (<i>malathion</i>)	3	
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
SKLICE (<i>ivermectin (pediculicide)</i>)	3	
<i>spinosad</i>	3	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	QL(15 GM per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail)
KETOSTIX STRP	2	QL(50 EA per fill retail)
ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
SPEEDY SWAB COVID-19/FLU HOME	5	PV

DIGESTIVE AIDS - Drugs to Treat Low Digestive

Drug Name	Drug Tier	Requirements/ Limits
Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7	
<i>amiloride & hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 EA daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
Loop Diuretics		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
EDECIN (<i>ethacrynic acid</i>)	3	ST
<i>ethacrynic acid</i>	3	ST
<i>furosemide SOLN PO 8 MG/ML</i>	3	
<i>furosemide SOLN PO 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS (<i>furosemide</i>)	7	
SOAANZ TABS 20 MG (<i>torsemide</i>)	7	
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	7	
<i>amiloride hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DYRENIUM CAPS (<i>triamterene</i>)	3	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	3	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS 12.5 MG</i>	3	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	3	QL(0.04 EA daily)
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	3	QL(0.15 EA daily)
<i>alendronate sodium SOLN</i>	3	
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	QL(0.15 EA daily)
<i>ibandronate sodium TABS</i>	1	QL(0.04 EA daily)
<i>risedronate sodium TABS 35 MG</i>	3	QL(0.15 EA daily)
<i>risedronate sodium TABS 150 MG</i>	3	QL(0.04 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate sodium TABS 5 MG, 30 MG</i>	3	QL(1 EA daily)
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail)
<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)
Growth Hormones		
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	Grand Fathered Plans at Tier 2; PV
OSPHENA	3	QL(1 EA daily)
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV
LHRH/GnRH Agonist Analog Pituitary Suppressants		

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	3	
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	3	
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	3	
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol SOLN PO</i>	1	
CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>)	3	
CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	3	
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	3	
<i>cinacalcet hcl</i>	3	Must use AcariaHlt Sp Rx 1-844-538-4661; PA
CYSTADANE (<i>betaine</i>)	3	
<i>doxercalciferol CAPS</i>	3	
GALAFOLD	3	QL(0.5 EA daily)
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX

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Drug Name	Drug Tier	Requirements/ Limits
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	3	
<i>levocarnitine (metabolic modifiers) TABS</i>	3	
<i>nitisinone CAPS</i>	3	PA
ORFADIN CAPS (<i>nitisinone</i>)	3	PA
ORFADIN SUSP	3	PA
<i>paricalcitol CAPS</i>	1	
ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 EA daily)
ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
ROCALTROL SOLN PO (<i>calcitriol</i>)	7	
<i>sapropterin dihydrochloride PACK</i>	1	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	1	Specialty Drug refer to Caremark SP RX
SENSIPAR (<i>cinacalcet hcl</i>)	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>sodium phenylbutyrate POWD</i>	3	
<i>sodium phenylbutyrate TABS</i>	3	
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
Posterior Pituitary Hormones		
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
ANGELIQ	3	

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Drug Name	Drug Tier	Requirements/ Limits
CLIMARA PRO	2	Limit 4 patches per month; QL(0.143 EA daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
estradiol & norethindrone acetate TABS	1	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	3	PA
PREFEST	3	
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 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	7	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)
DELESTROGEN (estradiol valerate)	7	QL(5 ML per fill retail)
DIVIGEL GEL (estradiol)	3	
ELESTRIN GEL	3	QL(1.74 GM daily)
ESTRACE TABS (estradiol)	7	
estradiol valerate	1	QL(5 ML per fill retail)
estradiol GEL	3	
estradiol GEL	3	Limit 50gms per month; QL(1.67 GM daily)
estradiol PTTW	1	QL(0.29 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
estradiol PTWK	1	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)
estradiol TABS	1	
ESTROGEL GEL (estradiol)	3	Limit 50gms per month; QL(1.67 GM daily)
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENOSTAR PTWK	3	QL(4 EA per 30 day(s) retail)
MINIVELLE PTTW (estradiol)	7	QL(0.29 EA daily)
PREMARIN TABS	2	QL(1 EA daily)
VIVELLE-DOT PTTW (estradiol)	7	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	7	
levofloxacin SOLN PO	1	
levofloxacin TABS	1	QL(14 EA per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 400 MG	1	QL(28 EA per 90 day(s) retail)
ofloxacin 300 MG	1	
GASTROINTESTINAL AGENTS - MISC. -		
Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OICALIVA 5 MG	3	ST; QL(1 EA daily); PA
OICALIVA 10 MG	3	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Gallstone Solubilizing Agents			LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 EA daily)
(Chenodiol) CHENODAL	3	PA	<i>mesalamine CP24</i>	1	QL(4 EA daily)
CTEXLI 250 MG	3	PA	<i>mesalamine CPCR</i>	3	QL(8 EA daily); PA
URSO 250 TABS (<i>ursodiol</i>)	7		<i>mesalamine CPDR</i>	1	QL(6 EA daily)
URSO FORTE TABS (<i>ursodiol</i>)	7		<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>ursodiol CAPS</i>	1		<i>mesalamine SUPP</i>	1	QL(1 EA daily)
<i>ursodiol TABS</i>	1		<i>mesalamine TBEC 800 MG</i>	1	
Gastrointestinal Chloride Channel Activators			<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily)
AMITIZA (<i>lubiprostone</i>)	7		PENTASA CPCR 250 MG	3	PA
<i>lubiprostone</i>	1		PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
Gastrointestinal Stimulants			SFROWASA ENEM	2	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	3		SKYRIZI SOCT	4	Check benefits for coverage; 1 package(s) per fill retail; PA
<i>metoclopramide hcl TABS</i>	1		<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>metoclopramide hcl TBDP</i>	3		<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
REGLAN TABS (<i>metoclopramide hcl</i>)	7		TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
Inflammatory Bowel Agents			TREMFYA PEN SOAJ SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
APRISO CP24 (<i>mesalamine</i>)	7	QL(4 EA daily)	TREMFYA SOSY SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
ASACOL HD TBEC (<i>mesalamine</i>)	7		Intestinal Acidifiers		
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 EA daily)	(Lactulose (Encephalopathy))	1	
AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 EA daily)	ENULOSE, GENERLAC		
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily; 280 EA per fill retail)			
CANASA SUPP (<i>mesalamine</i>)	7	QL(1 EA daily)			
COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 EA daily; 280 EA per fill retail)			
DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 EA daily)			
DIPENTUM	3				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose (encephalopathy)</i>	1		RENAGEL (<i>sevelamer hcl</i>)	3	QL(16 EA daily); PA
Irritable Bowel Syndrome (IBS) Agents			RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 EA daily)
<i>alosetron hcl</i>	3		RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
LINZESS	2	QL(1 EA daily)	RENVELA TABS (<i>sevelamer carbonate</i>)	7	
LOTRONEX (<i>alosetron hcl</i>)	3		<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
VIBERZI	3	PA	<i>sevelamer carbonate PACK 0.8 GM</i>	1	
Peripheral Opioid Receptor Antagonists			<i>sevelamer carbonate TABS</i>	1	
<i>alvimopan</i>	3		<i>sevelamer hcl 400 MG</i>	3	ST; PA
ENTEREG (<i>alvimopan</i>)	3		<i>sevelamer hcl 800 MG</i>	3	QL(16 EA daily); PA
MOVANTIK	3	QL(1 EA daily)	Tryptophan Hydroxylase Inhibitors		
Phosphate Binder Agents			XERMELO	3	ST; PA
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC	GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
AURYXIA 210 MG (<i>ferric citrate</i>)	3	ST; PA	Acidifiers		
<i>calcium acetate (phosphate binder) CAPS</i>	1		K-PHOS NO 2	2	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	Alkalinizers		
<i>ferric citrate</i>	3	ST; PA	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 EA daily)	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 EA daily)	(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7		(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
FOSRENOL PACK	3		ORACIT	3	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 EA daily)	ORAL CITRATE	3	
<i>lanthanum carbonate CHEW 500 MG</i>	1		<i>pot & sod citrates w/citric ac SOLN</i>	3	
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 EA daily)			

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

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

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Drug Name	Drug Tier	Requirements/ Limits
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Complement Inhibitors		
FABHALTA	3	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 100 MG	3	ST; PA
TAVALISSE 150 MG	3	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 EA daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	3	
BRILINTA	2	QL(2 EA daily)
<i>cilostazol</i>	1	QL(2 EA daily)
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)
<i>dipyridamole</i>	1	
EFFIENT (<i>prasugrel hcl</i>)	7	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 EA daily)
<i>prasugrel hcl</i>	1	
<i>ticagrelor 90 MG</i>	1	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	3	ST; PA
CERDELGA	3	PA
<i>miglustat</i>	3	ST; PA
ZAVESCA (<i>miglustat</i>)	3	ST; PA
Agents for Sickie Cell Disease		
DROXIA CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
ENDARI (<i>glutamine (sickle cell)</i>)	7	SP; PA
<i>glutamine (sickle cell)</i>	1	SP; PA
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 800 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		

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Drug Name	Drug Tier	Requirements/ Limits
MULPLETA	3	PA
PROMACTA PACK 25 MG	3	QL(1 EA daily); PA
PROMACTA PACK 12.5 MG	3	QL(1 EA daily); PA
PROMACTA TABS	3	QL(1 EA daily); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN PO (<i>aminocaproic acid</i>)	3	
AMICAR TABS 1000 MG (<i>aminocaproic acid</i>)	3	
<i>aminocaproic acid</i> SOLN PO 0.25 GM/ML	3	
<i>aminocaproic acid</i> TABS 1000 MG	3	
<i>tranexamic acid</i> TABS	1	QL(6 EA daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital</i> ELIX	1	
<i>phenobarbital</i> TABS	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	3	QL(1 EA daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 EA daily)
<i>estazolam</i>	1	
<i>eszopiclone</i>	3	QL(1 EA daily)
<i>flurazepam hcl</i>	1	
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 EA daily)
LUNESTA (<i>eszopiclone</i>)	3	QL(1 EA daily)
RESTORIL 7.5 MG (<i>temazepam</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 EA daily)
RESTORIL 30 MG (<i>temazepam</i>)	7	QL(1 EA daily)
<i>temazepam</i> 7.5 MG	1	
<i>temazepam</i> 30 MG	1	QL(1 EA daily)
<i>temazepam</i> 15 MG	1	QL(2 EA daily)
<i>triazolam</i> 0.125 MG	1	
<i>triazolam</i> 0.25 MG	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
<i>zolpidem tartrate</i> TABS	1	QL(1 EA daily)
<i>zolpidem tartrate</i> TBCR	3	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	3	QL(1 EA daily); ST
ROZEREM (<i>ramelteon</i>)	3	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	5	Grand Fathered Plans at Tier 2; PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV			
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV			
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	Grand Fathered Plans at Tier 2; PV			
PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 EA per fill retail); PV			
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	Grand Fathered Plans at Tier F			
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	Grand Fathered Plans at Tier F			
Laxatives - Miscellaneous					
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1				
<i>lactulose SOLN</i>	1				
Saline Laxatives			(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, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
OSMOPREP	5	Grand Fathered Plans at Tier 2; PV			
Stimulant Laxatives					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
			<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
			<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 EA daily)
			ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 EA per fill retail)
			ZITHROMAX PACK	2	
			ZITHROMAX SUSR (<i>azithromycin</i>)	7	
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 EA daily)
			ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 EA per fill retail)
			Clarithromycin		
			<i>clarithromycin SUSR</i>	1	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
DULCOLAX SUPP (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7	
			ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
			ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
<i>azithromycin PACK</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin base CPEP</i>	1		FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV
<i>erythromycin base TABS</i>	1		KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>erythromycin base TBEC</i>	1		KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>erythromycin ethylsuccinate TABS</i>	1		KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
Fidaxomicin			KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DIFICID TABS	3		KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MEDICAL DEVICES AND SUPPLIES			KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
Contraceptives			KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 EA per 365 day(s) retail); PV	KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CONDOMS	5	PV	KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUB/RIBBED/STUDDERED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	2		TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE MINI U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
BD PEN NEEDLE NANO U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD PEN NEEDLE ORIGINAL U/F	2	Available through Mail Order; QL(6.67 EA daily)	EMBECTA INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE SHORT U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC
BD VEO INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC	TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
			AJOVY SOAJ	4	PA
			AJOVY SOSY	4	PA
			EMGALITY SOAJ	4	PA
			EMGALITY SOSY	4	PA
			UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
			Migraine Combinations		
			CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ergotamine w/ caffeine TABS	1		RELPAK (<i>eletriptan hydrobromide</i>)	3	QL(0.2 EA daily)
Migraine Products			rizatriptan benzoate TABS	1	QL(0.6 EA daily)
dihydroergotamine mesylate SOLN NA 4 MG/ML	3	QL(0.27 ML daily)	rizatriptan benzoate TBDP	1	Limit 12 per month; QL(0.4 EA daily)
ERGOMAR SUBL	2		sumatriptan 20 MG/ACT	1	Limit 6 sprayers per month; QL(2 EA daily)
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	3	QL(0.27 ML daily)	sumatriptan 5 MG/ACT	1	QL(6 EA per fill retail; 6 EA per 30 day(s) retail)
Serotonin Agonists			sumatriptan succinate TABS	1	QL(2 EA daily)
(Zolmitriptan) ZOMIG TABS	3	QL(0.2 EA daily)	zolmitriptan SOLN	3	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
almotriptan malate	1	QL(0.2 EA daily)	zolmitriptan TABS	3	QL(0.2 EA daily)
eletriptan hydrobromide	3	QL(0.2 EA daily)	zolmitriptan TBDP	3	Limit 6 per month; QL(0.2 EA daily)
FROVA (<i>frovatriptan succinate</i>)	3	QL(9 EA per fill retail; 9 EA per 30 day(s) retail; 27 EA per 60 days mail)	ZOMIG SOLN (<i>zolmitriptan</i>)	3	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
frovatriptan succinate	3	QL(9 EA per fill retail; 9 EA per 30 day(s) retail; 27 EA per 60 days mail)	MINERALS & ELECTROLYTES		
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	QL(6 EA per fill retail; 6 EA per 30 day(s) retail)	Calcium		
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 EA daily)	CALCIFOL	3	
IMITREX TABS (<i>sumatriptan succinate</i>)	7	QL(2 EA daily)	Fluoride		
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 EA daily)	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	QL(0.6 EA daily)	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
naratriptan hcl	1	QL(9 EA per fill retail; 9 EA per 30 day(s) retail)	FLORIVA	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride CHEW</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
<i>sodium fluoride SOLN</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC	Potassium		
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
<i>sodium fluoride TABS 0.5 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
SOLUVITA SOLN	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
Iodine Products			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
<i>iodine strong (lugol's)</i>	3		(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
Phosphate			(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		EFFER-K	3	
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7		K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	7	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7		<i>potassium chloride microencapsulated crystals er</i>	1	
			<i>potassium chloride CPCR</i>	1	
			<i>potassium chloride PACK PO 20 MEQ</i>	1	
			<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
			<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Zinc			ASTAGRAF XL CP24	3	PA
GALZIN	3		<i>azathioprine TABS 75 MG, 100 MG</i>	3	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>azathioprine TABS 50 MG</i>	1	
Chelating Agents			CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7	
CUPRIMINE CAPS (<i>penicillamine</i>)	7	PA	CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	7		CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7	
<i>penicillamine CAPS</i>	1	PA	<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>penicillamine TABS</i>	1		<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
SYPRINE (<i>trientine hcl</i>)	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>cyclosporine CAPS</i>	1	
<i>trientine hcl 500 MG</i>	3	PA	<i>everolimus (immunosuppressant)</i>	1	
<i>trientine hcl 250 MG</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	IMURAN TABS (<i>azathioprine</i>)	7	
Immunomodulators			<i>mycophenolate mofetil CAPS</i>	1	
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	<i>mycophenolate mofetil SUSR</i>	1	
<i>lenalidomide</i>	1		<i>mycophenolate mofetil TABS</i>	1	
THALOMID	3	AC; Must use Exactus Specialty Rx 1-866-458-9246; AC	<i>mycophenolate sodium</i>	3	
Immunosuppressive Agents			MYFORTIC (<i>mycophenolate sodium</i>)	3	
(Azathioprine) AZASAN TABS 75 MG, 100 MG	3		NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		PROGRAF CAPS (<i>tacrolimus</i>)	7	
			PROGRAF PACK	3	PA
			RAPAMUNE SOLN (<i>sirolimus</i>)	3	
			RAPAMUNE TABS (<i>sirolimus</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
SANDIMMUNE CAPS (<i>cyclosporine</i>)	7	
SANDIMMUNE SOLN PO 100 MG/ML	2	
<i>sirolimus SOLN</i>	3	
<i>sirolimus TABS</i>	3	
<i>tacrolimus CAPS</i>	1	
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	7	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	7	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Dental Products		
NAFRINSE DAILY/NEUTRAL SOLR	3	
NAFRINSE WEEKLY SOLR	3	
PREVIDENT SOLN (<i>sodium fluoride (dental)</i>)	3	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	3	
Steroids - Mouth/Throat/Dental		

