

**Independence** 

**SELECT DRUG PROGRAM<sup>®</sup> FORMULARY**

**EFFECTIVE JANUARY 1, 2025**

**[www.ibx.com](http://www.ibx.com)**

## INFORMATION FOR MEMBERS AND PROVIDERS

This Select Drug Program® Formulary is intended to help members and providers understand prescription drug coverage under the Independence Blue Cross Select Drug Program Formulary. We are committed to providing comprehensive prescription drug coverage. To achieve this, we include a formulary feature in your prescription drug benefit. The drugs are approved by the U.S. Food and Drug Administration (FDA). They are also reviewed by our Pharmacy and Therapeutics Committee, a group of doctors and pharmacists from the area. These prescription drugs have been added to the Select Drug Program Formulary for their reported medical effectiveness, safety, and value.

The pharmacy benefits manager monitors all drugs to ensure they are safe and effective.

**Please note:** Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage. Drug coverage is based on medical necessity. This formulary guide was current at the time of printing and is subject to change. Please call Customer Service at the number listed on the back of your ID card if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your provider or pharmacist.

### What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

### What are tiers?

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier.

### Select Formulary tier structure

Below is a summary of tiers in the general order from lowest to highest level of cost-share. Benefits vary by group, so the inclusion of a drug in this formulary does not guarantee coverage. All cost-share tiers may not be available on all plans.

- Low-Cost Generic (availability varies by benefit)
- Generic
- Preferred Brand
- Non-preferred Drug
- Specialty (availability varies by benefit)

- Generally, if a brand-name drug has a generic equivalent, the brand-name drug is non-preferred while the generic equivalent is covered at the generic level of cost-sharing.

**For example:** Cipro® is the brand drug and is considered non-preferred; its generic equivalent ciprofloxacin is available at the generic level of cost-sharing.

- Some brand-name drugs without generic equivalents, authorized generic (also referred to as authorized brand alternative) drugs and generic drugs are also considered *non-preferred*. This is because there are other more cost-effective alternatives covered on the formulary to treat the same condition..

Covered generic drugs not listed in the formulary guide are available at the generic level of cost-sharing; covered brand drugs not listed in the formulary guide are available at the non-preferred level of cost-sharing.

**The Low-Cost Generic [LCG] Tier** offers copays lower than the cost-share for the generic tier, when possible. This applies to certain generic drugs that are typically used to treat chronic conditions such as high blood pressure, high cholesterol, diabetes, heart failure, and depression. Benefits may vary. Not all plans provide this incentive. The drug list is subject to change. When this incentive is not available on a plan, these drugs will be covered at the generic cost-share level.

**Specialty Drugs [SP]** meet certain criteria, including, but not limited to drugs used to treat rare, complex, or chronic diseases, drugs that have complex storage and/or shipping requirements, and drugs that require comprehensive patient monitoring and/or education. Specialty drugs covered under the pharmacy benefit may be managed by your pharmacy benefit managers Specialty Pharmacy Program. Benefits may vary, and many plans cover specialty drugs on a specialty tier with higher cost-sharing. For cost-sharing purposes, drugs on the specialty tier are not eligible for tier lowering.

**Authorized Generics [AG]** are brand-name drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand-name drug company, or another company with the brand company's permission. These drugs are approved by the FDA. But they are not approved through the abbreviated new drug application (ANDA) process like a standard generic drug. For cost sharing purposes, authorized generics are treated as brand-name drugs and are not eligible for coverage on the generic tier(s). Another name for AGs is Authorized Brand Alternative [ABA]. **For example:** oxycodone ER tablet, an authorized generic of brand OxyContin<sup>®</sup>, is listed as non-preferred and is available at the non-preferred level of cost-sharing.

#### **What are Affordable Care Act (ACA) preventive medications?**

Certain preventive medications, as described in the Patient Protection and Affordable Care Act and detailed by the U.S. Preventive Services Task Force, are covered without cost-sharing with a prescription when provided by a participating retail or mail-order pharmacy.

The following categories of drugs may be available at no member cost-share with a prescription. Please note that individual benefits may vary. Always refer to your benefits to determine your coverage. This list is subject to change. Refer to the searchable drug lookup tool on your health insurance plan's website to check the status of a specific drug.