Drug Name	Drug Tier	Requirements/ Limits
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	3	QL(3 EA daily)
EVOXAC (<i>cevimeline hcl</i>)	3	QL(3 EA daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 EA daily)
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 EA daily)
MULTIVITAMINS		
Ped Multi Vitamins w/FI & FE		
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC
POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLOTREX CHEW 0.25 MG, 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTI-VIT-FLOR CHEW	2	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-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR 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 ACD WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
TRI-VI-FLOR	3	
TRI-VI-FLORO	3	
VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	3	RX/OTC
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	3	

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(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	DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3		ENBRACE HR	3	
ATABEX EC TBEC	2		FOLIVANE-OB	2	
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		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	
CITRANATAL ASSURE	2		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	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS	3	
CITRANATAL BLOOM	3		NESTABS DHA	2	
CITRANATAL DHA	2		NESTABS ONE	3	
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	
C-NATE DHA CAPS	3		OB COMPLETE PREMIER	3	
COMPLETENATE CHEW	2		OB COMPLETE/DHA	3	
CONCEPT DHA	2		OBSTETRIX DHA MISC	2	
CONCEPT OB	2		OBSTETRIX ONE (WITH DOCUSATE)	3	
CVS WOMENS PRENATAL+DHA MISC	3		OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
DUET DHA 400 MISC	3		PNV-DHA+DOCUSATE	3	
			PNV-OMEGA	3	
			PREMESISRX	3	
			PRENA 1 TRUE	2	
			PRENA1	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENA1 PEARL	3		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PRENAISSANCE	3		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	
PRENAISSANCE PLUS CAPS	3		SE-NATAL 19 CHEW	2	
PRENATAL 19 CHEW	2		SE-NATAL 19 TABS	3	RX/OTC
PRENATAL 19 TABS	3	RX/OTC	THRIVITE RX TABS	2	RX/OTC
PRENATAL+DHA MISC	3		TRINATAL RX 1 TABS	2	
PRENATAL-U CAPS	2		TRISTART DHA	3	
PRENATE	3		TRISTART ONE	3	
PRENATE AM	3		VINATE DHA RF	3	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		VINATE ONE TABS	2	
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		VIRT-NATE DHA CAPS	3	
PRENATE ENHANCE	3		VIRT-PN 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		VITAFOL GUMMIES	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		VITAFOL-NANO	3	
PRENATE PIXIE	3		VITAFOL-ONE CAPS	3	
PRENATE RESTORE	3		VITAMEDMD ONE RX/QUATREFOLIC	3	
PROVIDA OB	2		VITAMEDMD REDICHEW RX	3	
RELNATE DHA CAPS	3		VITAPEARL	3	
SELECT-OB+DHA MISC	3		VITATRUE	2	
			VIVA DHA CAPS	3	
			WESCAP-C DHA	2	
			WESCAP-PN DHA	3	
			WESNATE DHA CAPS	3	
			WESTGEL DHA	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms					
Central Muscle Relaxants					

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Drug Name	Drug Tier	Requirements/ Limits
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	3	
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS 350 MG</i>	1	
<i>carisoprodol TABS 250 MG</i>	3	Use 350mg or 500mg
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	3	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 800 MG</i>	3	QL(4 EA daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
SOMA TABS 250 MG (<i>carisoprodol</i>)	3	Use 350mg or 500mg
SOMA TABS 350 MG (<i>carisoprodol</i>)	7	
<i>tizanidine hcl CAPS</i>	3	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	3	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 EA daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7	
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC	<i>fluticasone propionate (nasal) SUSP</i>	1	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)	NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ML daily)
FLONASE ALLERGY REL CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC	NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC	<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
			XHANCE EXHU	3	QL(1.07 ML daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles					
ALS Agents					
			RILUTEK TABS (<i>riluzole</i>)	3	
			<i>riluzole</i> TABS	3	
Spinal Muscular Atrophy Agents (SMA)					
			EVRYSDI	2	PA
NUTRIENTS					
Lipids					
			DOJOLVI	3	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye					
Beta-blockers - Ophthalmic					
			(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	3	
			<i>betaxolol hcl (ophth) SOLN</i>	1	
			BETIMOL (<i>timolol</i>)	7	
			BETIMOL 0.25 %	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BETOPTIC-S SUSP	2		<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>brimonidine tartrate-timolol maleate</i>	3		<i>atropine sulfate (ophthalmic) SOLN</i>	1	
<i>carteolol hcl (ophth)</i>	3		ATROPINE SULFATE SOLN 1 %	2	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	3		ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7		CYCLOGYL	2	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	3		CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
DORZOLAMIDE HCL-TIMOLOL MAL	2		CYCLOMYDRIL	3	
<i>dorzolamide hcl-timolol maleate</i>	3		<i>cyclopentolate hcl 1 %</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1		ISOPTO ATROPINE SOLN	2	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7		MYDRIACYL SOLN (<i>tropicamide</i>)	3	
<i>levobunolol hcl 0.5 %</i>	1		<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	3	
<i>timolol</i>	1		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	3		PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	7	
<i>timolol maleate (ophth) SOLN</i>	3		<i>tropicamide SOLN</i>	3	
<i>timolol maleate (ophth) SOLN</i>	1		Miotics		
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	3		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7		Ophthalmic Adrenergic Agents		
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	3		ALPHAGAN P (<i>brimonidine tartrate</i>)	7	
Cycloplegic Mydriatics			<i>apraclonidine hcl</i>	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3		<i>brimonidine tartrate</i>	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1		IOPIDINE	3	
			Ophthalmic Anti-infectives		
			(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(6 ML per 30 day(s) retail)	POVIDONE-IODINE	3	
<i>bacitracin (ophthalmic)</i>	1		<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1		<i>sulfacetamide sodium (ophth) SOLN</i>	1	
BESIVANCE	3		<i>tobramycin (ophth) SOLN</i>	1	
BETADINE OPHTHALMIC PREP	3		TOBREX OINT	2	
CILOXAN OINT	2		<i>trifluridine</i>	1	
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	7		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ML per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		ZIRGAN GEL	3	
ERYTHROMYCIN	2		ZYMAXID (<i>gatifloxacin (ophth)</i>)	7	
<i>erythromycin (ophth)</i>	1		Ophthalmic Immunomodulators		
<i>gatifloxacin (ophth)</i>	1		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
<i>gentamicin sulfate (ophth) SOLN</i>	1		Ophthalmic Local Anesthetics		
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(6 ML per 30 day(s) retail)	(Tetracaine Hcl (Ophth)) ALTACAINE	3	
<i>levofloxacin (ophth) 1.5 %</i>	3		AKTEN	3	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)	ALCAINE (<i>proparacaine hcl</i>)	3	
NATACYN	2		<i>proparacaine hcl</i>	3	
<i>neomycin-bacitracin zn-polymyxin</i>	1		<i>tetracaine hcl (ophth)</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	1		Ophthalmic Steroids		
OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ML per fill retail)	(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>polymyxin b-trimethoprim</i>	1		ALREX SUSP (<i>loteprednol etabonate</i>)	3	
			<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail)
			<i>dexamethasone sodium phosphate (ophth)</i>	1	
			<i>difluprednate</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DUREZOL (difluprednate)	3		TOBRADEX ST SUSP	3	
FLAREX	2		TOBRADEX OINT	3	
fluorometholone (ophth) SUSP	1		TOBRADEX SUSP (tobramycin-dexamethasone)	7	QL(5 ML per fill retail)
FML FORTE SUSP	2		tobramycin-dexamethasone SUSP	1	QL(5 ML per fill retail)
FML LIQUIFILM SUSP (fluorometholone (ophth))	7		ZYLET	3	QL(5 ML per fill retail)
LOTEMAX GEL (loteprednol etabonate)	3		Ophthalmics - Misc.		
LOTEMAX OINT	3		(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAIN EYE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
LOTEMAX SUSP (loteprednol etabonate)	3	Limit 1 bottle per month; QL(0.2 ML daily)			
loteprednol etabonate GEL	3		(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
loteprednol etabonate SUSP 0.2 %	3		ACULAR (ketorolac tromethamine (ophth))	7	
loteprednol etabonate SUSP 0.5 %	3	Limit 1 bottle per month; QL(0.2 ML daily)	ACULAR LS (ketorolac tromethamine (ophth))	7	
MAXIDEX SUSP OP	2		ACUVAIL	3	
MAXITROL OINT (neomycin-polymyx-dexameth)	7		ALOCRI	3	
MAXITROL SUSP (neomycin-polymyx-dexameth)	7		ALOMIDE	2	
neomycin-polymyx-dexameth OINT	1		azelastine hcl (ophth)	1	
neomycin-polymyx-dexameth SUSP	1		AZOPT (brinzolamide)	7	Limit 10mls per month; QL(0.4 ML daily)
neomycin-polymyxin-hc (ophth)	1				
PRED MILD	2				
prednisolone acetate (ophth)	1				
PREDNISOLONE SODIUM PHOSPHATE	2				
PREDNISOLONE-MOXIFLOXACIN SOLN	3				

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Drug Name	Drug Tier	Requirements/ Limits
<i>bepotastine besilate</i>	3	Limit 10ml per month; QL(0.34 ML daily); ST
BEPREVE (<i>bepotastine besilate</i>)	3	Limit 10ml per month; 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>	3	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	3	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	3	Limit 4 bottles 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(0.084 ML daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
PATADAY 0.7 %	3	Limit 2.5mls per month; QL(0.084 ML daily); ST

Drug Name	Drug Tier	Requirements/ Limits
PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
PROLENSA (<i>bromfenac sodium (ophth)</i>)	3	
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>	3	QL(1 EA daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	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>)	7	QL(0.0949 ML daily)
ZIOPTAN (<i>tafluprost</i>)	3	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>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Otic Combinations		
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ML per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	3	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	3	
<i>fluocinolone acetonide (otic)</i>	3	
<i>hydrocortisone w/acetic acid</i>	3	QL(10 ML per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	7	
<i>amoxicillin TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	3	AC

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

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SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	3	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	3	QL(2 EA daily); PA
SAVELLA TABS	3	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	3	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR TB24	3	QL(1 EA daily); PA
AUSTEDO TABS 9 MG	3	QL(2 EA daily); PA
AUSTEDO TABS 12 MG	3	QL(4 EA daily); PA
AUSTEDO TABS 6 MG	3	ST; QL(2 EA daily); PA
INGREZZA CAPS 40 MG, 80 MG	3	QL(1 EA daily); PA
INGREZZA CAPS 60 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; PA
INGREZZA CPSP	3	QL(1 EA daily); PA
<i>tetrabenazine</i>	3	
XENAZINE (<i>tetrabenazine</i>)	3	
Multiple Sclerosis Agents		
AMPYRA (<i>dalfampridine</i>)	7	PA
AUBAGIO (<i>teriflunomide</i>)	7	QL(1 EA daily)
<i>dalfampridine</i>	1	PA
<i>dimethyl fumarate CDPK</i>	3	QL(60 EA per 365 day(s) retail); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>dimethyl fumarate CPDR</i>	3	QL(2 EA daily); SP
<i>tingolimod hcl</i>	1	QL(1 EA daily)
GILENYA (<i>tingolimod hcl</i>)	7	QL(1 EA daily)
MAYZENT STARTER PACK TBPK 0.25 MG	3	not available thru mail order; PA
MAYZENT STARTER PACK TBPK 0.25 MG	3	not available thru mail order; QL(12 EA per 5 day(s) retail); PA
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 EA daily); PA
MAYZENT TABS 1 MG	3	not available thru mail order; PA
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 EA daily); PA
PLEGRIDY SOSY IM	4	PA
TECFIDERA CDPK (<i>dimethyl fumarate</i>)	3	QL(60 EA per 365 day(s) retail); SP
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	3	QL(2 EA daily); SP
<i>teriflunomide</i>	1	QL(1 EA daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	3	
Smoking Deterrents		

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR	5	Grand Fathered Plans at Tier 2; PV	<i>nicotine polacrilex GUM</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex LOZG</i>	5	Grand Fathered Plans at Tier 2; PV
			NICOTINE KIT	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	Grand Fathered Plans at Tier 2; PV
			NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV
			NICOTROL INHA	5	Grand Fathered Plans at Tier 2; PV
			<i>varenicline tartrate TABS</i>	5	Grand Fathered Plans at Tier 2; QL(2 EA daily); PV
			RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
			Cystic Fibrosis Agents		
			KALYDECO PACK	3	PA
			KALYDECO TABS	3	PA
			ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	PA
			ORKAMBI PACK 94 MG-75 MG	3	PA
			ORKAMBI TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 EA daily); PA
			PULMOZYME	2	QL(5 ML daily); PA
			SYMDEKO 150 MG-100 MG	3	PA
			SYMDEKO 75 MG-50 MG	3	PA
			TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 EA daily); PA
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	Grand Fathered Plans at Tier 2; PV			
APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 EA daily); PV			
<i>bupropion hcl (smoking deterrent)</i>	5	Grand Fathered Plans at Tier 2; PV			
NICODERM CQ PT24 TD (<i>nicotine</i>)	5	Grand Fathered Plans at Tier 2; PV			
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV			
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV			
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV			
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV			

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Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 EA daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	2	QL(3 EA daily); PA
ESBRIET TABS (<i>pirfenidone</i>)	2	QL(3 EA daily); PA
OFEV	3	QL(2 EA daily); PA
<i>pirfenidone</i> CAPS	1	QL(3 EA daily); PA
<i>pirfenidone</i> TABS	1	QL(3 EA daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine</i> TABS	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
(Doxycycline Hyclate) LYMEPAK, TARGADOX TABS 100 MG	1	
<i>demeclocycline hcl</i> TABS	1	
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	1	
<i>doxycycline (monohydrate)</i> SUSR	1	
<i>doxycycline (monohydrate)</i> TABS 150 MG	3	ST

Drug Name	Drug Tier	Requirements/ Limits
<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 20 MG	3	
<i>minocycline hcl</i> CAPS	1	
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i>	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
ADTHYZA TABS	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARMOUR THYROID TABS	2		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		Antispasmodics		
<i>levothyroxine sodium</i> CAPS 125 MCG	1	QL(1 EA daily)	(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1		(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	7	
<i>liothyronine sodium</i> TABS 5 MCG	1		CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	7	
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 EA daily)	<i>dicyclomine hcl</i> CAPS	1	
NIVA THYROID TABS	2		<i>dicyclomine hcl</i> SOLN PO	1	
NP THYROID TABS	2		<i>dicyclomine hcl</i> TABS	1	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2		<i>glycopyrrolate</i> SOLN PO 1 MG/5ML	1	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)	<i>glycopyrrolate</i> TABS 1 MG, 2 MG	1	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
			<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	
			<i>hyoscyamine sulfate</i> TB12 0.375 MG	1	
			<i>hyoscyamine sulfate</i> TBDP 0.125 MG	1	
			LEVBIID TB12 (<i>hyoscyamine sulfate</i>)	7	
			LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7	
			LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7	
			<i>methscopolamine bromide</i>	1	
			ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROBINUL TABS (<i>glycopyrrolate</i>)	7		PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	7	QL(4 EA daily); RX/OTC
H-2 Antagonists			PEPCID TABS 20 MG (<i>famotidine</i>)	7	QL(4 EA daily); RX/OTC
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	QL(4 EA daily); RX/OTC	PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 EA daily)
<i>cimetidine hcl PO 300 MG/5ML</i>	1		Misc. Anti-Ulcer		
<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)	CARAFATE SUSP (<i>sucralfate</i>)	7	
<i>cimetidine TABS 300 MG, 800 MG</i>	1		CARAFATE TABS (<i>sucralfate</i>)	7	QL(4 EA daily)
<i>famotidine SUSP</i>	3		<i>sucralfate SUSP</i>	1	
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)	<i>sucralfate TABS</i>	1	QL(4 EA daily)
<i>famotidine TABS 20 MG</i>	1	QL(4 EA daily); RX/OTC	Proton Pump Inhibitors		
<i>nizatidine CAPS</i>	1		(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	3	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
			(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC
			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)

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(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	PREVACID SOLUTAB TBDD 15 MG <i>(lansoprazole)</i>	3	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	PREVACID SOLUTAB TBDD 30 MG <i>(lansoprazole)</i>	3	QL(1 EA daily); AL(Up to 12 yrs old)
ACIPHEX TBEC <i>(rabeprazole sodium)</i>	3	ST; QL(1 EA daily); PA	PREVACID CPDR 30 MG <i>(lansoprazole)</i>	7	QL(1 EA daily)
FIRST-OMEPRAZOLE SUSP	3		PRILOSEC PACK	3	
<i>lansoprazole CPDR</i>	1	QL(1 EA daily)	PROTONIX PACK <i>(pantoprazole sodium)</i>	3	QL(1 EA daily)
<i>lansoprazole TBDD 15 MG</i>	3	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	PROTONIX TBEC <i>(pantoprazole sodium)</i>	7	QL(1 EA daily)
<i>lansoprazole TBDD 30 MG</i>	3	QL(1 EA daily); AL(Up to 12 yrs old)	RABEPRAZOLE SODIUM CPSP	3	PA
<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)	<i>rabeprazole sodium TBEC</i>	3	ST; QL(1 EA daily); PA
OMEPRAZOLE+SYRSPE ND SF ALKA SUSP	3		Ulcer Drugs - Prostaglandins		
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)	CYTOTEC <i>(misoprostol)</i>	7	
<i>pantoprazole sodium PACK</i>	3	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>	7	QL(1 EA daily); RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
			HELIDAC THERAPY	3	
			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
			<i>darifenacin hydrobromide</i>	3	
			DETROL LA CP24 <i>(tolterodine tartrate)</i>	7	QL(1 EA daily)
			DETROL TABS <i>(tolterodine tartrate)</i>	7	QL(2 EA daily)
			DITROPAN XL TB24 5 MG <i>(oxybutynin chloride)</i>	7	
			<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
			<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)

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<i>oxybutynin chloride TB24</i>	1		MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)	MRESVIA	5	AL(At least 60 yrs old); PV
<i>solifenacin succinate TABS 5 MG</i>	1		NOVAVAX COVID-19 VACCINE SUSY	5	PV
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)	VAGINAL AND RELATED PRODUCTS		
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)	Spermicides		
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 EA daily)	ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV
<i>trospium chloride CP24</i>	1		OPTIONS GYNOL II CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
<i>trospium chloride TABS</i>	1	QL(2 EA daily)	SHUR-SEAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	7	QL(1 EA daily)	TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	7		VCF VAGINAL CONTRACEPTIVE FILM	5	Grand Fathered Plans at Tier 2; PV
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			VCF VAGINAL CONTRACEPTIVE FOAM	5	Grand Fathered Plans at Tier 2; PV
<i>mirabegron TB24</i>	3	QL(1 EA daily); PA	VCF VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
MYRBETRIQ TB24 (<i>mirabegron</i>)	3	QL(1 EA daily); PA	Vaginal Anti-infectives		
Urinary Antispasmodics - Cholinergic Agonists			(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	3	
<i>bethanechol chloride</i>	1		CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
Urinary Antispasmodics - Direct Muscle Relaxants			CLEOCIN SUPP	3	
<i>flavoxate hcl</i>	1		<i>clindamycin phosphate vaginal CREA</i>	1	
VACCINES			CLINDESSE	3	
Viral Vaccines			GYNAZOLE-1	3	
ABRYSVO	5	PV	<i>metronidazole vaginal</i>	1	
AREXVY	5	AL(At least 50 yrs old); PV	<i>terconazole vaginal CREA</i>	1	
COVID VACCINES	5		<i>terconazole vaginal SUPP</i>	3	
FLUBLOK SOSY	5	PV			
FLUCELVAX SUSP	5	PV			
FLUMIST	3				
FLUMIST QUADRIVALENT	5	Grand Fathered Plans at Tier 2; PV			
FLUZONE HIGH-DOSE SUSY	5	PV			

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

Drug Name	Drug Tier	Requirements/ Limits
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	Grand Fathered Plans at Tier 2; PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 EA per fill retail; 1 per fill mail)
FEMRING	3	QL(1 EA per 90 day(s) retail)
PREMARIN	2	QL(2 GM daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	4	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>)	3	PA
Vasopressors		
<i>midodrine hcl</i>	3	
VITAMINS		
Oil Soluble Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
DRISDOL CAPS (<i>ergocalciferol</i>)	7	
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	1	

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(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN 65	AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 49	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX, MINZOYA 50
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(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG . 103	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESE 50	(Methadone Hcl) METHADONE HCL INTENSOL CONC 7
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CVS NICOTINE POLACRILEX, EQ	SMOKING AID, RA MINI NICOTINE,	STEP 2, NICOTINE STEP 3, QC
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MINI, GNP NICOTINE	POLACRILEX, GOODSENSE	STEP 2, NICOTINE STEP 3, QC
POLACRILEX, GOODSENSE	NICOTINE, KLS QUIT2, KLS QUIT4,	NICOTINE TRANSDERMAL
NICOTINE, HM NICOTINE	PX STOP SMOKING AID, RA	SYSTEM, RA NICOTINE, SM
POLACRILEX, KLS QUIT2, KLS	NICOTINE, RA NICOTINE GUM, SM	NICOTINE PT24 TD 21 MG/24HR 99
QUIT4, NICOTINE MINI, NICOTINE	NICOTINE, SM NICOTINE	(Nicotine) CVS NICOTINE, EQ
POLACRILEX MINI, PX STOP	POLACRILEX, THRIVE GUM 4 MG	NICOTINE, EQ NICOTINE STEP 3,
SMOKING AID, RA MINI NICOTINE,	99	FT NICOTINE, GNP NICOTINE,
RA NICOTINE POLACRILEX, SM	(Nicotine Polacrilex) CVS NICOTINE,	HABITROL, HM NICOTINE,
NICOTINE POLACRILEX LOZG 4	CVS NICOTINE POLACRILEX, EQ	NICOTINE STEP 1, NICOTINE
MG 98	NICOTINE, EQ NICOTINE	STEP 2, NICOTINE STEP 3, QC
(Nicotine Polacrilex) CVS NICOTINE,	POLACRILEX, FT NICOTINE, GNP	NICOTINE TRANSDERMAL
CVS NICOTINE POLACRILEX, EQ	NICOTINE, GNP NICOTINE	SYSTEM, RA NICOTINE, SM
NICOTINE, EQ NICOTINE	POLACRILEX, GOODSENSE	NICOTINE PT24 TD 7 MG/24HR, 14
POLACRILEX, EQL NICOTINE	NICOTINE, KLS QUIT2, KLS QUIT4,	MG/24HR, 21 MG/24HR100
POLACRILEX, FT NICOTINE, FT	PX STOP SMOKING AID, RA	(Nicotine) CVS NICOTINE, EQ
NICOTINE MINI, GNP NICOTINE	NICOTINE, RA NICOTINE GUM, SM	NICOTINE, EQ NICOTINE STEP 3,
MINI, GNP NICOTINE	NICOTINE, SM NICOTINE	FT NICOTINE, GNP NICOTINE,
POLACRILEX, GOODSENSE	POLACRILEX, THRIVE GUM 98	HABITROL, HM NICOTINE,
	(Nicotine) CVS NICOTINE, EQ	NICOTINE STEP 1, NICOTINE

STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR 99	FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 51	51 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .51
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR ..99	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 50	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 51
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY53	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 51	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG- 0.8 MG-75 MG 51
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 50	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS51	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG- 0.4 MG 51
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 51	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL ... 54
	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	(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 52
	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	(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 MCG52	OLOPATADINE HCL, RETAINE	MULTI-VIT/IRON/FLUORIDE,
(Norethindrone Acetate) GALLIFREY	ALLERGY, SM OLOPATADINE HCL	MULTIVITAMIN/FLUORIDE/IRON
TABS95	0.2 %93	SOLN 35 MG/ML-0.4 MG/ML-0.5
(Norethindrone Acetate-Ethinyl	(Olopatadine Hcl) CVS	MG/ML-400 UNIT/ML-1500
Estradiol) FYAVOLV, JINTELI69	OLOPATADINE HCL, EQ	UNIT/ML-8 MG/ML-5 UNIT/ML-0.6
(Norethindrone Acetate-Ethinyl	OLOPATADINE HCL, EYE	MG/ML-0.25 MG/ML-10 MG/ML ...85
Estradiol) FYAVOLV, JINTELI 1 MG-	ALLERGY ITCH/REDNESS REL, FT	(Ped Multivitamins W/FI & Iron)
5 MCG69	EYE ALLERGY ITCH & REDNESS,	MULTI-VITAMIN/FLUORIDE/IRON
(Norethindrone Acetate-Ethinyl	GNP OLOPATADINE HCL, HM EYE	SOLN 35 MG/ML-0.4 MG/ML-0.5
Estradiol-Fe) TILIA FE, TRI-LEGEST	ALLERGY ITCH/RED RELIEF 0.1 % .	MG/ML-400 UNIT/ML-1500
FE, XARAH FE52	93	UNIT/ML-0.6 MG/ML-8 MG/ML-0.25
(Norethindrone-Eth Estradiol	(Omeprazole Magnesium) ACID	MG/ML-10 MG/ML-5 UNIT/ML86
(Triphasic)) ALYACEN 7/7/7,	REDUCER, CVS OMEPRAZOLE	(Pediatric Multivitamins W/FI)
ARANELLE, DASETTA 7/7/7,	MAGNESIUM, EQ OMEPRAZOLE	MULTIVITAMIN/FLUORIDE CHEW
LEENA, NORTREL 7/7/7, NYLIA	MAGNESIUM, GNP OMEPRAZOLE,	86
7/7/7, PIRMELLA 7/7/752	KP OMEPRAZOLE MAGNESIUM,	(Pediatric Multivitamins W/FI)
(Norgestimate-Ethinyl Estradiol	QC OMEPRAZOLE MAGNESIUM	MULTIVITAMIN/FLUORIDE SOLN
(Triphasic)) TRI-ESTARYLLA, TRI-	CPDR 20 MG103	86
LINYAH, TRI-LO-ESTARYLLA, TRI-	(Omeprazole Magnesium) ACID	(Pediatric Vitamins ACD W/ Fluoride)
LO-MARZIA, TRI-LO-MILI, TRI-LO-	REDUCER, CVS OMEPRAZOLE	MULTIVITAMIN SELECT/FLUORIDE
SPRINTEC, TRI-MILI, TRI-NYMYO,	MAGNESIUM, EQ OMEPRAZOLE	SOLN 0.25 MG/ML86
TRI-PREVIFEM, TRI-SPRINTEC,	MAGNESIUM, GNP OMEPRAZOLE,	(Pediatric Vitamins ACD W/ Fluoride)
TRI-VYLIBRA, TRI-VYLIBRA LO .52	KP OMEPRAZOLE MAGNESIUM,	TRI-VITE/FLUORIDE SOLN86
(Norgestimate-Ethinyl Estradiol)	QC OMEPRAZOLE MAGNESIUM	(PEG 3350-Kcl-NaCl-Na Sulfate-Na
ESTARYLLA, MILI, MONO-LINYAH,	CPDR104	Ascorbate-Ascorbic Acid) PEG-
NYMYO, PREVIFEM, SPRINTEC 28,	(Oxycodone W/ Acetaminophen)	3350/ELECTROLYTES/ASCORBAT
VYLIBRA52	ENDOCET TABS 325 MG-10 MG ..9	75
(Norgestrel & Ethinyl Estradiol)	(Oxycodone W/ Acetaminophen)	(PEG 3350-Kcl-Sod Bicarb-Sod
CRYSSELLE-28, ELINEST, LOW-	ENDOCET TABS 325 MG-2.5 MG ..9	Chloride-Sod Sulfate) GAVILYTE-G
OGESTREL, TURQOZ 30 MCG-0.3	(Oxycodone W/ Acetaminophen)	SOLR 236 GM75
MG52	ENDOCET TABS 325 MG-5 MG ...9	(PEG 3350-Potassium Chloride-Sod
(Nystatin (Topical)) KLAYESTA,	(Oxycodone W/ Acetaminophen)	Bicarbonate-Sod Chloride)
NYAMYC, NYSTOP POWD EX ...58	ENDOCET TABS 325 MG-7.5 MG ..9	GAVILYTE-N WITH FLAVOR PACK
(Olopatadine Hcl) CVS	(Ped Multivitamins W/FI & Iron)	75
OLOPATADINE HCL, EQ	MULTI-VIT/IRON/FLUORIDE,	(Phenylephrine Hcl (Mydriatic))
OLOPATADINE HCL, EYE	MULTIVITAMIN/FLUORIDE/IRON	ALTAFRIN SOLN 10 %91
ALLERGY ITCH RELIEF, FT EYE	SOLN 35 MG/ML-0.4 MG/ML-0.5	(Phenylephrine Hcl (Mydriatic))
ALLERGY ITCH RELIEF, GNP	MG/ML-400 UNIT/ML-1500	ALTAFRIN SOLN 2.5 %91
OLOPATADINE HCL, HM EYE	UNIT/ML-8 MG/ML-0.6 MG/ML-0.25	(Phenylephrine-Brompheniramine-
ALLERGY ITCH RELIEF, QC	MG/ML-5 UNIT/ML-10 MG/ML85	DM) PRESGEN B, TUSSI-PRES B
	(Ped Multivitamins W/FI & Iron)	

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(Phenytoin) PHENYTOIN INFATABS CHEW18	(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS86	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 55
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP72	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS86	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 55
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL83	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .86	(Sodium Citrate & Citric Acid) CYTRA-272
(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-Con/EF TBEF ..83	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT86	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP82
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ83	(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 87	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG82
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ83	(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 87	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML85
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ83	(Prochlorperazine) COMPRO41	(Sotalol Hcl) SORINE TABS45
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(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 10 MEQ83	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG25	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %56
(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 8 MEQ83	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG25	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..30
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		(Timolol Maleate (Ophth)) TIMOLOL

MALEATE OCUDOSE SOLN 0.5 % 90	ABRYSVO105	(fentanyl citrate)7
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(Tretinoin) AVITA CREA 0.025 % . 56	ABSORICA 20 MG (isotretinoin) ...56	ACTONEL TABS 150 MG (risedronate sodium)67
(Tretinoin) AVITA GEL 0.025 % ... 56	ABSORICA 30 MG (isotretinoin) ...56	ACTONEL TABS 35 MG (risedronate sodium)67
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE 85	ABSORICA 35 MG, 40 MG (isotretinoin)56	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 20
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO90	acamprosate calcium96	ACTOS 15 MG (pioglitazone hcl) ..22
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ASTAGRAF XL CP24	84	AURYXIA 210 MG (ferric citrate) ..	72	azithromycin TABS 250 MG	77
ATABEX EC TBEC	87	AUSTEDO TABS 12 MG	97	azithromycin TABS 500 MG	77
ATACAND 32 MG (candesartan cilexetil)	27	AUSTEDO TABS 6 MG	97	azithromycin TABS 600 MG	77
ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	27	AUSTEDO TABS 9 MG	97	AZOPT (brinzolamide)	93
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	28	AUSTEDO XR PATIENT TITRATION TEPK	97	AZULFIDINE EN-TABS TBEC (sulfasalazine)	71
atazanavir sulfate CAPS	41	AUSTEDO XR TB24	97	AZULFIDINE TABS (sulfasalazine) 71	
atenolol & chlorthalidone	28	AVALIDE (irbesartan- hydrochlorothiazide)	28	bacitracin (ophthalmic)	92
atenolol TABS	44	AVAPRO 150 MG, 300 MG (irbesartan)	27	bacitracin-polymyxin b (ophth)	92
ATIVAN TABS (lorazepam)	11	AVODART (dutasteride)	73	bacitracin-poly-neomycin-hc	92
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AYGESTIN TABS (norethindrone acetate)	95	baclofen TABS 10 MG	89
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AYVAKIT 100 MG, 200 MG, 300 MG 34		baclofen TABS 15 MG	89
atorvastatin calcium TABS	26	AYVAKIT 25 MG, 50 MG	34	baclofen TABS 20 MG	89
atovaquone	30	AZASITE	92	baclofen TABS 5 MG	89
atovaquone-proguanil hcl	31	azathioprine TABS 50 MG	84	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	30
ATRALIN GEL (tretinoin)	56	azathioprine TABS 75 MG, 100 MG 84		BACTRIM TABS (sulfamethoxazole- trimethoprim)	30
atropine sulfate (ophthalmic) OINT 91		azelaic acid GEL	65	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	52
atropine sulfate (ophthalmic) SOLN 91		azelastine hcl (ophth)	93	balsalazide disodium CAPS	71
ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	91	azelastine hcl 0.1 %, 137 MCG/SPRAY	89	BALVERSA	35
ATROPINE SULFATE SOLN 1 % .91		azelastine hcl 0.15 %, 205.5 MCG/SPRAY	89	BANZEL SUSP (rufinamide)	15
ATROVENT HFA	12			BANZEL TABS 200 MG (rufinamide) 15	
AUBAGIO (teriflunomide)	97			BANZEL TABS 400 MG (rufinamide) 15	

BARACLUDE TABS (entecavir) ...43	benzonatate 150 MG55	betaxolol hcl44
BD AUTOSHIELD80	benzoyl peroxide-erythromycin GEL . 57	bethanechol chloride105
BD AUTOSHIELD DUO80	benzphetamine hcl 25 MG1	BETHKIS NEBU (tobramycin)2
BD DISP NEEDLES80	benztropine mesylate TABS39	BETIMOL (timolol)90
BD ECLIPSE LUER-LOK NEEDLE 80	bepotastine besilate94	BETIMOL 0.25 %90
BD PEN NEEDLE MICRO U/F ...80	BEPREVE (bepotastine besilate) .94	BETOPTIC-S SUSP91
BD PEN NEEDLE MINI U/F81	BESIVANCE92	bexarotene (topical)59
BD PEN NEEDLE NANO 2ND GEN . 81	BETADINE OPHTHALMIC PREP .92	bexarotene38
BD PEN NEEDLE NANO U/F81	betaine68	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...52
BD PEN NEEDLE ORIGINAL U/F 81	betamethasone dipropionate (topical) CREA62	bicalutamide33
BD PEN NEEDLE SHORT U/F ...81	betamethasone dipropionate (topical) LOTN62	BIDIL (isosorbide dinitrate-hydralazine hcl)46
BD SAFETYGLIDE INSULIN SYRINGE81	betamethasone dipropionate (topical) OINT62	BIKTARVY 200 MG-50 MG-25 MG 41
BD VEO INSULIN SYRINGE U/F .81	betamethasone dipropionate augmented CREA62	BILTRICIDE (praziquantel)11
BELSOMRA75	betamethasone dipropionate augmented GEL 0.05 %62	bimatoprost SOLN94
benazepril & hydrochlorothiazide .28	betamethasone dipropionate augmented LOTN62	BIO-DTUSS DMX LIQD55
benazepril hcl27	betamethasone dipropionate augmented OINT62	bisacodyl SUPP77
BENICAR 40 MG (olmesartan medoxomil)27	betamethasone valerate CREA ...62	bisacodyl TBEC77
BENICAR 5 MG, 20 MG (olmesartan medoxomil)27	betamethasone valerate FOAM ...62	bisoprolol & hydrochlorothiazide ..28
BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)28	betamethasone valerate LOTN ...62	bisoprolol fumarate44
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)28	betamethasone valerate OINT62	bosentan TABS 125 MG47
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)57	BETAPACE AF (sotalol hcl (afib/af))45	bosentan TABS 62.5 MG47
BENZNIDAZOLE11	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)45	BOSULIF CAPS35
benzonatate 100 MG, 200 MG55	betaxolol hcl (ophth) SOLN90	BOSULIF TABS35
		BRAFTOVI 75 MG35
		BREZTRI AEROSPHERE13
		BRILINTA74
		brimonidine tartrate (topical)65
		brimonidine tartrate91