Category	Product(s) Available at \$0 at the Pharmacy
<b>Aspirin products (OTC)</b> For women after 12 weeks' gestation who are at high risk for preeclampsia	aspirin 81mg (tab/chewable)
<b>Bowel preparations</b> Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 45-75	generic bowel preparation products such as Gavilyte-CTM, Gavilyte-GTM, Gavilyte-NTM, Gavilyte-HTM with bisacodyl, polyethylene glycol (PEG) 3350 oral powder, Trilyte® w/packets
<b>Breast cancer chemo prevention</b> For asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention	tamoxifen 20mg
<b>Contraceptives</b> Includes, but not limited to, oral, injectable, transdermal, diaphragms, cervical caps, intravaginal devices, condoms, and contraceptive film and jelly (in accordance with the women's preventive services provisions of the ACA). Note: IUDs and implantable products are covered under the medical benefit.	<ul style="list-style-type: none"> <li>- Oral: some generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora</li> <li>- Injectable: all generics such as medroxyprogesterone injection</li> <li>- Transdermal: Xulane® patches</li> <li>- Diaphragms</li> <li>- Cervical Caps</li> <li>- Condoms</li> <li>- Contraceptive film</li> <li>- Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3%, Phexxi®</li> <li>- Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab</li> <li>- Intravaginal devices: etonogestrel-ethinyl estradiol vaginal ring</li> </ul>
<b>Fluoride</b> For children ages 6 months to 16 years. Includes generics strengths <b>up to 0.5mg</b>	sodium fluoride 1.1 (0.5f) mg/ml solution sodium fluoride 0.55 (0.25f) mg chewable tab Fluoritab 0.275 (0.125f) mg/drop solution Fluoritab 1.1 (0.5f) mg chewable tab
<b>Folic acid</b> For women planning for or capable of pregnancy. Limited to 0.4 to 0.8mg of folic acid. For women younger than 51 years of age	folic acid 400mcg tab folic acid 800mcg tab folic acid 0.8mg capsule (including generic prenatal vitamins with the above listed folic acid dose)

Category	Product(s) Available at \$0 at the Pharmacy
<p><b>Tobacco Cessation Medication</b> For adults ages 18+ years, who use tobacco products and want to quit</p>	<p>varenicline tab bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge nicotine patch 24 hour transdermal Nicotrol® Inhaler Nicotrol® NS Solution</p>
<p><b>Statins</b> Low-to-moderate dose statin for prevention of cardiovascular disease, recommended for ages 40-75 years without a history of CVD when 1 or more CVD risk factors are present (e.g., dyslipidemia, diabetes, hypertension, or smoking) and a calculated 10-year risk of a cardiovascular event of 10% or greater</p>	<p>lovastatin 10mg lovastatin 20mg lovastatin 40mg</p>
<p><b>HIV PrEP</b> Preexposure prophylaxis (PrEP) with effective anti-retroviral therapy for persons who are at high risk of HIV acquisition</p>	<p>Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300mg Tenofovir 300mg Descovy® 200-25mg</p>
<p><b>Vaccines</b> To prevent certain illnesses in infants, children, and adults. Include immunizations to prevent Influenza, Pneumococcal, Shingles, and Respiratory Syncytial Virus Infection (RSV)</p>	<p>- Influenza: Afluria®, Fluzone [Quad]®, Fluzone®, Fluarix®, Flumist®, Flublok®, Fluad®, Flucelvax®, Flulaval® - Pneumococcal: Prevnar 13®, Pneumovax 23®, Prevnar 20™, Vaxneuvance®, Capvaxive™* - Shingles: Shingrix®* - RSV: Arexvy™**, Abrysvo™***, Mresvia®**</p> <p>*Note: Applies to members at least 19 years of age. Cost share applies for members 18 years of age.</p> <p>**Note: Applies to members at least 60 years of age.</p> <p>***Note: Applies to members at least 60 years of age or for pregnant individuals at 32 through 36 weeks gestational age.</p>

## PROCEDURES THAT SUPPORT SAFE PRESCRIBING

Independence Blue Cross utilizes an independent pharmacy benefits management (PBM) company, to manage the administration of its prescription drug programs. As our PBM, they are responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and their providers. The effectiveness and safety of drugs and drug-prescribing patterns are monitored by the Pharmacy benefit manager. Several procedures, such as prior authorization, age limits, and quantity limits, have been established to support safe prescribing patterns and to provide optimal clinical outcomes for members.

### **What is prior authorization?**

Prior authorization is a requirement that your provider obtain approval from your health plan for coverage of, or payment for, prescription drugs. Independence Blue Cross requires prior authorization of certain covered drugs to confirm that the drug prescribed is medically necessary, clinically appropriate, and is being prescribed according to FDA approved labeled or medically accepted use. The approval criteria were developed and approved by the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area. Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's provider, and the member's available prescription drug therapy history. The clinical pharmacists' evaluation may include a review of potential drug-drug interactions or contraindications, appropriate dosing and length of therapy, and utilization of other drug therapies, if necessary.

Please note, coverage of certain drugs on the formulary (e.g., weight loss drugs) requires a benefit rider. Please contact the health insurance plan for member eligibility information and benefit details.

Claim dollar limits are placed to require review for clinical appropriateness on prescription claims exceeding a defined dollar limit threshold. The member's provider will need to submit a prior authorization request to any claim exceeding \$10,000.

**Without prior authorization, the member's prescription will not be covered at the retail or mail-order pharmacy.** The prior authorization review process may take up to two business days once complete information from the provider has been received. Incomplete information may result in a delayed decision. Prior authorization approvals for some drugs may have a limited timeframe, for example six to twelve months. If the prior authorization approval for a drug is limited to a certain timeframe, an expiration date will be given at the time the approval is made. If the provider wants a member to continue the drug therapy as requested after the expiration date, a new prior authorization request will need to be submitted and approved for coverage to continue.

### **Safety Edits**

Safety edits are applied to prescription medications to ensure safe and appropriate use of drugs. They are designed to align with the clinical practice guideline and FDA approved use outlined in the manufacturer package insert. Some of these safety edits will prompt member counseling at the point of sale, while some will require prior authorization review. Safety edits include age limits, quantity limits, morphine milligram equivalent (MME) limits, and concurrent drug utilization review (cDUR). Each safety edit is described below.

### **Age Limits**

Some drugs, such as zafirlukast, are approved by the FDA only for individuals age five and older. If the member's prescription falls outside of the FDA guidelines, it may not be covered unless prior authorization is obtained. In addition, an age limit may be applied when certain drugs are more likely to be used in certain age groups. For example, drugs to treat Alzheimer's disease may require prior authorization for use in young adults. The provider may request coverage for drugs outside of the age limit when medically necessary. The approval criteria for this review were developed and approved by the Pharmacy and Therapeutics Committee. The member should contact the provider to initiate the prior authorization process.

## Quantity Limits

Quantity limits are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses, standard dosing, and/or length of therapy of a drug. Independence Blue Cross has several different types of quantity limits that are explained in detail below. The purpose of these limits is to ensure safe and appropriate utilization. If a member requires more than the limit, the member's provider will need to submit a prior authorization request. Similar to other prior authorization requests, quantity limit override requests for certain drugs may have a limited approval timeframe.

- **Quantity Over Time:** This quantity limit is based on dosing guidelines over a rolling time period. For example, if a drug has a quantity limit over a 30-day time period and a member went to the pharmacy on January 1, 2025, for one of these medications, the plan would have looked back 30 days to December 2, 2024, to see how much medication was dispensed. The purpose of these limits is to prevent the dispensing of excessive quantities. Examples of quantity limits over time are:
  - Etonogestrel-ethinyl estradiol (Nuvaring<sup>®</sup>) = 1 ring per 28 days
  - Ibandronate (Boniva<sup>®</sup>) 150mg = 1 tablet per 30 days
  - Sumatriptan (Imitrex<sup>®</sup>) 50mg = 18 tablets per 30 days
  - Diabetic supplies such as blood glucose test strips = 200 strips per 30 days
  - Sildenafil (Viagra<sup>®</sup>), tadalafil (Cialis<sup>®</sup> 10mg, 20mg) = 8 tablets per 30 days
- **Maximum daily dose:** This quantity limit defines the maximum number of units of the drug allowed per day. Examples of maximum daily dose quantity limits are:
  - Zolpidem (Ambien<sup>®</sup>) = 1 tablet per day
  - Oxycodone/acetaminophen (Percocet<sup>®</sup>) 5/325mg = 12 tablets per day
  - Guanfacine Extended Release 24 Hour = 1 tablet per day
- **Refill too soon:** This limit is in place to encourage appropriate utilization and minimize stockpiling of prescription medications. Based on this edit, a member can receive a refill of a prescription after 75% utilization. Additional refills will be covered once 75% of the supply has been consumed. The following examples illustrate how refill too soon limit works:
  - A 30 days' supply of a prescription filled on 1/1/2025 will be refillable again on or after 1/24/2025
  - A 90 days' supply of a prescription filled on 7/1/2025 will be refillable again on or after 9/7/2025
- **Day Supply Limit:** This limit is based on the day supply and not the quantity. However, quantity limits may apply as well. Day Supply Limits apply to some classes of drugs, such as opioids. If a quantity limit applies, the member will also be limited to the maximum daily dose for that drug. The following are examples of drugs that have a day supply and a quantity limit:
  - Short acting opioids, such as oxycodone/acetaminophen 5mg/325mg
    - Day supply limit = Two 5 days' supplies limit per 60 days for adults, two 3 days' supply limit for children under 18 years of age.
  - Butalbital containing headache agents, such as butalbital/aspirin
    - Day supply limit = 5-day supply per 30 days
    - Quantity Limit = 6 tablets per 1 day
    - Maximum quantity allowed without prior authorization = 30 tablets (6 tablets per day for 5 days)