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brinzolamide94	BUPHENYL TABS (sodium phenylbutyrate)68	BUTRANS PTWK (buprenorphine) 10
BRIVIACT SOLN PO 10 MG/ML ...15	buprenorphine hcl SUBL 2 MG10	BYSTOLIC (nebivolol hcl)44
BRIVIACT TABS 10 MG15	buprenorphine hcl SUBL 8 MG10	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)41
BRIVIACT TABS 100 MG15	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG10	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)41
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bromfenac sodium (ophth) 0.09 % .94	buprenorphine PTWK10	CABOMETYX TABS 40 MG35
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BROVANA (arformoterol tartrate) .13	bupropion hcl TB24 150 MG, 300 MG18	CALAN SR TBCR 120 MG (verapamil hcl)45
BRUKINSA35	bupropion hcl TB24 450 MG18	CALAN SR TBCR 180 MG, 240 MG (verapamil hcl)45
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budesonide (inhalation) SUSP 1 MG/2ML13	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG6	calcipotriene FOAM60
budesonide (intrarectal)10	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG6	CALCIPOTRIENE FOAM60
budesonide CPEP54	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG6	calcipotriene OINT60
budesonide TB2454	butalbital-acetaminophen-caffeine w/ codeine9	calcipotriene SOLN60
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calcium acetate (phosphate binder) TABS72	carbidopa-levodopa TBCR 200 MG- 50 MG39	CAYA DPRH78
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capecitabine 150 MG32	CARDIZEM CD CP24 (diltiazem hcl coated beads)45	cefadroxil TABS48
capecitabine 500 MG32	CARDIZEM LA TB24 (diltiazem hcl) 45	cefdinir CAPS48
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carbamazepine CP1215		CELEBREX 400 MG (celecoxib)5
carbamazepine SUSP15		CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)5
carbamazepine TABS15		celecoxib 400 MG5
		celecoxib 50 MG, 100 MG, 200 MG 5

CELEXA TABS (citalopram hydrobromide)	19	ciclopirox olamine SUSP	58	87		
CELLCEPT CAPS (mycophenolate mofetil)	84	ciclopirox SHAM	58		CITRANATAL BLOOM	87
CELLCEPT SUSR (mycophenolate mofetil)	84	ciclopirox SOLN	58		CITRANATAL DHA	87
CELLCEPT TABS (mycophenolate mofetil)	84	cilostazol	74		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	87
CELONTIN (methsuximide)	18	CILOXAN OINT	92		CITRANATAL MEDLEY	87
cephalexin CAPS 250 MG, 500 MG 48		CILOXAN SOLN (ciprofloxacin hcl (ophth))	92		clarithromycin SUSR	77
cephalexin CAPS 750 MG	48	CIMDUO	42		clarithromycin TABS	77
cephalexin SUSR	48	cimetidine hcl PO 300 MG/5ML ..	103		clarithromycin TB24	77
CERDELGA	74	cimetidine TABS 300 MG, 800 MG 103			clemastine fumarate SYRP	25
CETRAXAL (ciprofloxacin hcl (otic)) .	94	cimetidine TABS 400 MG	103		clemastine fumarate TABS 2.68 MG .	25
cevimeline hcl	85	cinacalcet hcl	68		CLEOCIN (clindamycin hcl)	30
CHEMET	23	CIPRO HC	95		CLEOCIN (clindamycin palmitate hydrochloride)	30
chlordiazepoxide hcl CAPS	11	CIPRO SUSR	70		CLEOCIN CREA (clindamycin phosphate vaginal)	105
chloroquine phosphate TABS	31	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	70		CLEOCIN SUPP	105
chlorpromazine hcl TABS	41	CIPRODEX (ciprofloxacin-dexamethasone)	95		CLEOCIN-T LOTN (clindamycin phosphate (topical))	57
chlorthalidone 25 MG, 50 MG	67	ciprofloxacin hcl (ophth) SOLN	92		CLIMARA PRO	70
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	89	ciprofloxacin hcl (otic)	94		CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	70
cholestyramine light POWD	25	ciprofloxacin hcl TABS	70		CLINDAGEL GEL (clindamycin phosphate (topical))	57
cholestyramine POWD	25	ciprofloxacin-dexamethasone	95		clindamycin hcl	30
choline fenofibrate 135 MG	26	citalopram hydrobromide SOLN ...	19		clindamycin palmitate hydrochloride .	30
choline fenofibrate 45 MG	26	citalopram hydrobromide TABS ...	19		clindamycin phosphate (topical) FOAM	57
CIALIS 2.5 MG (tadalafil)	46	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	87		clindamycin phosphate (topical) GEL	
CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	46	CITRANATAL ASSURE	87			
ciclopirox GEL	58	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG				
ciclopirox olamine CREA	58					

57	CLOBEX SHAM (clobetasol propionate)	62	colchicine TABS	73	
clindamycin phosphate (topical) LOTN	57	CLOBEX SPRAY LIQD (clobetasol propionate)	62	colchicine w/ probenecid	73
clindamycin phosphate (topical) SOLN	57	clocortolone pivalate	62	COLCRYS TABS (colchicine)	73
clindamycin phosphate (topical) SWAB	57	CLODERM (clocortolone pivalate) 62		colesevelam hcl PACK	25
clindamycin phosphate vaginal CREA	105	clomiphene citrate TABS	68	colesevelam hcl TABS	25
clindamycin phosphate-benzoyl peroxide (refrigerate)	57	clomipramine hcl	20	COLESTID FLAVORED GRAN (colestipol hcl)	25
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	57	clonazepam TABS	15	COLESTID GRAN (colestipol hcl) ..	25
clindamycin phosphate-tretinoin ..	57	clonazepam TBDP	15	COLESTID TABS (colestipol hcl) ..	25
CLINDESSE	105	clonidine hcl TABS	28	colestipol hcl GRAN	25
clobazam SUSP	15	clonidine TB24	28	colestipol hcl TABS	25
clobazam TABS 10 MG	15	clopidogrel bisulfate	74	COMBIGAN (brimonidine tartrate-timolol maleate)	91
clobazam TABS 20 MG	15	clorazepate dipotassium TABS	11	COMBIPATCH PTTW	70
clobetasol propionate CREA 0.05 % . 62		clotrimazole (topical) SOLN	58	COMBIVENT RESPIMAT AERS ..	13
clobetasol propionate emollient base 0.05 %	62	clotrimazole	85	COMBIVIR (lamivudine-zidovudine) . 42	
clobetasol propionate emulsion ...	62	clotrimazole w/ betamethasone CREA	58	COMETRIQ (100 MG DAILY DOSE) KIT	35
clobetasol propionate FOAM	62	clotrimazole w/ betamethasone LOTN	58	COMETRIQ (140 MG DAILY DOSE) KIT	35
clobetasol propionate GEL 0.05 % 62		clozapine TABS	40	COMETRIQ (60 MG DAILY DOSE) KIT	35
clobetasol propionate LIQD	62	clozapine TBDP 12.5 MG, 25 MG, 100 MG, 150 MG	40	COMFORT EZ INSULIN SYRINGE . 81	
clobetasol propionate LOTN	62	CLOZARIL TABS (clozapine)	40	COMPLERA	42
clobetasol propionate OINT 0.05 % 62		C-NATE DHA CAPS	87	COMPLETENATE CHEW	87
clobetasol propionate SHAM	62	COARTEM	31	COMTAN (entacapone)	39
clobetasol propionate SOLN 0.05 % . 62		codeine sulfate TABS	8	CONCEPT DHA	87
CLOBEX LOTN 0.05 % (clobetasol propionate)	62	CODITUSSIN AC LIQD	55	CONCEPT OB	87
		COLAZAL CAPS (balsalazide disodium)	71	CONDOMS	78
		colchicine CAPS	73	CONDYLOX GEL (podofilox)	64

CONTRACE 1	COVID VACCINES 105	microemulsion) SOLN 84
COPIKTRA 35	COVID-19 AT HOME TEST KITS .65	CYMBALTA CPEP (duloxetine hcl) 20
CORDRAN CREA (flurandrenolide) 62	COVID-19 FLU A&B 3-IN-1 TEST 65	cyproheptadine hcl SYRP 25
CORDRAN LOTN (flurandrenolide) 62	COZAAR (losartan potassium) ... 27	cyproheptadine hcl TABS 25
CORDRAN TAPE 62	CREON CPEP 66	CYSTADANE (betaine) 68
COREG 3.125 MG (carvedilol) 44	CRESEMBA CAPS 186 MG 24	CYSTAGON CAPS 73
COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol) 44	CRESTOR TABS (rosuvastatin calcium) 26	CYSTARAN 94
COREG CR (carvedilol phosphate) 44	CRINONE GEL 8 % 106	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) 102
CORGARD TABS 20 MG, 40 MG (nadolol) 45	cromolyn sodium (ophth) 94	CYTOMEL TABS 5 MCG (liothyronine sodium) 102
CORLANOR SOLN 48	cromolyn sodium NEBU 12	CYTOTEC (misoprostol) 104
CORTEF TABS (hydrocortisone) .. 54	CTEXLI 250 MG 71	dabigatran etexilate mesylate CAPS 110 MG 14
CORTENEMA (hydrocortisone (intrarectal)) 10	CUPRIMINE CAPS (penicillamine) 84	dabigatran etexilate mesylate CAPS 75 MG, 150 MG 14
CORTIFOAM EX 10 % 10	CUVPOSA SOLN PO (glycopyrrolate) 102	dalfampridine 97
CORTISPORIN-TC 95	CVS WOMENS PRENATAL+DHA MISC 87	DALIRESP (roflumilast) 13
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COSENTYX SENSOREADY (300 MG) SOAJ 60	CYCLOGYL (cyclopentolate hcl) .. 91	DANTRIUM CAPS 25 MG (dantrolene sodium) 89
COSENTYX SENSOREADY PEN SOAJ 60	CYCLOGYL 91	dantrolene sodium CAPS 89
COSENTYX SOSY 150 MG/ML ... 60	CYCLOMYDRIL 91	dapagliflozin propanediol 22
COSENTYX SOSY 75 MG/0.5ML .60	cyclopentolate hcl 1 % 91	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG 20
COSENTYX UNOREADY SOAJ .. 60	cyclophosphamide CAPS 32	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG 20
COSOPT (dorzolamide hcl-timolol maleate) 91	CYCLOPHOSPHAMIDE TABS 32	dapsone (topical) 5 % 57
COSOPT PF (dorzolamide hcl-timolol maleate) 91	cycloserine 31	dapsone (topical) 7.5 % 57
COTELLIC 35	cyclosporine (ophth) EMUL 92	dapsone 100 MG 30
	cyclosporine CAPS 84	dapsone 25 MG 30
	cyclosporine modified (for microemulsion) CAPS 84	darifenacin hydrobromide 104
	cyclosporine modified (for	

darunavir TABS	42	(fluocinolone acetonide)	62	DETROL TABS (tolterodine tartrate) .	104
dasatinib	35	DERMA-SMOOTH/FS SCALP OIL		dexamethasone ELIX	54
DAURISMO	33	(fluocinolone acetonide)	63	DEXAMETHASONE INTENSOL	
DAYPRO TABS (oxaprozin)	5	DERMOTIC (fluocinolone acetonide		CONC	54
DAYTRANA PTCH		(otic))	95	dexamethasone sodium phosphate	
(methylphenidate)	2	DESCOVY 200 MG-25 MG	42	(ophth)	92
DDAVP TABS 0.1 MG		desipramine hcl TABS	20	dexamethasone SOLN	54
(desmopressin acetate)	69	DESMOPRESSIN ACETATE SOLN		dexamethasone TABS	54
DDAVP TABS 0.2 MG		NA	69	DEXEDRINE CP24 10 MG, 15 MG	
(desmopressin acetate)	69	desmopressin acetate spray	69	(dextroamphetamine sulfate)	1
deferasirox PACK	23	desmopressin acetate spray		dexmethylphenidate hcl CP24	2
deferasirox TABS	23	refrigerated 0.01 %	69	dexmethylphenidate hcl TABS	2
deferiprone TABS 500 MG	23	desmopressin acetate TABS 0.1 MG		dextroamphetamine sulfate CP24 ..	1
deflazacort SUSP	54	69		dextroamphetamine sulfate SOLN ..	1
deflazacort TABS	54	desmopressin acetate TABS 0.2 MG		dextroamphetamine sulfate TABS 5	
DELESTROGEN (estradiol valerate)		69		MG, 10 MG	1
70		desogestrel-ethinyl estradiol		DHIVY TABS	39
DELSTRIGO	42	(biphasic)	52	DIACOMIT CAPS 250 MG	15
DELZICOL CPDR (mesalamine) ..	71	desonide CREA	63	DIACOMIT CAPS 500 MG	15
demeclocycline hcl TABS	101	desonide GEL	63	DIACOMIT PACK 250 MG	15
DEMSEER (metyrosine)	27	desonide LOTN	63	DIACOMIT PACK 500 MG	15
DEPAKOTE ER TB24 (divalproex		desonide OINT	63	DIASTAT ACUDIAL GEL 20 MG	
sodium)	18	DESOWEN CREA (desonide)	63	(diazepam (anticonvulsant))	15
DEPAKOTE SPRINKLES CSDR		desoximetasone CREA	63	diazepam (anticonvulsant) GEL 20	
(divalproex sodium)	18	desoximetasone GEL	63	MG	15
DEPAKOTE TBEC (divalproex		desoximetasone LIQD	63	diazepam CONC	11
sodium)	18	desoximetasone OINT 0.05 %	63	diazepam SOLN PO 5 MG/5ML ...	12
DEPEN TITRATABS TABS		desoximetasone OINT 0.25 %	63	diazepam TABS 10 MG	12
(penicillamine)	84	DESOXYN (methamphetamine hcl) .	1	diazepam TABS 2 MG, 5 MG	12
DEPO-SUBQ PROVERA 104		1		diazoxide	21
(MEDROXYPROGESTERONE		desvenlafaxine succinate	20	DIBENZYLINE (phenoxybenzamine	
ACETATE 104MG/0.65ML SUSP		DETROL LA CP24 (tolterodine		hcl)	27
PREF SYR)	54	tartrate)	104		
DERMA-SMOOTH/FS BODY OIL					