- Opioid containing cough and cold products, such as hydrocodone/homatropine
  - Day supply limit = Two 5-days' supplies limit per 60 days for adults, and two 3 days' supply limit for children under 18 years of age
  - Quantity Limit = 30ml per 1 day
  - Maximum quantity allowed without prior authorization = 150ml (30ml per day for 5 days)

### **Morphine Milligram Equivalent (MME) Limit**

Independence Blue Cross applies additional safety measures to opioid products by limiting the total daily dose. This limit accounts for various opioid products through a measurement called the Morphine Milligram Equivalent (MME) dose. The MME is a number that is used to determine and compare the potency of opioid medications. It helps to identify when additional caution is needed. The daily limit is calculated based on the number of opioid drugs, their potencies and the total daily usage. Prior authorization is required for an opioid dose that exceeds 90 MME per day. MME Limit applies to the opioid products containing the active ingredients listed below:

<b>Active Ingredient</b>			
codeine	dihydrocodeine	fentanyl	hydrocodone
hydromorphone	levorphanol	meperidine	methadone
morphine	Opium	oxycodone	oxymorphone
tapentadol	Tramadol	benzhydrocodone	

### **Cumulative Stimulant Limit**

Central nervous system (CNS) stimulants such as amphetamine and methylphenidate, when used in high doses, are associated with increased risk for cardiac related adverse events such as hypertension and new or worsening psychosis including manic behavior. Cumulative stimulant limit is a safety measure designed to ensure the provider has assessed the members for alternative medication and advised the members about the risks associated with stimulant use. The cumulative stimulant limit works by calculating the total daily stimulant dose by the drug's active ingredient. Stimulant claims that exceed the limit outlined below would require prior authorization.

<b>Active ingredient</b>	<b>Medications impacted (brands and generics)</b>	<b>High cumulative daily dose</b>
Amphetamine	Adzenys <sup>®</sup> ER[ODT], Dyanavel <sup>®</sup> , Evekeo [ODT]	60mg/day
Amphetamine-Dextroamphetamine	Adderall <sup>®</sup> [IR/XR], Mydayis <sup>®</sup>	60mg/day
Dextroamphetamine	Dexedrine <sup>®</sup> , Zenzedi <sup>®</sup> , ProCentra <sup>®</sup> , Xelstryl <sup>®</sup>	60mg/day
Lisdexamfetamine	Vyvanse <sup>®</sup>	70mg/day
Methamphetamine	Desoxyn <sup>®</sup>	60mg/day
Dexmethylphenidate	Focalin <sup>®</sup> [IR/XR]	40mg/day
Methylphenidate	Ritalin <sup>®</sup> [IR/LA], Daytrana <sup>®</sup> , Cotempla <sup>®</sup> , Metadate <sup>®</sup> [ER/CD], Methylin <sup>®</sup> , Quillivant <sup>®</sup> XR, Concerta <sup>®</sup> , Aptensio <sup>®</sup> XR, QuilliChew ER <sup>®</sup> , Jornay PM <sup>™</sup> , Adhansia <sup>®</sup> XR, Relexxii <sup>®</sup>	72mg/day
Serdexmethylphenidate	Azstarys <sup>™</sup>	52.3mg/day

\*Prior authorization and other safety edits including quantity limit and age limit continue to apply.



## Concurrent Drug Utilization Review (cDUR)

These reviews are built into the pharmacy claim adjudication system to review a member's prescription history for possible drug related problems including drug-drug interactions and drug therapy duplications. Drugs may reject at the Point-of-Sale (POS) and/or generate a message to the dispensing pharmacist when there is a safety concern. The dispensing pharmacist can review the issue with the provider and override the rejection if appropriate for most edits. Examples of cDURs are:

- Drug-drug interaction: sildenafil (Viagra®/Revatio®) and nitroglycerin in combination may lead to potentially fatal hypotension.
- Drug therapy duplication: Simvastatin and atorvastatin in combination will trigger a message in the claim adjudication system to alert the dispensing pharmacist there is a duplication of statin therapy.

To determine if a covered prescription drug prescribed for you has a prior authorization requirement, an age limit, a quantity limit, or a morphine milligram equivalent (MME) limit, see the plan website at <https://www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information> or call your pharmacy benefit manager at the phone number on the back of your ID card.

## How to submit a Prior Authorization?

Here is the process to request a prior authorization/preapproval or override:

1. The provider prescribing the drug can access electronic prior authorization (ePA) platforms such as CoverMyMeds® and SureScripts™ to submit a prior authorization request. Alternatively, the provider can complete a prior authorization fax form or write a letter of medical necessity and submit it to your pharmacy benefit manager by fax at 1-888-671-5285. The forms are available online at: <https://www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information>.
2. The pharmacy benefit manager will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
3. A decision is made regarding the request.
  - If approved, the provider will be notified of the approval via fax and/or telephone, and the pharmacy claim adjudication system will be coded with the approval. Note: ePA approval can occur in real time, this means the member can be approved for the drug prior to leaving the provider's office with a prescription. The member may call the Customer Service phone number on his or her ID card to determine if the request is approved.
  - If denied, the prescribing provider will be notified via letter, fax, or telephone. The member is also notified via letter. The appeals process is detailed within the denial letters sent to the member and provider.

## **Formulary exception requests**

**Tier exceptions:** Providers may request consideration for preferred coverage of a non-preferred drug when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

- Requests for a generic medication that is located on the non-preferred drug tier to be lowered to the generic tier will be approved if the exception criteria are met.
- Requests for a brand medication or an authorized generic (also referred to as authorized brand alternative) non-preferred that is located on the non-preferred drug tier to be lowered to the preferred brand tier will be approved if the exception criteria are met.

Please note, restrictions apply to formulary exception requests. Drugs on the generic tier, the preferred brand tier and the specialty tier are not eligible for tier exceptions. Tier exceptions are not available under some plans; please refer to the member benefit booklet for details.

When requesting an exception, the provider should complete the formulary exception request form, providing detail to support the request, and fax the request to 1-888-671-5285. If the formulary exception request is approved for a non-preferred drug, the drug will pay at the appropriate preferred brand or generic level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language.