DICLEGIS TBEC (doxylamine-pyridoxine)	24	digoxin SOLN PO 0.05 MG/ML	46	MG (valsartan)	27
diclofenac potassium TABS 50 MG .5		digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	46	DIPENTUM	71
diclofenac sodium (actinic keratoses) EX	59	dihydroergotamine mesylate SOLN NA 4 MG/ML	82	diphenoxylate w/ atropine LIQD ...	23
diclofenac sodium (ophth)	94	DILANTIN (phenytoin sodium extended)	18	diphenoxylate w/ atropine TABS ..	23
diclofenac sodium (topical) GEL EX 59		DILANTIN 30 MG	18	DIPROLENE OINT (betamethasone dipropionate augmented)	63
diclofenac sodium (topical) SOLN EX 1.5 %	59	DILANTIN INFATABS CHEW (phenytoin)	18	dipyridamole	74
diclofenac sodium (topical) SOLN EX 2 %	59	DILANTIN SUSP (phenytoin)	18	disopyramide phosphate CAPS ...	12
diclofenac sodium TB24	5	DILANTIN-125 SUSP (phenytoin) .	18	disulfiram	96
diclofenac sodium TBEC	5	DILAUDID LIQD (hydromorphone hcl)	8	DITROPAN XL TB24 5 MG (oxybutynin chloride)	104
diclofenac w/ misoprostol TBEC	5	DILAUDID TABS (hydromorphone hcl)	8	divalproex sodium CSDR	18
dicloxacillin sodium	95	diltiazem hcl coated beads CP24 ..	45	divalproex sodium TB24	18
dicyclomine hcl CAPS	102	diltiazem hcl CP12	45	divalproex sodium TBEC	18
dicyclomine hcl SOLN PO	102	diltiazem hcl CP24	45	DIVIGEL GEL (estradiol)	70
dicyclomine hcl TABS	102	diltiazem hcl extended release beads	45	dofetilide	12
DIFFERIN CREA (adapalene)	57	diltiazem hcl TABS	45	DOJOLVI	90
DIFFERIN GEL 0.1 % (adapalene) 57		diltiazem hcl TB24	45	donepezil hydrochloride TABS	96
DIFFERIN GEL 0.3 % (adapalene) 57		dimethyl fumarate CDPK	97	donepezil hydrochloride TBDP	96
DIFFERIN LOTN	57	dimethyl fumarate CPDR	97	dorzolamide hcl	94
DIFICID TABS	78	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide)	28	DORZOLAMIDE HCL	94
diflorasone diacetate CREA	63	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ...	28	DORZOLAMIDE HCL-TIMOLOL MAL	91
diflorasone diacetate OINT	63	DIOVAN TABS 160 MG (valsartan) 27		dorzolamide hcl-timolol maleate ..	91
DIFLUCAN SUSR (fluconazole) ...	24	DIOVAN TABS 40 MG, 80 MG, 320		DOVATO	42
DIFLUCAN TABS 100 MG, 150 MG, 200 MG (fluconazole)	24			DOVONEX CREA (calcipotriene) ..	60
diflunisal TABS	7			doxazosin mesylate	28
difluprednate	92			doxepin hcl (antipruritic)	60
				doxepin hcl CAPS	20
				doxepin hcl CONC	20
				doxercalciferol CAPS	68

doxycycline (monohydrate) CAPS 50 MG, 100 MG	101	2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	87	EDECIN (ethacrynic acid)	67
doxycycline (monohydrate) SUSR 101		DUETACT (pioglitazone hcl-glimepiride)	20	EDURANT	42
doxycycline (monohydrate) TABS 150 MG	101	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	77	efavirenz CAPS	42
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	101	DULCOLAX SUPP (bisacodyl)	77	efavirenz TABS	42
doxycycline (rosacea)	65	DULCOLAX TBEC (bisacodyl)	77	efavirenz-emtricitabine-tenofovir disoproxil fumarate	42
doxycycline hyclate CAPS	101	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	20	efavirenz-lamivudine-tenofovir disoproxil fumarate	42
doxycycline hyclate TABS 100 MG 101		DUOPA SUSP	39	EFFER-K	83
doxycycline hyclate TABS 20 MG 101		DUREX EXTRA SENSITIVE THIN DEVI	78	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	20
doxylamine-pyridoxine TBEC	24	DUREX EXTRA SENSITIVE THIN MISC	78	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	20
DRISDOL CAPS (ergocalciferol) .	106	DUREX TROPICAL MISC	78	EFFIENT (prasugrel hcl)	74
dronabinol CAPS 10 MG	24	DUREZOL (difluprednate)	93	EFUDEX CREA (fluorouracil (topical))	60
dronabinol CAPS 2.5 MG	24	dutasteride	73	ELESTRIN GEL	70
dronabinol CAPS 5 MG	24	dutasteride-tamsulosin hcl	73	eletriptan hydrobromide	82
DROPLET INSULIN SYRINGE ...	81	DYMISTA SUSP (azelastine hcl-fluticasone propionate)	89	ELIDEL (pimecrolimus)	64
DROPSAFE SAFETY SYRINGE/NEEDLE	81	DYRENIUM CAPS (triamterene) ..	67	ELIMITE CREA (permethrin)	65
drospirenone-ethinyl estradiol	52	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	77	ELIQUIS DVT/PE STARTER PACK TBPK	14
drospirenone-ethinyl estradiol-levomefolate calcium	52	EASY TOUCH FLIPLOCK NEEDLES	81	ELIQUIS TABS	14
DROXIA CAPS	74	EASY TOUCH HYPODERMIC NEEDLE	81	ELLA	54
droxidopa	106	econazole nitrate CREA	58	ELMIRON CAPS	73
DRYSOL SOLN	65	ECOZA FOAM	58	EMBECTA INSULIN SYRINGE U/F .	81
DUAVEE	70	EDARBI 40 MG	27	EMCYT	33
DUET DHA 400 MISC	87	EDARBI 80 MG	27	EMEND BIPACK CAPS 80 MG (aprepitant)	24
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-		EDARBYCLOR	28	EMEND SUSR	24
				EMEND TRIPACK CAPS (aprepitant)	24

EMFLAZA SUSP (deflazacort)	54	EPCLUSA TABS 50 MG-200 MG .	43	ERYTHROMYCIN	92
EMFLAZA TABS (deflazacort)	54	EPIDIOLEX	15	erythromycin base CPEP	78
EMGALITY SOAJ	81	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	57	erythromycin base TABS	78
EMGALITY SOSY	81	EPIDUO GEL (adapalene-benzoyl peroxide)	57	erythromycin base TBEC	78
EMSAM	19	EPIFOAM FOAM	63	erythromycin ethylsuccinate SUSR 78	
emtricitabine CAPS	42	epinastine hcl (ophth)	94	erythromycin ethylsuccinate TABS	78
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	42	epinephrine (anaphylaxis) SOAJ .	106	ESBRIET CAPS (pirfenidone)	101
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	42	EPIVIR SOLN (lamivudine)	42	ESBRIET TABS (pirfenidone)	101
EMTRIVA CAPS (emtricitabine) ...	42	EPIVIR TABS (lamivudine)	42	escitalopram oxalate SOLN	19
EMTRIVA SOLN	42	eplerenone	30	escitalopram oxalate TABS 10 MG, 20 MG	19
enalapril maleate & hydrochlorothiazide	28	EPZICOM (abacavir sulfate- lamivudine)	42	escitalopram oxalate TABS 5 MG .	19
enalapril maleate TABS	27	ergocalciferol CAPS	106	ESGIC TABS (butalbital- acetaminophen-caffeine)	6
ENBRACE HR	87	ergoloid mesylates TABS	97	estazolam	75
ENBREL MINI SOCT	6	ERGOMAR SUBL	82	ESTRACE CREA (estradiol vaginal) .	106
ENBREL SOLN	6	ergotamine w/ caffeine TABS	82	ESTRACE TABS (estradiol)	70
ENBREL SOSY 25 MG/0.5ML	6	ERIVEDGE	33	estradiol & norethindrone acetate TABs	70
ENBREL SOSY 50 MG/ML	6	ERLEADA 240 MG	33	estradiol GEL	70
ENBREL SURECLICK SOAJ	6	ERLEADA 60 MG	33	estradiol PTTW	70
ENCARE SUPP 100 MG	105	erlotinib hcl	33	estradiol PTWK	70
ENDARI (glutamine (sickle cell)) ..	74	ERTACZO	58	estradiol TABS	70
ENDOMETRIN INST	106	ERYGEL GEL (erythromycin (acne aid))	57	estradiol vaginal CREA	106
entacapone	39	ERYPED 200 SUSR (erythromycin ethylsuccinate)	77	estradiol vaginal TABS	106
entecavir TABS	43	ERYPED 400 SUSR (erythromycin ethylsuccinate)	77	estradiol valerate	70
ENTEREG (alvimopan)	72	erythromycin (acne aid) GEL	57	ESTRING RING	106
ENTRESTO TABS	46	erythromycin (acne aid) SOLN	57	ESTROGEL GEL (estradiol)	70
EPCLUSA PACK	43	erythromycin (ophth)	92	eszopiclone	75
EPCLUSA TABS 100 MG-400 MG 44				ethacrynic acid	67

ethambutol hcl TABS	31	ezetimibe-simvastatin	25	fenofibrate micronized 43 MG, 67 MG, 134 MG	26
ethosuximide CAPS	18	FABHALTA	74	fenofibrate micronized 90 MG	26
ethosuximide SOLN	18	FABIOR FOAM	57	fenofibrate TABS 145 MG, 160 MG 26	
ethynodiol diacet & eth estrad	52	famciclovir	44	fenofibrate TABS 48 MG	26
etodolac CAPS	5	famotidine SUSR	103	fenofibrate TABS 54 MG	26
etodolac TABS	5	famotidine TABS 20 MG	103	fenofibric acid	26
etodolac TB24	5	famotidine TABS 40 MG	103	fenoprofen calcium TABS	5
etonogestrel-ethinyl estradiol	53	FANTASY LUBRICATED MISC ...	78	FENOPRON CAPS	5
etoposide CAPS	38	FANTASY LUBRICATED/SPERMICIDE MISC 78		fenentanyl citrate LPOP 1600 MCG ...	8
etravirine	42	FARESTON (toremifene citrate) ..	34	fenentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8
EUCRISA	65	FARXIGA	22	fenentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8
EULEXIN	34	FC2 FEMALE CONDOM	78	fenentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8
EVAMIST SOLN	70	febuxostat 40 MG	73	ferric citrate	72
everolimus (immunosuppressant) .	84	febuxostat 80 MG	73	FERRIPROX SOLN	23
everolimus TABS	35	felbamate SUSP	17	FERRIPROX TABS 500 MG (deferiprone)	23
everolimus TBSO	35	felbamate TABS	17	fesoterodine fumarate	104
EVISTA (raloxifene hcl)	68	FELBATOL SUSP (felbamate)	17	FETZIMA CP24 20 MG	20
EVOTAZ	42	FELBATOL TABS (felbamate)	18	FETZIMA CP24 40 MG, 80 MG, 120 MG	20
EVOXAC (cevimeline hcl)	85	FELDENE CAPS 10 MG (piroxicam) .	5	FETZIMA TITRATION C4PK	20
EVRYSDI	90	5		FIBRICOR (fenofibric acid)	26
EXELON (rivastigmine)	96	FELDENE CAPS 20 MG (piroxicam) .	5	FINACEA FOAM	65
exemestane	34	felodipine 10 MG	45	FINACEA GEL (azelaic acid)	65
EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	28	felodipine 2.5 MG, 5 MG	45	finasteride	73
EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	28	FEMARA (letrozole)	34	fingolimod hcl	97
EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	29	FEMCAP DEVI	78		
EXODERM	59	FEMRING	106		
ezetimibe	26	fenofibrate CAPS	26		
		fenofibrate micronized 130 MG, 200 MG	26		

FIORICET CAPS (butalbital-acetaminophen-caffeine)	6	FLUMIST QUADRIVALENT	105	flurbiprofen sodium	94
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) .	9	fluocinolone acetonide (otic)	95	flurbiprofen TABS	5
FIRDAPSE	31	fluocinolone acetonide CREA	63	fluticasone furoate-vilanterol	14
FIRST-OMEPRazole SUSP	104	fluocinolone acetonide OIL	63	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	13
FLAGYL CAPS (metronidazole) ...	30	fluocinolone acetonide OINT	63	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	13
FLAREX	93	fluocinolone acetonide SOLN	63	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	13
flavoxate hcl	105	fluocinonide CREA	63	fluticasone propionate (nasal) SUSP .	90
flecainide acetate	12	fluocinonide emulsified base	63	fluticasone propionate CREA 0.05 %	63
FLONASE ALLERGY REL CHILDRENS SUSP (fluticasone propionate (nasal))	90	fluocinonide GEL	63	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	13
FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))	90	fluocinonide OINT	63	fluticasone propionate hfa 44 MCG/ACT	13
FLORAFOL PEDIATRIC CHEW ...	86	fluocinonide SOLN	63	fluticasone propionate LOTN	63
FLORAFOL PEDIATRIC SOLN ...	86	fluorometholone (ophth) SUSP	93	fluticasone propionate OINT	63
FLORIVA	82	fluorouracil (topical) CREA 5 %	60	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	14
FLORIVA	86	fluorouracil (topical) SOLN	60	fluticasone-salmeterol AERO	14
FLORIVA PLUS SOLN	86	fluoxetine hcl CAPS 10 MG, 20 MG 19		fluvastatin sodium CAPS	26
FLOTREX CHEW 0.25 MG, 0.5 MG .	86	fluoxetine hcl CAPS 40 MG	19	fluvastatin sodium TB24	26
FLOWFLEX PLUS COVID-19/FLU A/B	65	fluoxetine hcl CPDR	19	fluvoxamine maleate CP24 100 MG 19	
FLUBLOK SOSY	105	fluoxetine hcl SOLN	19	fluvoxamine maleate CP24 150 MG 19	
FLUCELVAX SUSP	105	FLUOXETINE HCL TABS (fluoxetine hcl)	19	fluvoxamine maleate TABS 100 MG .	19
fluconazole SUSR	24	fluoxetine hcl TABS 10 MG	19	fluvoxamine maleate TABS 25 MG, 50 MG	19
fluconazole TABS	24	fluoxetine hcl TABS 20 MG	19	FLUZONE HIGH-DOSE SUSY ...	105
flucytosine	24	fluoxetine hcl TABS 60 MG	19		
fludrocortisone acetate TABS	55	fluphenazine hcl CONC	41		
FLUMIST	105	fluphenazine hcl ELIX	41		
		fluphenazine hcl TABS	41		
		flurandrenolide CREA	63		
		flurandrenolide LOTN	63		
		flurandrenolide OINT	63		
		flurazepam hcl	75		

FML FORTE SUSP	93	FREESTYLE PRECISION NEO TEST STRP	66	gentamicin sulfate (topical) OINT ..	58
FML LIQUIFILM SUSP (fluorometholone (ophth))	93	FREESTYLE TEST STRP	66	GENVOYA	42
FOCALIN TABS (dexmethylphenidate hcl)	2	FROVA (frovatriptan succinate) ..	82	GEODON 20 MG, 40 MG (ziprasidone hcl)	40
FOCALIN XR CP24 (dexmethylphenidate hcl)	2	frovatriptan succinate	82	GEODON 60 MG, 80 MG (ziprasidone hcl)	40
folic acid TABS 1 MG	74	furosemide SOLN PO 10 MG/ML ..	67	GILENYA (fingolimod hcl)	97
folic acid TABS 400 MCG, 800 MCG .	74	furosemide SOLN PO 8 MG/ML ..	67	GILOTRIF	33
FOLIVANE-OB	87	furosemide TABS	67	GLEOSTINE 10 MG, 40 MG, 100 MG	32
FORFIVO XL TB24 (bupropion hcl)	18	FYCOMPA SUSP	14	glimepiride 1 MG, 2 MG, 4 MG	22
formoterol fumarate NEBU	14	FYCOMPA TABS 2 MG	14	glipizide TABS	23
FOSAMAX TABS 70 MG (alendronate sodium)	67	FYCOMPA TABS 4 MG	14	glipizide TB24	23
fosamprenavir calcium TABS	42	FYCOMPA TABS 6 MG	14	glipizide-metformin hcl	21
fosfomycin tromethamine	31	FYCOMPA TABS 8 MG, 10 MG, 12 MG	14	GLOBAL EASY GLIDE INSULIN SYR	81
fosinopril sodium & hydrochlorothiazide	29	gabapentin CAPS	15	GLUCAGON EMERGENCY	21
fosinopril sodium	27	gabapentin SOLN	15	GLUCOTROL XL TB24 (glipizide) .	23
FOSRENOL CHEW 1000 MG (lanthanum carbonate)	72	gabapentin TABS 600 MG, 800 MG 15		glutamine (sickle cell)	74
FOSRENOL CHEW 500 MG (lanthanum carbonate)	72	GABITRIL (tiagabine hcl)	18	glyburide micronized 1.5 MG, 3 MG, 6 MG	23
FOSRENOL CHEW 750 MG (lanthanum carbonate)	72	GALAFOLD	68	glyburide TABS	23
FOSRENOL PACK	72	galantamine hydrobromide CP24 ..	96	glyburide-metformin	21
FREESTYLE INSULINX TEST STRP	65	galantamine hydrobromide SOLN ..	96	glycopyrrolate SOLN PO 1 MG/5ML .	102
FREESTYLE LITE KIT	80	galantamine hydrobromide TABS .	96	glycopyrrolate TABS 1 MG, 2 MG 102	
FREESTYLE LITE TEST STRP ...	66	GALZIN	84	GLYNASE (glyburide micronized) 23	
FREESTYLE PRECISION NEO SYSTEM KIT	80	gatifloxacin (ophth)	92	GLYXAMBI	21
		gefitinib	33	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	76
		gemfibrozil TABS	26	granisetron hcl TABS	23
		GENERESS FE (norethindrone & ethinyl estradiol-fe)	52	griseofulvin microsize SUSP	24
		gentamicin sulfate (ophth) SOLN ..	92		
		gentamicin sulfate (topical) CREA .	58		