### **Appealing a decision**

If a request for prior authorization or exception results in a denial, the member, or the provider on the member's behalf (with the member's consent), may file an appeal. Both the member and his or her provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. To assist in the appeals process, it is recommended that the provider be involved to provide any additional information on the basis of the appeal.

**Prior authorization applies to all formulations of the following specific drugs, including but not limited to, tablet, capsule, and oral suspensions.\*+**

Abilify®	Airsupra® AER	ArmonAir™	bexagliflozin
Abilify Mycite®	Ajovy®	RespiClick®	bexarotene
Maintenance/Starter	Akeega™	Arthrotec®	Bimzelx® Inj
Pak	Aklief®	Arymo™ ER	Binosto®
abiraterone	Aktipak™	Asacol® HD	Boniva®
Abrilada™	Ala-Scalp®	Asmanex®	Bonjesta®
Absorica®	Alecensa®	Asmanex® HFA	bosentan
Absorica LD™	Alkindi® Sprinkle	Atacand® (HCT)	Bosulif®
Abstral®	Allopurinol 200mg Tab	Ativan®	Brand prenatal vitamins <sup>1</sup>
Acanya®	Alocril®	Atorvaliq®	Bravelle®
Accrufer®	Alora®	Atralin®	Breeze® 2 test strips/ glucometer
Accupril®	Alphagan® P	Aubagio®	Brenzavvy®
Aciphex®	Alphanate®	Augtyro™	Brexafemme®
Actemra® SC	Alphanine® SD	Austedo® [XR]	Breyna™
Acticlate®	Alprolix®	Auvelity™	Briviact®
Actimmune®	Alex®	Auvi-Q® 0.15mg, 0.3mg	BromSite®
Actiq®	Altanax™	Avapro®/Avalide®	Bronchitol®
Actonel®	Altace®	Aveed®	Brukinsa™
Actos®	Altoprev® ER	Avita®	Budesonide-formoterol
Aczone®	Altuviio®	Avodart®	Butal/Apap Tab
Adalimu-AACF Inj	Alunbrig™	Axert®	25-325mg
Adalimu-AATY Kit	Alvaiz™	Axiron®	butalbital-acetaminophen
Adalimu-Adaz Inj	Alvesco®	Ayvakit™	50-300mg
Adalimu-RYVK Inj	Amaryl®	azelastine/fluticasone	Buphenyl®
Adalimumab-AATY Inj	Ambien®	spray	buprenorphine patch
Adalimumab adbm/fkjp	Ambien CR®	Azelex®	Bupropion ER 450mg
Adalimumab Kit	Amerge®	Azopt®	Butrans®
Adalimumab Kit 40/0.8ml	Amitiza®	Azor®	Bydureon BCise®
Adalimumab-ADBM	Amjevita™	Azstarys™	Byetta®
Crohns/UC/HS Starter	amphetamine ER susp	Azulfidine®	Bylvay™
Adalimumab-ADBM	amphetamine	Baclofen soln	Bynfezia Pen™
Psoriasis/Uveitis Starter	(generic Evekeo)	baclofen sus 25mg/ml	Bystolic®
adapalene pad	Ampyra®	Banzel®	Byvalson™
Adbry™ Inj	Amrix®	Bebulin®	Cabometyx™
Adcirca®	Amzeeq®	Beconase AQ®	Cabtreo® Gel
Adderall® [XR]	Anaprox® DS	Belbuca™	Caduet®
Addyi®	Anafranil™	Belsomra®	Calcipotriene foam
Adempas®	Androderm®	Belviq® [XR]	Calquence®
Adhansia™ XR	Androgel®	BeneFIX®	Cambia®
Adlarity®	Angeliq®	Benicar®	Camzyos™
Adlyxin®	Anusol-HC® Cream	Benicar HCT®	Canasa® Supp
Advair Diskus®	Aplenzin™	Benlysta®	Capex®
Advate®	Apokyn®	Benzaclin®	Caplyta™
Adynovate®	apomorphine inj	Benzamycin®	Caprelsa®
Adzenys™ XR-ODT	Aptensio XR®	Benzamycinpak®	Carac®
Aerospan™	Aptiom®	benzphetamine	Carafate® Tab/Susp
Afinitor®	Arava®	Bepreve®	Carbaglu®
Afrezza®	Arazlo™ lotion	Berinert®	Carbatrol®
Afstyla®	Aricept®	Besremi®	Cardizem®
Agamree®	Arikayce®	Bethkis® Neb	Cardizem® CD
AirDuo® Digihaler®	Arimidex®	Betoptic-S®	Cardizem® LA
AirDuo® RespiClick®	ArmonAir™	Bevespi Aerosphere™	
	Digihaler®		

Cardura® [XL]  
 carglumic  
 CaroSpir®  
 Cataflam®  
 Caverject®  
 Cayston™  
 Celebrex®  
 Celexa®  
 Cequa™  
 Cerdelga™  
 Cholbam®  
 Cialis®  
 Cibirgo™  
 Ciclodan®  
 Cimzia®  
 Cinryze®  
 Citalopram 30mg Cap  
 Clarinex®  
 Clarinex-D®  
 clemastine syrup  
 Cleocin®  
 Cleocin T®  
 Clindagel®  
 clindamycin/benzoyl  
 peroxide 1%/5%  
 clobazam  
 Clobex®  
 Cloderm®  
 clonidine ER 24HR tab  
 clovique  
 Coagadex®  
 Colazal®  
 colchicine 0.6mg capsule  
 Colcrys®  
 Colestid®  
 Combigan®  
 Cometriq™  
 Concerta®  
 Conjupri®  
 Contrave ER®  
 Conzip™  
 Copaxone®  
 Cordran®  
 Coreg®  
 Coreg® CR  
 Corifact®  
 Corlanor®  
 Cosentyx™  
 Cosopt®  
 Cotellic™  
 Cotempla XR ODT™  
 Coxanto™  
 Cozaar®/Hyzaar®  
 Cresemba®  
 Crestor®  
 Crinone® Gel 8%  
 Cuprimine®  
 Cutivate®  
 Cuvrior™  
 cyanocobalamin spray  
 cyclobenzaprine ER  
 Cystadrops®  
 Cystaran™  
 Cyltezo® Inj  
 Daklinza™  
 Dapagliflozin pro-  
 metformin ER  
 Dapagliflozin propanediol  
 Dapsone Gel  
 Dartisla ODT™  
 Daybue™  
 Daypro®  
 Daytrana™  
 Dayvigo™  
 DDAVP®  
 deferasirox tab/granules  
 deferiprone tab  
 deflazacort  
 Degludec Flextouch  
 Delatestryl®  
 Delzicol®  
 Demerol®  
 Depo®-Estradiol Oil  
 Desonate®  
 Desowen®  
 Desoxyn®  
 Detrol®  
 Detrol® LA  
 dexchlorpheniramine soln  
 Dexcom® Receiver,  
 Sensor, Transmitter  
 Dexedrine®  
 Dexilant™  
 dexlansoprazole  
 dexlansoprazole DR  
 D.H.E.® 45  
 Dhivy®  
 Diabetic test strips<sup>2</sup>  
 Dibenzyliline®  
 dichlorphenate tab  
 Diclegis®  
 diclofenac cap 25mg  
 Diclofenac cap 35mg  
 diclofenac gel 3%  
 diclofenac soln 2%  
 diethylpropion HCL  
 Differin®  
 Diflucan® susp/tab  
 dihydroergotamine  
 Dilaudid®  
 Diovan® (HCT)  
 Ditropan XL®  
 Dojolvi™  
 Dolophine®  
 Doral®  
 Doryx® DR  
 Doryx® MPC  
 doxepin tablet  
 doxycycline DR 40mg  
 Doxycycline Hyclate DR  
 80mg  
 Doxycycline Hyclate Tab  
 50mg  
 doxylamine-pyridoxine  
 Drizalma Sprinkle™  
 droxidopa  
 Duac®  
 Duaklir®  
 Duetact®  
 Dulera®  
 Duobrii™  
 Dupixent®  
 Duragesic®  
 Durlaza®  
 Duvyzat™  
 Duzallo®  
 Dyanavel XR™  
 Dymista®  
 EC-Naprosyn®  
 Ecoza™  
 Edarbi™  
 Edarbyclor™  
 Edex®  
 Edluar™  
 Effexor XR®  
 Effient®  
 Elepsia™ XR  
 Elidel®  
 Elmiron®  
 Eloctate™  
 Elyxyb™  
 Embeda®  
 Emflaza™  
 Emgality®  
 Empaveli™ Inj  
 Enbrel®  
 Endari™  
 Enspryng™  
 Entadfi™  
 Entocort® EC  
 Entresto™  
 Entyvio® Inj  
 Eohilia™  
 Epclusa®  
 Epidiolex®  
 EpiPen®  
 EpiPen® Jr.  
 Eprontia™  
 Epsolay®  
 Erivedge™  
 Erleada®  
 erlotinib  
 Ermeza™  
 Ertaczo®  
 Esbriet®  
 Esgic® cap/tab  
 esomeprazole  
 esomeprazole granules  
 Esperoct®  
 Estrace® Cream  
 eszopiclone 3mg  
 Eucrisa™  
 Eulexin®  
 Evekeo™  
 everolimus  
 (generic for Afinitor)  
 Eversense® Sensor  
 Eversense® Transmitter  
 Evista®  
 Evoclin® foam  
 Evoxac®  
 Evrydsi™  
 Evzio™  
 Exalgo™  
 Exelderm®  
 Exforge® (HCT)  
 Exjade®  
 Exkivity™  
 Extavia®  
 Extina®  
 Ezetimibe/Atorvastatin  
 Ezetimibe/Rosuvastatin  
 Ezzalor™ Sprinkle Cap  
 Fabhalta®  
 Fabior®  
 Factive®  
 Fanapt™  
 Farydak®  
 Fasenra®  
 febuxostat  
 Feiba®  
 Felbatol®  
 Femring®  
 fentanyl citrate-OTFC  
 Fentanyl citrate tablet  
 fentanyl transdermal  
 Fentora®  
 Ferriprox®  
 Fetzima™  
 Filspari™  
 Filsuvez®  
 Fintepla®  
 Fioricet® Cap  
 Fioricet® with Codeine  
 (continued)