griseofulvin microsize TABS24	HUMALOG SOLN IJ22	SC22
griseofulvin ultramicrosize24	HUMATIN2	HYCANTIN CAPS39
guaifenesin-codeine SOLN55	HUMATROPE CART IJ68	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)55
guanfacine hcl (adhd)1	HUMIRA (2 PEN) AJKT 40 MG/0.4ML4	hydralazine hcl TABS30
guanfacine hcl28	HUMIRA (2 PEN) AJKT 40 MG/0.8ML4	HYDREA (hydroxyurea)38
GYNAZOLE-1105	HUMIRA (2 PEN) AJKT 80 MG/0.8ML4	hydrochlorothiazide CAPS67
HADLIMA PUSHTOUCH SOAJ3	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML4	hydrochlorothiazide TABS 12.5 MG 67
HADLIMA SOSY3	HUMIRA (2 SYRINGE) PSKT4	hydrochlorothiazide TABS 25 MG, 50 MG67
halcinonide SOLN 0.1 %63	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML4	hydrocodone bitartrate CP128
HALCION 0.25 MG (triazolam)75	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML4	hydrocodone bitartrate T24A8
halobetasol propionate CREA63	HUMIRA-PED<40KG CROHNS STARTER PSKT4	hydrocodone bitartrate-homatropine methylbromide SOLN55
halobetasol propionate OINT63	HUMIRA-PED>=40KG CROHNS START PSKT4	hydrocodone polistirex-chlorpheniramine polistirex SUER .55
HALOG SOLN63	HUMIRA-PED>=40KG UC STARTER AJKT4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML9
haloperidol lactate CONC40	HUMIRA-PS/UV/ADOL HS STARTER AJKT4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG9
haloperidol TABS40	HUMIRA-PSORIASIS/UEIT STARTER AJKT4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG9
HELIDAC THERAPY104	HUMULIN 70/30 KWIKPEN SUPN 22	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG9
HEMANGEOL SOLN PO45	HUMULIN 70/30 SUSP22	hydrocodone-ibuprofen 5 MG-200 MG9
HIPREX (methenamine hippurate) 31	HUMULIN N KWIKPEN SUPN22	hydrocodone-ibuprofen 7.5 MG-200 MG9
HUMALOG JUNIOR KWIKPEN SOPN21	HUMULIN N SUSP22	hydrocortisone (intrarectal)10
HUMALOG KWIKPEN SOPN 100 UNIT/ML22	HUMULIN R SOLN IJ22	hydrocortisone (rectal) EX 2.5 % ..11
HUMALOG KWIKPEN SOPN 200 UNIT/ML21	HUMULIN R U-500 (CONCENTRATED) SOLN SC22	
HUMALOG MIX 50/50 KWIKPEN SUPN22	HUMULIN R U-500 KWIKPEN SOPN	
HUMALOG MIX 50/50 SUSP22		
HUMALOG MIX 75/25 KWIKPEN SUPN22		
HUMALOG MIX 75/25 SUSP22		
HUMALOG SOCT22		

hydrocortisone (topical) CREA 2.5 % 63	hyoscyamine sulfate TB12 0.375 MG 102	82
hydrocortisone (topical) LOTN 2.5 % 63	hyoscyamine sulfate TBDP 0.125 MG102	IMITREX 5 MG/ACT (sumatriptan) 82 IMITREX TABS (sumatriptan succinate)82
hydrocortisone (topical) OINT 2.5 % 63	HYPERSAL NEBU (sodium chloride (inhalant))55	IMURAN TABS (azathioprine)84
hydrocortisone (topical) SOLN 2.5 % 63	HYPERSAL NEBU55	INBRIJA CAPS39
hydrocortisone butyrate CREA63	HYSINGLA ER T24A8	INCRUSE ELLIPTA12
hydrocortisone butyrate hydrophilic lipo base63	HYZAAR (losartan potassium & hydrochlorothiazide)29	indapamide TABS 1.25 MG, 2.5 MG . 67
hydrocortisone butyrate LOTN63	ibandronate sodium TABS67	INDERAL LA CP24 (propranolol hcl) . 45
hydrocortisone butyrate OINT63	IBRANCE CAPS36	INDOCIN SUSP (indomethacin)5
hydrocortisone butyrate SOLN63	IBRANCE TABS36	indomethacin CAPS 25 MG, 50 MG 5
hydrocortisone TABS54	ibuprofen TABS 400 MG, 600 MG, 800 MG5	indomethacin CPRC5
hydrocortisone valerate CREA63	ICLUSIG 10 MG, 30 MG36	indomethacin SUPP5
hydrocortisone valerate OINT63	ICLUSIG 15 MG, 45 MG36	indomethacin SUSP5
hydrocortisone w/acetic acid95	icosapent ethyl25	INGREZZA CAPS 40 MG, 80 MG .97
hydromorphone hcl LIQD8	IDHIFA36	INGREZZA CAPS 60 MG97
hydromorphone hcl TABS8	ILEVRO94	INGREZZA CPPK97
hydromorphone hcl TB24 32 MG ...8	imatinib mesylate TABS 100 MG ...36	INGREZZA CPSP97
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG8	imatinib mesylate TABS 400 MG ...36	INLYTA32
hydroxychloroquine sulfate 200 MG 31	IMBRUVICA CAPS 140 MG36	INQOVI34
hydroxyurea38	IMBRUVICA CAPS 70 MG36	INREBIC36
hydroxyzine hcl SYRP11	IMBRUVICA SUSP36	INSPRA (eplerenone)30
hydroxyzine hcl TABS11	IMBRUVICA TABS36	INSULIN LISPRO PROT & LISPRO SUPN22
hydroxyzine pamoate CAPS11	imipramine hcl TABS 10 MG, 25 MG . 20	INTELENCE (etravirine)42
hyoscyamine sulfate SUBL 0.125 MG102	imipramine hcl TABS 50 MG20	INTELENCE 25 MG42
hyoscyamine sulfate TABS 0.125 MG102	imipramine pamoate20	INTUNIV (guanfacine hcl (adhd)) ...1
	imiquimod 5 %64	INVEGA (paliperidone)40
	IMITREX 20 MG/ACT (sumatriptan)	iodine strong (Iugol's)83

IOPIDINE	91	itraconazole SOLN	24	KEPPRA TABS 1000 MG (levetiracetam)	15
ipratropium bromide (nasal)	89	ivabradine hcl TABS	48	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	16
ipratropium bromide SOLN 0.02 %	12	ivermectin (pediculicide)	65	KEPPRA XR TB24 (levetiracetam)	15
ipratropium-albuterol SOLN	14	ivermectin (rosacea)	65	ketoconazole (topical) CREA	59
irbesartan	27	ivermectin	11	ketoconazole (topical) FOAM	59
irbesartan-hydrochlorothiazide	29	JADENU SPRINKLE PACK (deferasirox)	23	ketoconazole (topical) SHAM 2 %	59
IRESSA (gefitinib)	33	JADENU TABS (deferasirox)	23	ketoconazole	24
ISENTRESS CHEW	42	JAKAFI	36	KETONE TEST STRP	66
ISENTRESS HD TABS	42	JALYN (dutasteride-tamsulosin hcl) . 73		ketoprofen CAPS 50 MG	5
ISENTRESS PACK	42	JANUMET TABS	21	ketoprofen CP24	5
ISENTRESS TABS	42	JANUMET XR TB24 1000 MG-100 MG	21	ketorolac tromethamine (ophth) ...	94
isoniazid SYRP	31	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	21	ketorolac tromethamine TABS	5
isoniazid TABS	31	JANUVIA	21	KETOSTIX STRP	66
ISOPTO ATROPINE SOLN	91	JARDIANCE	22	KEVZARA SOAJ	4
ISORDIL TITRADOSE TABS (isosorbide dinitrate)	11	JULUCA	42	KEVZARA SOSY	4
isosorbide dinitrate TABS	11	JUXTAPID 10 MG, 20 MG	26	KIMONO COLORS DEVI	78
isosorbide dinitrate-hydralazine hcl 46		JUXTAPID 30 MG	26	KIMONO MAXX-LARGE FLARE MISC	78
isosorbide mononitrate TABS	11	JUXTAPID 5 MG	26	KIMONO MICRO THIN MISC	78
ISOSORBIDE MONONITRATE TABs	11	KALETRA SOLN	42	KIMONO MICRO THIN PLUS MISC . 78	
isosorbide mononitrate TB24	11	KALETRA TABS (lopinavir-ritonavir) . 42		KIMONO MISC	79
isotretinoin 10 MG, 25 MG	57	KALYDECO PACK	100	KIMONO PLUS MISC	78
isotretinoin 20 MG	57	KALYDECO TABS	100	KIMONO PS MISC	78
isotretinoin 30 MG	57	KAMELEON LUBRICATED MISC	78	KIMONO PS PLUS MISC	78
isotretinoin 35 MG, 40 MG	57	KENALOG AERS (triamcinolone acetone (topical))	63	KIMONO SENSATION MISC	78
isradipine CAPS	45	KEPPRA SOLN PO 100 MG/ML (levetiracetam)	15	KIMONO SENSATION PLUS MISC 78	
ISTALOL SOLN (timolol maleate (ophth))	91			KIMONO SPECIAL DEVI	78
itraconazole CAPS	24			KISQALI (200 MG DOSE)	36

KISQALI (400 MG DOSE)	36	300 MG	44	lamotrigine TB24 300 MG	16
KISQALI (600 MG DOSE)	36	lacosamide SOLN PO 10 MG/ML, 50		lamotrigine TBDP	16
KISQALI FEMARA (200 MG DOSE) .		MG/5ML, 100 MG/10ML	16	LAMPIT	30
34		lacosamide TABS	16	LANOXIN TABS 62.5 MCG, 125	
KISQALI FEMARA (400 MG DOSE) .		lactulose (encephalopathy)	72	MCG, 250 MCG (digoxin)	46
34		lactulose SOLN	76	lansoprazole CPDR	104
KISQALI FEMARA (600 MG DOSE) .		LAGEVRIO	44	lansoprazole TBDD 15 MG	104
35		LAMICTAL CHEW (lamotrigine) . . .	16	lansoprazole TBDD 30 MG	104
KITABIS PAK (W/ NEBULIZER)		LAMICTAL ODT KIT (lamotrigine) .	16	lanthanum carbonate CHEW 1000	
NEBU 300 MG/5ML (tobramycin) . .	2	LAMICTAL ODT TBDD (lamotrigine) .	16	MG	72
KLARITY-A	92	16		lanthanum carbonate CHEW 500 MG	
KLARON (sulfacetamide sodium		LAMICTAL STARTER KIT 25 MG			72
(acne))	57	(lamotrigine)	16	lanthanum carbonate CHEW 750 MG	
KLONOPIN TABS (clonazepam) . .	15	LAMICTAL TABS (lamotrigine) . . .	16		72
KLOXXADO LIQD	23	LAMICTAL XR KIT	16	LANTUS SOLN	22
KOSELUGO	36	LAMICTAL XR TB24 25 MG, 50 MG,		LANTUS SOLOSTAR SOPN	22
K-PHOS NO 2	72	100 MG, 200 MG (lamotrigine) . . .	16	lapatinib ditosylate	36
K-PHOS TABS (potassium		LAMICTAL XR TB24 250 MG		LASIX TABS (furosemide)	67
phosphate monobasic)	83	(lamotrigine)	16	LASTACFT	94
K-PHOS-NEUTRAL (pot phosphate		LAMICTAL XR TB24 300 MG		latanoprost SOLN	94
monobasic w/ sod phosphate dibasic		(lamotrigine)	16	LATANOPROST SOLN	94
& monobasic)	83	lamivudine (hbv) TABS	44	LATUDA (lurasidone hcl)	40
KRINTAFEL	31	lamivudine SOLN	42	leflunomide 10 MG	6
K-TAB TBCR 10 MEQ, 20 MEQ		lamivudine TABS	42	leflunomide 20 MG	6
(potassium chloride)	83	lamivudine-zidovudine	42	lenalidomide	84
KUVAN PACK (sapropterin		lamotrigine CHEW	16	LENVIMA (10 MG DAILY DOSE) .	32
dihydrochloride)	68	lamotrigine KIT 25 MG	16	LENVIMA (12 MG DAILY DOSE) .	32
KUVAN TABS (sapropterin		lamotrigine KIT	16	LENVIMA (14 MG DAILY DOSE) .	32
dihydrochloride)	69	lamotrigine TABS	16	LENVIMA (18 MG DAILY DOSE) .	32
K-Y ME & YOU EXTRA		lamotrigine TB24 25 MG, 50 MG, 100		LENVIMA (20 MG DAILY DOSE) .	32
LUBRICATED DEVI	79	MG, 200 MG	16	LENVIMA (24 MG DAILY DOSE) .	32
K-Y ME & YOU INTENSE DEVI . .	79	lamotrigine TB24 250 MG	16		
KYNMOBI FILM	39				
labetalol hcl TABS 100 MG, 200 MG,					

LENVIMA (4 MG DAILY DOSE) .. 32	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 52	lidocaine-prilocaine CREA 64
LENVIMA (8 MG DAILY DOSE) .. 33	levonorgestrel-ethinyl estradiol (continuous) 52	LIDODERM PTCH (lidocaine) 65
LESCOL XL TB24 (fluvastatin sodium) 26	levonorgestrel-ethinyl estradiol-iron 52	linezolid SUSR 30
LETAIRIS (ambrisentan) 47	levorphanol tartrate TABS 2 MG 8	linezolid TABS 30
letrozole 34	levorphanol tartrate TABS 3 MG 8	LINZESS 72
leucovorin calcium TABS 38	levothyroxine sodium CAPS 125 MCG 102	liothyronine sodium TABS 25 MCG, 50 MCG 102
LEUKERAN 32	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 102	liothyronine sodium TABS 5 MCG 102
levalbuterol hcl 14	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 102	LIPITOR TABS (atorvastatin calcium) 26
levalbuterol tartrate 14	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 300 MCG 102	LIPOFEN CAPS (fenofibrate) 26
LEVIBID TB12 (hyoscyamine sulfate) 102	LEVSIN TABS (hyoscyamine sulfate) 102	lisdexamphetamine dimesylate CAPS 1
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 16	LEVSIIN/SL SUBL (hyoscyamine sulfate) 102	lisdexamphetamine dimesylate CHEW . 1
levetiracetam TABS 1000 MG 16	LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate) 19	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 29
levetiracetam TABS 250 MG, 500 MG, 750 MG 16	LEXAPRO TABS 5 MG (escitalopram oxalate) 19	lisinopril & hydrochlorothiazide 25 MG-20 MG 29
levetiracetam TB24 16	LEXIVA SUSP 42	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG 27
LEVETIRACETAM TB3D 16	LEXIVA TABS (fosamprenavir calcium) 42	lisinopril TABS 40 MG 27
levobunolol hcl 0.5 % 91	LIALDA TBEC (mesalamine) 71	lithium 40
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML 69	lidocaine hcl (mouth-throat) 2 % .. 85	lithium carbonate CAPS 150 MG, 600 MG 40
levocarnitine (metabolic modifiers) TABS 69	lidocaine PTCH 5 % 65	lithium carbonate CAPS 300 MG .. 40
levofloxacin (ophth) 1.5 % 92		lithium carbonate TABS 40
levofloxacin SOLN PO 70		lithium carbonate TBCR 40
levofloxacin TABS 70		LITHOBID TBCR (lithium carbonate) . 40
levonorgestrel & eth estradiol TABS 52		LITHOSTAT 73
levonorgestrel (emergency oc) 1.5 MG 54		LO LOESTRIN FE TABS 53
levonorgestrel-eth estradiol (triphasic) 52		LOCOID LIPOCREAM 63

LOCOID LOTN (hydrocortisone butyrate)	63	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 29	LYRICA CAPS 225 MG, 300 MG (pregabalin)	16	
LODINE TABS (etodolac)	5	loteprednol etabonate GEL	93	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	16
LODOSYN (carbidopa)	39	loteprednol etabonate SUSP 0.2 % 93	LYRICA SOLN (pregabalin)	16	
lofexidine hcl	96	loteprednol etabonate SUSP 0.5 % 93	LYSODREN	34	
LOKELMA	85	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 29	MACROBID (nitrofurantoin monohyd macro)	31	
LOMAIRA TABS	1	LOTRONEX (alosetron hcl)	72	MACRODANTIN (nitrofurantoin macrocrystal)	31
LOMOTIL TABS (diphenoxylate w/ atropine)	23	lovastatin TABS 10 MG, 20 MG ... 26	MALARONE (atovaquone-proguanil hcl)	31	
LONSURF	35	lovastatin TABS 40 MG	26	malathion	65
LOPID TABS (gemfibrozil)	26	LOVAZA (omega-3-acid ethyl esters)	25	maraviroc TABS	42
lopinavir-ritonavir SOLN	42	loxapine succinate	40	MAR-COF CG EXPECTORANT LIQD	55
lopinavir-ritonavir TABS	42	lubiprostone	71	MARINOL CAPS 10 MG (dronabinol)	24
LOPRESSOR TABS (metoprolol tartrate)	44	LUCEMYRA (lofexidine hcl)	96	MARINOL CAPS 2.5 MG (dronabinol)	24
LOPROX SHAM (ciclopirox)	59	luliconazole	59	MARINOL CAPS 5 MG (dronabinol) . 24	
LOPROX SUSP (ciclopirox olamine) . 59		LUMAKRAS 120 MG, 240 MG	36	MARPLAN	19
lorazepam CONC	12	LUMAKRAS 320 MG	36	MATULANE	38
lorazepam TABS	12	LUMIGAN SOLN 0.01 %	94	MAVYRET TABS	44
LORBRENA	36	LUNESTA (eszopiclone)	75	MAXALT TABS 10 MG (rizatriptan benzoate)	82
losartan potassium & hydrochlorothiazide	29	LUPRON DEPOT (1-MONTH) KIT IM	34	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	82
losartan potassium	27	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	68	MAXIDEX SUSP OP	93
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	53	lurasidone hcl	40	MAXITROL OINT (neomycin-polymy-dexameth)	93
LOTEMAX GEL (loteprednol etabonate)	93	LUXIQ FOAM (betamethasone valerate)	64	MAXITROL SUSP (neomycin-polymy-dexameth)	93
LOTEMAX OINT	93	LUZU (luliconazole)	59		
LOTEMAX SUSP (loteprednol etabonate)	93	LYNPARZA TABS	36		
LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	27				

MAXX MISC	79	melphalan	32	bromide)	31
MAXX PLUS MISC	79	memantine hcl CP24 14 MG, 21 MG, 28 MG	96	MESTINON TBCR (pyridostigmine bromide)	31
MAXZIDE TABS (triamterene & hydrochlorothiazide)	67	memantine hcl CP24 7 MG	96	METADATE CD CPCR (methylphenidate hcl)	2
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	67	memantine hcl SOLN	96	metaxalone 800 MG	89
MAYZENT STARTER PACK TBPk 0.25 MG	97	memantine hcl TABS 10 MG	96	metformin hcl SOLN	21
MAYZENT TABS 0.25 MG	97	memantine hcl TABS 5 MG	96	metformin hcl TABS 500 MG, 850 MG, 1000 MG	21
MAYZENT TABS 1 MG	97	memantine hcl TABS	96	metformin hcl TB24 500 MG, 750 MG	21
MAYZENT TABS 2 MG	97	memantine hcl-donepezil hcl CP24 96	96	methadone hcl CONC	8
M-CLEAR WC SOLN	55	MENEST 0.3 MG, 0.625 MG, 1.25 MG	70	methadone hcl SOLN PO	8
meclizine hcl CHEW	23	MENEST 2.5 MG	70	methadone hcl TABS	8
meclofenamate sodium CAPS	5	MENOSTAR PTWK	70	methadone hcl TBSO	8
MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	54	meperidine hcl SOLN PO 50 MG/5ML	8	METHADOSE CONC (methadone hcl)	8
MEDROL TABS	54	MEPRON (atovaquone)	30	METHADOSE SUGAR-FREE CONC (methadone hcl)	8
MEDROL TBPk (methylprednisolone)	54	mercaptopurine SUSP 2000 MG/100ML	32	METHADOSE TBSO (methadone hcl)	8
medroxyprogesterone acetate 10 MG	95	mercaptopurine TABS	32	methamphetamine hcl	1
medroxyprogesterone acetate 2.5 MG, 5 MG	95	mesalamine CP24	71	methazolamide TABS	66
mefenamic acid CAPS	5	mesalamine CPCR	71	methenamine hippurate	31
mefloquine hcl	31	mesalamine CPDR	71	methenamine mandelate	31
megestrol acetate (appetite)	95	mesalamine ENEM	71	methimazole TABS	101
megestrol acetate SUSP	34	mesalamine SUPP	71	methocarbamol TABS 500 MG, 750 MG	89
megestrol acetate TABS	34	mesalamine TBEC 1.2 GM	71	methotrexate sodium TABS 2.5 MG 32	32
MEKINIST TABS	36	mesalamine TBEC 800 MG	71	methoxsalen rapid	60
MEKTOVI	36	mesna TABS	38	methscopolamine bromide	102
meloxicam TABS 15 MG	5	MESNEX TABS	38	methsuximide	18
meloxicam TABS 7.5 MG	5	MESTINON SOLN PO (pyridostigmine bromide)	31		
		MESTINON TABS (pyridostigmine			

methyl dopa TABS	28	metoclopramide hcl TBDP	71	miglustat	74
methyl ergonovine maleate TABS ..	95	metolazone	67	MIGRANAL SOLN NA (dihydroergotamine mesylate)	82
METHYLIN SOLN 10 MG/5ML (methylphenidate hcl)	2	METOPIRONE	65	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	53
METHYLIN SOLN 5 MG/5ML (methylphenidate hcl)	2	metoprolol & hydrochlorothiazide TABS	29	MINIPRESS CAPS (prazosin hcl) ..	28
methylphenidate hcl CHEW	2	metoprolol succinate TB24	44	MINIVELLE PTTW (estradiol)	70
methylphenidate hcl CP24 60 MG ..	2	metoprolol tartrate TABS	44	minocycline hcl CAPS	101
methylphenidate hcl CP24	2	METROCREAM CREA (metronidazole (topical))	65	minoxidil 2.5 MG, 10 MG	30
methylphenidate hcl CPR	2	METROGEL GEL 1 % (metronidazole (topical))	65	mirabegron TB24	105
methylphenidate hcl SOLN 10 MG/5ML	2	METROLOTION LOTN (metronidazole (topical))	65	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) ..	39
methylphenidate hcl SOLN 5 MG/5ML	2	metronidazole (topical) CREA	65	MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	39
methylphenidate hcl TABS 20 MG ..	2	metronidazole (topical) GEL 0.75 % 65		MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	53
methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole (topical) GEL 1 % ..	65	mirtazapine TABS	18
methylphenidate hcl TB24 18 MG, 27 MG	2	metronidazole (topical) LOTN	65	mirtazapine TBDP	18
methylphenidate hcl TB24 36 MG ..	2	metronidazole CAPS	30	MIRVASO (brimonidine tartrate (topical))	65
methylphenidate hcl TB24 54 MG ..	2	metronidazole TABS 250 MG, 500 MG	30	misoprostol	104
methylphenidate hcl TBCR 10 MG ..	2	metronidazole vaginal	105	MITIGARE CAPS (colchicine)	73
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	metyrosine	27	modafinil	2
methylphenidate hcl TBCR 20 MG ..	2	mexiletine hcl	12	MODERNA COVID-19 VAC 6M-11Y SUSY	105
methylphenidate hcl TBCR 54 MG ..	2	MICARDIS 20 MG, 40 MG (telmisartan)	27	moexipril hcl	27
methylphenidate hcl TBCR 72 MG ..	2	MICARDIS 80 MG (telmisartan) ...	27	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	43
methylphenidate PTCH	2	MICARDIS HCT (telmisartan- hydrochlorothiazide)	29	mometasone furoate (nasal) SUSP 90	
methylprednisolone TABS	54	midodrine hcl	106	mometasone furoate CREA	64
methylprednisolone TBP	54	MIFEPREX (mifepristone)	69	mometasone furoate OINT	64
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	71	mifepristone	69		
metoclopramide hcl TABS	71	miglitol	20		

mometasone furoate SOLN64	MYAMBUTOL TABS 400 MG (ethambutol hcl)31	NAMENDA TITRATION PAK TABS (memantine hcl)96
montelukast sodium CHEW12	MYCOBUTIN (rifabutin)31	NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl)96
montelukast sodium PACK 12	mycophenolate mofetil CAPS84	NAMENDA XR CP24 7 MG (memantine hcl)96
montelukast sodium TABS12	mycophenolate mofetil SUSR 84	NAMZARIC C4PK 96
MONUROL (fosfomycin tromethamine)31	mycophenolate mofetil TABS84	NAMZARIC CP24 (memantine hcl- donepezil hcl) 96
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morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG8	MYDRIACYL SOLN (tropicamide) .91	NAPROSYN SUSP (naproxen)5
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML 8	MYFORTIC (mycophenolate sodium)84	NAPROSYN TABS 500 MG (naproxen)5
morphine sulfate SUPP 8	MYLERAN TABS32	naproxen sodium TABS 275 MG, 550 MG5
morphine sulfate TABS 8	MYRBETRIQ TB24 (mirabegron) 105	naproxen SUSP5
morphine sulfate TBCR 8	MYSOLINE (primidone) 16	naproxen TABS 5
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moxifloxacin hcl TABS70	nabumetone 750 MG5	NARDIL (phenelzine sulfate)19
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MS CONTIN TBCR (morphine sulfate)8	NAFRINSE DAILY/NEUTRAL SOLR . 85	NASONEX 24HR SUSP (mometasone furoate (nasal)) 90
MULPLETA75	NAFRINSE WEEKLY SOLR85	NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 87
MULTIVITAMIN + FLUORIDE CHEW86	naftifine hcl CREA59	NATACYN92
MULTIVITAMIN/FLUORIDE CHEW 86	naftifine hcl GEL 2 %59	NATAZIA 53
MULTIVITAMIN/FLUORIDE SOLN 86	NAFTIN GEL (naftifine hcl) 59	nateglinide22
MULTI-VIT-FLOR CHEW86	NAFTIN GEL59	NATROBA (spinosad)65
mupirocin OINT 58	NALFON TABS 600 MG 5	nebivolol hcl44
MUSE PLLT 250 MCG, 500 MCG, 1000 MCG47	naloxone hcl LIQD 23	NEBUPENT IN (pentamidine
	naltrexone hcl 23	
	NAMENDA TABS 10 MG (memantine hcl)96	
	NAMENDA TABS 5 MG (memantine hcl) 96	

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NEBUSAL NEBU55	NEXAVAR (sorafenib tosylate) ...37	nisoldipine46
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 MG87	NEXICLON XR TB24 (clonidine) ..28	nitazoxanide TABS30
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neomycin-polymyxin-hc (ophth) ...93	NICORETTE LOZG (nicotine polacrilex)100	nitroglycerin (intra-anal)11
neomycin-polymyxin-hc (otic) SOLN .95	NICORETTE MINI LOZG (nicotine polacrilex)100	nitroglycerin PT2411
neomycin-polymyxin-hc (otic) SUSP .95	NICORETTE STARTER KIT GUM (nicotine polacrilex)100	nitroglycerin SOLN TL 0.4 MG/SPRAY11
NEORAL CAPS (cyclosporine modified (for microemulsion))84	NICOTINE KIT100	nitroglycerin SUBL11
NEORAL SOLN (cyclosporine modified (for microemulsion))84	nicotine polacrilex GUM100	NITROLINGUAL SOLN TL (nitroglycerin)11
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NEURONTIN CAPS (gabapentin) .16	nifedipine TB24 30 MG, 60 MG ...46	norethin acet & estrad-fe CAPS ...53
NEURONTIN SOLN (gabapentin) .16	nifedipine TB2446	norethin acet & estrad-fe CHEW ..53
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norethindrone acetate TABS	96	NUVARING (etonogestrel-ethinyl estradiol)	53	ofloxacin 300 MG	70
norethindrone acetate-ethinyl estradiol	70	NUVIGIL (armodafinil)	2	ofloxacin 400 MG	70
norethindrone acetate-ethinyl estradiol-fe	53	NYSTATIN (nystatin (mouth-throat)) .	85	olanzapine TABS 15 MG, 20 MG ..	40
norgestimate-ethinyl estradiol (triphasic)	53	nystatin (mouth-throat)	85	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	40
norgestimate-ethinyl estradiol	53	nystatin (topical) CREA	59	olanzapine TBDP	40
NORPACE CAPS (disopyramide phosphate)	12	nystatin (topical) OINT	59	olanzapine-fluoxetine hcl	96
NORPACE CR CP12	12	nystatin (topical) POWD EX	59	olmesartan medoxomil 40 MG	27
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	20	nystatin TABS	24	olmesartan medoxomil 5 MG, 20 MG	27
NORTHERA (droxidopa)	106	nystatin-triamcinolone CREA	59	olmesartan medoxomil-amlodipine-hydrochlorothiazide	29
nortriptyline hcl CAPS	20	nystatin-triamcinolone OINT	59	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG .	29
nortriptyline hcl SOLN	20	OB COMPLETE ONE	87	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	29
NORVASC TABS 2.5 MG (amlodipine besylate)	46	OB COMPLETE PETITE	87	olopatadine hcl (nasal)	89
NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	46	OB COMPLETE PREMIER	87	olopatadine hcl 0.1 %	94
NORVIR CAPS	42	OB COMPLETE/DHA	87	olopatadine hcl 0.2 %	94
NORVIR PACK	42	OBSTETRIX DHA MISC	87	OLUX-E (clobetasol propionate emulsion)	64
NORVIR TABS (ritonavir)	42	OBSTETRIX ONE (WITH DOCUSATE)	87	omega-3-acid ethyl esters	25
NOVAVAX COVID-19 VACCINE SUSY	105	OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	87	omeprazole CPDR 20 MG, 40 MG 104	
NOXAFIL SUSP (posaconazole) ..	24	OCALIVA 10 MG	70	omeprazole magnesium CPDR ..	104
NOXAFIL TBEC (posaconazole) ..	24	OCALIVA 5 MG	70	OMEPRAZOLE+SYRSPEND SF ALKA SUSP	104
NP THYROID TABS	102	OCUFLOX (ofloxacin (ophth))	92	OMNIFLEX DIAPHRAGM	79
NUBEQA	34	ODEFSEY	42	ondansetron hcl SOLN PO 4 MG/5ML	23
NUCORT LOTN	64	ODOMZO	33	ondansetron hcl TABS 4 MG, 8 MG	23
NUDEXTA	97	OFEV	101		
NUPLAZID CAPS	40	ofloxacin (ophth)	92		
NUPLAZID TABS 10 MG	40	ofloxacin (otic)	94		

ondansetron TBDP 4 MG, 8 MG ..23	188 MG-150 MG100	OXTELLAR XR TB24 600 MG (oxcarbazepine)16
ONETOUCH ULTRA 2 KIT80	ORKAMBI PACK 94 MG-75 MG .100	oxybutynin chloride TABS 5 MG .104
ONETOUCH ULTRA BLUE TEST STRP66	ORKAMBI TABS100	oxybutynin chloride TB24105
ONETOUCH ULTRA STRP66	orlistat1	oxycodone hcl CAPS8
ONETOUCH ULTRA TEST STRP .66	orphenadrine citrate TB1289	oxycodone hcl CONC 100 MG/5ML 8
ONETOUCH VERIO FLEX SYSTEM KIT80	oseltamivir phosphate CAPS44	oxycodone hcl SOLN8
ONETOUCH VERIO REFLECT KIT 80	oseltamivir phosphate SUSR44	oxycodone hcl TABS 30 MG8
ONETOUCH VERIO STRP66	OSMOPREP76	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG8
ONFI SUSP (clobazam)15	OSPHERA68	oxycodone w/ acetaminophen TABS 325 MG-10 MG9
ONFI TABS 10 MG (clobazam)15	OTEZLA TABS5	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG9
ONFI TABS 20 MG (clobazam)15	OTEZLA TBPK6	oxycodone w/ acetaminophen TABS 325 MG-5 MG9
ONUREG TABS32	OVIDE (malathion)65	oxycodone w/ acetaminophen TABS 325 MG-7.5 MG9
OPILL54	oxandrolone 10 MG10	oxymorphone hcl TABS 10 MG8
OPSUMIT47	oxandrolone 2.5 MG10	oxymorphone hcl TABS 5 MG8
OPTIONS GYNOL II CONTRACEPTIVE GEL105	oxaprozin TABS5	oxymorphone hcl TB128
ORACEA (doxycycline (rosacea)) 65	OXAYDO TABS 5 MG8	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN21
ORACIT72	oxazepam CAPS 10 MG, 15 MG ..12	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML21
ORAL CITRATE72	oxazepam CAPS 30 MG12	OZEMPIC (2 MG/DOSE) SOPN ...21
ORAPRED ODT TBDP (prednisolone sodium phosphate)54	oxcarbazepine SUSP16	paliperidone40
ORAVIG85	oxcarbazepine TABS 150 MG16	PAMELOR CAPS (nortriptyline hcl) 20
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG47	oxcarbazepine TABS 300 MG16	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
ORENITRAM TBCR 5 MG47	oxcarbazepine TABS 600 MG16	
ORFADIN CAPS (nitisinone)69	oxcarbazepine TB24 150 MG, 300 MG16	
ORFADIN SUSP69	oxcarbazepine TB24 600 MG16	
ORIAHNN70	oxiconazole nitrate CREA59	
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG100	OXISTAT CREA (oxiconazole nitrate)59	
	OXISTAT LOTN59	
	OXTELLAR XR TB24 150 MG, 300 MG (oxcarbazepine)16	

UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	66	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 76	fumarate)	14
PANRETIN	60	peg 3350-potassium chloride-sod bicarbonate-sod chloride	perindopril erbumine	27
pantoprazole sodium PACK	104	PEG-PREP	permethrin CREA	65
pantoprazole sodium TBEC	104	penicillamine CAPS	perphenazine TABS	41
paricalcitol CAPS	69	penicillamine TABS	phenelzine sulfate	19
PARLODEL CAPS (bromocriptine mesylate)	39	penicillin v potassium SOLR	phenobarbital ELIX	75
PARLODEL TABS (bromocriptine mesylate)	39	penicillin v potassium TABS	phenobarbital TABS	75
PARNATE (tranylcypromine sulfate) 19		PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	phenoxybenzamine hcl	27
paromomycin sulfate	3	pentamidine isethionate IN	phentermine hcl CAPS	1
paroxetine hcl SUSP	19	PENTASA CPCR 250 MG	phenylephrine hcl (mydriatic) SOLN 10 %	91
paroxetine hcl TABS	19	PENTASA CPCR 500 MG	phenylephrine hcl (mydriatic) SOLN 2.5 %	91
paroxetine hcl TB24	19	pentazocine w/ naloxone hcl	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic))	91
PATADAY 0.1 % (olopatadine hcl) 94		PENTOSAN POLYSULFATE SODIUM CPDR 150 MG	phenytoin CHEW	18
PATADAY 0.2 % (olopatadine hcl) 94		pentoxifylline	phenytoin sodium extended 100 MG, 200 MG, 300 MG	18
PATADAY 0.7 %	94	PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	phenytoin SUSP	18
PATANASE (olopatadine hcl (nasal))	89	PEPCID TABS 20 MG (famotidine) 103	PHEXXI	106
PAXIL CR TB24 (paroxetine hcl) ..	19	PEPCID TABS 40 MG (famotidine) 103	phytonadione TABS 5 MG	106
PAXIL SUSP (paroxetine hcl)	19	PERCOCET TABS 325 MG-10 MG (oxycodone w/ acetaminophen)	PIFELTRO	42
PAXIL TABS (paroxetine hcl)	19	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen)	pilocarpine hcl (oral) 5 MG	85
PAXLOVID (150/100)	43	PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen)	pilocarpine hcl (oral) 7.5 MG	85
PAXLOVID (300/100)	43	PERCOCET TABS 325 MG-7.5 MG (oxycodone w/ acetaminophen)	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	91
pazopanib hcl	37	PERFOROMIST NEBU (formoterol	pimecrolimus	64
PEDIAPRED SOLN (prednisolone sodium phosphate)	54		pindolol TABS	45
pediatric multivitamins w/fl CHEW .	86		pioglitazone hcl 15 MG	22
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	76		pioglitazone hcl 30 MG, 45 MG	22
			pioglitazone hcl-glimepiride	21
			pioglitazone hcl-metformin hcl TABS .	

21	posaconazole SUSP	24	pravastatin sodium 10 MG, 20 MG, 80 MG	26
PIQRAY (200 MG DAILY DOSE) .	37	posaconazole TBEC	24	
PIQRAY (250 MG DAILY DOSE) .	37	pot & sod citrates w/citric ac SOLN 72		pravastatin sodium 40 MG
PIQRAY (300 MG DAILY DOSE) .	37			26
pirfenidone CAPS	101	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	83	praziquantel
pirfenidone TABS	101			11
piroxicam CAPS 10 MG	5	potassium chloride CPCR	83	prazosin hcl CAPS
piroxicam CAPS 20 MG	5	potassium chloride microencapsulated crystals er	83	28
PLAN B ONE-STEP (levonorgestrel (emergency oc))	54	potassium chloride PACK PO 20 MEQ	83	PRECISION XTRA BLOOD GLUCOSE STRP
PLAVIX 75 MG (clopidogrel bisulfate)	74	potassium chloride SOLN PO 10 %, 20 %, 10 %	83	66
PLEGRIDY SOSY IM	97	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	83	PRECISION XTRA KETONE
PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	57	potassium citrate (alkalinizer) TBCR . 73		66
PLEXION CREA (sulfacetamide sodium w/ sulfur)	57	potassium citrate-citric acid SOLN .73		PRED MILD
PLEXION LOTN (sulfacetamide sodium w/ sulfur)	57	POVIDONE-IODINE	92	93
PNV-DHA+DOCUSATE	87	PRALUENT SOAJ	27	prednisolone acetate (ophth)
PNV-OMEGA	87	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	39	93
PODOCON-25 SOLN	64			PREDNISOLONE SODIUM PHOSPHATE
podofilox GEL	64	pramipexole dihydrochloride TABS 1 MG	39	93
podofilox SOLN	64	pramipexole dihydrochloride TABS 1.5 MG	39	prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 20 MG/5ML
POLY HUB NEEDLE	81			54
polymyxin b-trimethoprim	92	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	39	prednisolone sodium phosphate TBDP
POLYTRIM (polymyxin b-trimethoprim)	92			54
POLY-VI-FLOR CHEW	86	pramipexole dihydrochloride TB24 3 MG	39	PREDNISOLONE-MOXIFLOXACIN SOLN
POLY-VI-FLOR SUSP	86			93
POLY-VI-FLOR/IRON CHEW	86	PRAMOSONE LOTN	64	PREDNISONE INTENSOL CONC .54
POMALYST	34	PRAMOSONE OINT	64	prednisone SOLN
		prasugrel hcl	74	54
				prednisone TABS
				54
				prednisone TABS
				55
				prednisone TBPk
				55
				PREFEST
				70
				pregabalin CAPS 225 MG, 300 MG 16
				pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...
				17
				pregabalin SOLN
				17
				PREMARIN
				106
				PREMARIN TABS
				70
				PREMESISRX
				87

PREMPHASE	70	(lansoprazole)	104	PROGRAF PACK	84
PREMPRO	70	PREVACID CPDR 30 MG (lansoprazole)	104	PROLENSA (bromfenac sodium (ophth))	94
PRENA 1 TRUE	87	PREVACID SOLUTAB TBDD 15 MG (lansoprazole)	104	PROMACTA PACK 12.5 MG	75
PRENA1	87	PREVACID SOLUTAB TBDD 30 MG (lansoprazole)	104	PROMACTA PACK 25 MG	75
PRENA1 PEARL	88	PREVIDENT SOLN (sodium fluoride (dental))	85	PROMACTA TABS	75
PRENAISSANCE	88	PREZCOBIX	42	promethazine & phenylephrine SYRP	55
PRENAISSANCE PLUS CAPS	88	PREZISTA SUSP	42	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	25
PRENATAL 19 CHEW	88	PREZISTA TABS (darunavir)	42	promethazine hcl SUPP 12.5 MG, 25 MG	25
PRENATAL 19 TABS	88	PREZISTA TABS 75 MG, 150 MG	42	promethazine hcl TABS 12.5 MG ..	25
PRENATAL+DHA MISC	88	PRIFTIN	31	promethazine hcl TABS 25 MG ...	25
PRENATAL-U CAPS	88	PRILOSEC PACK	104	promethazine hcl TABS 50 MG ...	25
PRENATE	88	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	31	promethazine w/codeine SOLN ...	55
PRENATE AM	88	primaquine phosphate TABS	31	promethazine w/codeine SYRP ...	55
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	88	primidone 50 MG, 250 MG	17	promethazine-dm SYRP	55
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 ..	88	PRISTIQ (desvenlafaxine succinate) 20		PROMETRIUM CAPS (progesterone)	96
PRENATE ENHANCE	88	PROAIR RESPIClick AEPB	14	propafenone hcl CP12	12
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	88	probenecid	74	propafenone hcl TABS 150 MG ...	12
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 ..	88	PROCARDIA XL TB24 (nifedipine) 46		propafenone hcl TABS 225 MG, 300 MG	12
PRENATE PIXIE	88	prochlorperazine	41	proparacaine hcl	92
PRENATE RESTORE	88	prochlorperazine maleate TABS ..	41	propranolol hcl CP24	45
PREVACID 24HR CPDR		PROCTOFOAM HC FOAM EX	10	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	45
		PROCYSBI CPDR	73	propranolol hcl TABS	45
		progesterone CAPS	96	propylthiouracil	101
		PROGLYCEM (diazoxide)	21	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	55
		PROGRAF CAPS (tacrolimus)	84	PROSCAR (finasteride)	73

PROTONIX PACK (pantoprazole sodium)	104	pyridostigmine bromide SOLN PO .31	quinapril hcl	27
PROTONIX TBEC (pantoprazole sodium)	104	pyridostigmine bromide TABS 60 MG	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	29
PROTOPIC OINT 0.03 % (tacrolimus (topical))	64	pyridostigmine bromide TBCR	quinapril-hydrochlorothiazide 25 MG-20 MG	29
PROTOPIC OINT 0.1 % (tacrolimus (topical))	64	QBRELIS SOLN	quinidine gluconate TBCR	12
protriptyline hcl	20	QINLOCK	quinine sulfate CAPS 324 MG	31
PROVERA 10 MG (medroxyprogesterone acetate) ...	96	QSYMIA	QVAR REDHALER 80 MCG/ACT .13	
PROVERA 5 MG (medroxyprogesterone acetate) ...	96	QUALAQUIN CAPS (quinine sulfate) 31	RABEPRAZOLE SODIUM CPSP 104	
PROVIDA OB	88	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	rabeprazole sodium TBEC	104
PROVIGIL (modafinil)	2	QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate)	raloxifene hcl	68
PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	19	QUDEXY XR CS24 25 MG, 50 MG (topiramate)	ramelteon	75
PROZAC CAPS 40 MG (fluoxetine hcl)	19	QUESTRAN LIGHT POWD (cholestyramine light)	ramipril CAPS	27
PRUDOXIN (doxepin hcl (antipruritic))	60	QUESTRAN POWD (cholestyramine)	ranolazine TB12 1000 MG	11
PULMICORT FLEXHALER AEPB 180 MCG/ACT	13	quetiapine fumarate TABS 200 MG 41	ranolazine TB12 500 MG	11
PULMICORT FLEXHALER AEPB 90 MCG/ACT	13	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	RAPAFLO 4 MG (silodosin)	73
PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	13	quetiapine fumarate TABS 300 MG, 400 MG	RAPAFLO 8 MG (silodosin)	73
PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	13	quetiapine fumarate TB24	RAPAMUNE SOLN (sirolimus)	84
PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	13	QUFLORA FE PEDIATRIC LIQD ..	RAPAMUNE TABS (sirolimus)	84
PULMOZYME	100	QUFLORA GUMMIES CHEW	rasagiline mesylate	40
PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	32	QUFLORA PEDIATRIC CHEW ...	RAZADYNE ER CP24 (galantamine hydrobromide)	96
pyrazinamide	31	QUFLORA PEDIATRIC SOLN	REALITY LATEX CONDOMS MISC .	79
		QUILLICHEW ER CHER 20 MG, 40 MG	REALITY LATEX/ULTRA TEXTURED DEVI	79
		QUILLICHEW ER CHER 30 MG ...	REALITY LATEX/ULTRA THIN DEVI	79
		QUILLIVANT XR SRER	RECTIV (nitroglycerin (intra-anal))	11
			REGLAN TABS (metoclopramide hcl)	71
			REGRANEX	65

RELENZA DISKHALER44	REVATIO TABS (sildenafil citrate (pulmonary hypertension))48	RITALIN TABS 20 MG (methylphenidate hcl) 2
RELION INSULIN SYRINGE81	REXULTI 41	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl) 2
RELNATE DHA CAPS88	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) 43	ritonavir TABS 43
RELPAKX (eletriptan hydrobromide) 82	REYATAZ PACK 43	rivaroxaban TABS 2.5 MG14
REMERON SOLTAB TBDP (mirtazapine) 18	RHOFADE 65	rivastigmine 96
REMERON TABS 15 MG, 30 MG (mirtazapine) 18	RIDAURA 4	rivastigmine tartrate CAPS 96
RENAGEL (sevelamer hcl)72	rifabutin 31	rizatriptan benzoate TABS 82
RENEVELA PACK 0.8 GM (sevelamer carbonate)72	rifampin CAPS 31	rizatriptan benzoate TBDP 82
RENEVELA PACK 2.4 GM (sevelamer carbonate)72	RILUTEK TABS (riluzole) 90	ROBINUL TABS (glycopyrrolate) .103
RENEVELA TABS (sevelamer carbonate)72	riluzole TABS 90	ROBINUL-FORTE TABS (glycopyrrolate) 102
repaglinide 22	rimantadine hydrochloride TABS .. 44	ROCALTROL CAPS 0.25 MCG (calcitriol) 69
RESTORIL 15 MG (temazepam) .. 75	RINVOQ LQ SOLN 3	ROCALTROL CAPS 0.5 MCG (calcitriol) 69
RESTORIL 30 MG (temazepam) .. 75	RINVOQ TB24 3	ROCALTROL SOLN PO (calcitriol) 69
RESTORIL 7.5 MG (temazepam) . 75	RIOMET SOLN (metformin hcl) ... 21	roflumilast 13
RETEVMO CAPS 37	risedronate sodium TABS 150 MG 67	ropinirole hydrochloride TABS 39
RETIN-A CREA (tretinoin) 58	risedronate sodium TABS 35 MG . 67	ropinirole hydrochloride TB24 12 MG 39
RETIN-A GEL (tretinoin) 58	risedronate sodium TABS 5 MG, 30 MG 68	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG 39
RETIN-A MICRO (tretinoin microsphere) 57	RISPERDAL SOLN (risperidone) .. 40	rosuvastatin calcium TABS 26
RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere) 58	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) 40	ROXICODONE TABS 15 MG (oxycodone hcl) 8
RETIN-A MICRO PUMP 0.08 % (tretinoin microsphere) 58	RISPERDAL TABS 3 MG (risperidone) 40	ROXICODONE TABS 30 MG (oxycodone hcl) 8
RETROVIR CAPS (zidovudine) ... 42	risperidone SOLN 40	ROZEREM (ramelteon) 75
RETROVIR SYRP (zidovudine) ... 42	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG 40	RUBRACA 37
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) 48	risperidone TABS 3 MG 40	rufinamide SUSP 17
	risperidone TBDP 40	
	RITALIN LA CP24 (methylphenidate hcl) 2	

rufinamide TABS 200 MG17	saxagliptin-metformin hcl21	72
rufinamide TABS 400 MG17	scopolamine23	sevelamer carbonate PACK 2.4 GM . 72
RUKOBIA43	SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))53	sevelamer carbonate TABS72
RYBELSUS TABS21	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 MG88	sevelamer hcl 400 MG72
RYDAPT37	SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT88	sevelamer hcl 800 MG72
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG39	SELECT-OB+DHA MISC88	SFROWASA ENEM71
RYTARY CPCR 95 MG-23.75 MG 40	selegiline hcl CAPS40	SHUR-SEAL CONTRACEPTIVE GEL105
RYTHMOL SR CP12 (propafenone hcl)12	selenium sulfide LOTN 2.5 %61	SIKLOS TABS 100 MG74
RYVENT TABS25	SELZENTRY SOLN43	SIKLOS TABS 1000 MG74
SABRIL PACK (vigabatrin)18	SELZENTRY TABS (maraviroc) ...43	sildenafil citrate (pulmonary hypertension) SUSR48
SABRIL TABS (vigabatrin)18	SELZENTRY TABS 25 MG, 75 MG 43	sildenafil citrate (pulmonary hypertension) TABS48
SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...53	SE-NATAL 19 CHEW88	sildenafil citrate47
SALAGEN 5 MG (pilocarpine hcl (oral))85	SE-NATAL 19 TABS88	silodosin 4 MG73
SALAGEN 7.5 MG (pilocarpine hcl (oral))85	SENSIPAR (cinacalcet hcl)69	silodosin 8 MG73
salicylic acid SHAM 6 %64	SEREVENT DISKUS14	SILVADENE (silver sulfadiazine) . 61
salsalate7	SEROQUEL TABS 200 MG (quetiapine fumarate)41	silver sulfadiazine61
SANDIMMUNE CAPS (cyclosporine) 85	SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)41	simvastatin TABS26
SANDIMMUNE SOLN PO 100 MG/ML85	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)41	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)40
SAPHRIS (asenapine maleate) ...41	SEROQUEL XR TB24 (quetiapine fumarate)41	SINGULAIR CHEW (montelukast sodium)12
sapropterin dihydrochloride PACK .69	sertraline hcl CONC19	SINGULAIR PACK (montelukast sodium)12
sapropterin dihydrochloride TABS .69	sertraline hcl TABS19	SINGULAIR TABS (montelukast sodium)13
SAVELLA TABS97	sevelamer carbonate PACK 0.8 GM .	sirolimus SOLN85
SAVELLA TITRATION PACK MISC 97		sirolimus TABS85
saxagliptin hcl21		SITAVIG TABS BU44

SIVEXTRO TABS30	SOLN86	entacapone)40
SKLICE (ivermectin (pediculicide)) 65	SOLUVITA SOLN83	stavudine CAPS43
SKYRIZI PEN SOAJ60	SOLUVITA WITH FLUORIDE SOLN . 86	STELARA SOLN 45 MG/0.5ML ... 60
SKYRIZI SOCT71	SOMA TABS 250 MG (carisoprodol) . 89	STELARA SOSY 45 MG/0.5ML ... 61
SKYRIZI SOSY60	SOMA TABS 350 MG (carisoprodol) . 89	STELARA SOSY 90 MG/ML61
SLYND54	SOOLANTRA (ivermectin (rosacea))65	STIOLTO RESPIMAT14
SOAANZ TABS 20 MG (torsemide) 67	sorafenib tosylate37	STIVARGA37
sodium chloride (inhalant) NEBU 0.9 %, 3 %56	SORILUX FOAM60	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)1
sodium chloride (inhalant) NEBU 7 %56	sotalol hcl (afib/afib)45	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)1
sodium citrate & citric acid73	sotalol hcl TABS45	STRIBILD43
sodium fluoride (dental) SOLN 0.2 % 85	SPEEDY SWAB COVID-19/FLU HOME66	STRIVERDI RESPIMAT14
sodium fluoride CHEW83	spinosad65	STROMECTOL (ivermectin)11
sodium fluoride SOLN83	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .12	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)10
sodium fluoride TABS 0.5 MG83	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT12	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)10
sodium fluoride TABS 1 MG83	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT12	sucralfate SUSP103
SODIUM OXYBATE SOLN96	spironolactone & hydrochlorothiazide67	sucralfate TABS103
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VCF VAGINAL CONTRACEPTIVE FOAM	105	VERELAN CP24 120 MG, 240 MG (verapamil hcl)	46	VIMPAT TABS (lacosamide)	17
VCF VAGINAL CONTRACEPTIVE GEL	105	VERELAN CP24 180 MG (verapamil hcl)	46	VINATE DHA RF	88
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