Fiorinal <sup>®</sup> with Codeine	Helixate <sup>®</sup> FS	Iqirvo <sup>®</sup>	Latuda <sup>®</sup>
Firazyr <sup>®</sup>	Hemangeol <sup>®</sup> Soln	Iressa <sup>®</sup>	Lazanda <sup>®</sup>
Flector <sup>®</sup> patch	Hemlibra <sup>®</sup> Soln	Isturisa <sup>®</sup>	ledipasvir-sofosbuvir
Fleqsuvy <sup>™</sup> Susp	Hemmorex-HC <sup>®</sup> Supp	Iwilfin <sup>™</sup>	lenalidomide
Flomax <sup>®</sup>	Hemofil <sup>®</sup> M	Iyuzeh <sup>™</sup>	Lenvima <sup>™</sup>
Flovent <sup>®</sup> Diskus <sup>®</sup>	Hetlioz <sup>™</sup>	Ixinity <sup>®</sup>	Lescol <sup>®</sup> XL
Flovent <sup>®</sup> HFA	Horizant <sup>™</sup>	Jadenu <sup>™</sup> tab/granules	Letairis <sup>®</sup>
Fluticasone HFA AER	Hulio <sup>®</sup> Inj	Jakafi <sup>™</sup>	Leukeran <sup>®</sup>
fluticasone propionate diskus	Humate-P <sup>®</sup>	Jalyn <sup>™</sup>	Levamlodipine
Fluticasone/Salmeterol AER	Humatrope <sup>®</sup>	Jatenzo <sup>®</sup>	Levemir <sup>®</sup>
Flutic/Vilan INH	Humira <sup>®</sup>	Javygtor <sup>™</sup>	Levitra <sup>®</sup>
Focalin <sup>®</sup> XR	Hycamtin <sup>®</sup>	Jaypirca <sup>™</sup>	levothyroxine cap
ForFivo XL <sup>®</sup>	hydrocodone ER	Jesduvroq <sup>®</sup>	Lexapro <sup>®</sup>
Fortamet <sup>®</sup>	hydromorphone ER	Joenja <sup>®</sup>	Lexette <sup>®</sup>
Forteo <sup>™</sup>	Hyftor <sup>™</sup>	Jornay <sup>™</sup> PM	Libervant <sup>™</sup>
Fortesta <sup>™</sup>	Hyrimoz <sup>®</sup>	Jublia <sup>®</sup>	Librax <sup>®</sup>
Fotivda <sup>®</sup>	Hysingla <sup>™</sup>	Juxtapid <sup>™</sup>	Licart <sup>™</sup>
FreeStyle Libre Reader, Sensor, Reader Device	Ibrance <sup>®</sup>	Jylamvo <sup>®</sup>	Lidoderm <sup>®</sup>
FreeStyle test strips/ glucometer	Ibsrela <sup>®</sup>	Jynarque <sup>®</sup>	Likmez <sup>®</sup>
Frova <sup>®</sup>	Ibudone <sup>®</sup>	Kadian <sup>®</sup>	Lipitor <sup>®</sup>
Fruzaqla <sup>®</sup>	icatibant inj	Kalydeco <sup>™</sup>	Liqrev <sup>®</sup>
Fulyzaq <sup>™</sup>	Iclusig <sup>™</sup>	Kapvay <sup>®</sup>	Liraglutide Inj
Fuzeon <sup>®</sup>	Idacio <sup>®</sup> Inj	Katerzia <sup>™</sup>	Litfulo <sup>™</sup>
gabapentin tab	Idelvion <sup>®</sup>	Kazano <sup>®</sup>	Livalo <sup>®</sup>
Gattex <sup>®</sup>	Idhifa <sup>®</sup>	Kenalog <sup>™</sup>	Livmarli <sup>®</sup>
Gavreto <sup>®</sup>	imatinitib mesylate	Keppra <sup>®</sup>	Livtencity <sup>™</sup>
gefitinib	Imbruvica <sup>™</sup>	Kerendia <sup>®</sup>	Locoid <sup>®</sup>
Gelnique <sup>®</sup>	Imcivree <sup>™</sup>	Kerydin <sup>™</sup>	Locoid <sup>®</sup> lipocream
Gemtesa <sup>®</sup>	imiquimod cream/pump	ketoprofen cap	Lodoco <sup>®</sup>
Genotropin <sup>®</sup>	Imitrex <sup>®</sup>	Ketorolac Tromethamine	Lonhala <sup>™</sup> Magnair <sup>™</sup>
Geodon <sup>®</sup>	Impeklo <sup>™</sup>	Keveyis <sup>™</sup>	Lonsurf <sup>®</sup>
Gilenya <sup>®</sup> 0.5mg	Impoyz <sup>™</sup>	Kevzara <sup>®</sup>	Loprox <sup>®</sup>
Gilotrif <sup>™</sup>	Inbrija <sup>®</sup>	Khedezla <sup>®</sup>	Lorbrena <sup>®</sup>
Gimoti <sup>™</sup>	Increlex <sup>®</sup>	Kineret <sup>®</sup>	Loreev XR <sup>™</sup>
Gleevec <sup>®</sup>	Incruse <sup>®</sup> Ellipta <sup>®</sup>	Kisqali <sup>™</sup>	Lortab <sup>®</sup>
Gloperba <sup>®</sup>	Inderal <sup>®</sup> LA	Kitabis <sup>®</sup> Pak Neb	Lorzone <sup>®</sup>
Glucagen <sup>®</sup> Hypokit <sup>®</sup>	indomethacin 20mg	Klisyri <sup>®</sup>	Lotrel <sup>®</sup>
Glucagon Emergency Kit (Lilly)	Ingrezza <sup>™</sup>	Klonopin <sup>®</sup>	Lotronex <sup>®</sup>
Glucotrol <sup>®</sup> XL	Inlyta <sup>®</sup>	Koate <sup>®</sup> -DVI	Lovaza <sup>®</sup>
Gocovri <sup>®</sup>	Innopran <sup>®</sup> XL	Kogenate <sup>®</sup> FS	Lucemyra <sup>™</sup>
Golytely <sup>®</sup>	Iopidine <sup>®</sup>	Kombiglyze <sup>™</sup> XR	Luliconazole
Gonal-f <sup>®</sup>	Inpefa <sup>™</sup>	Konvomep <sup>™</sup>	Lumakras <sup>™</sup>
Gralise <sup>™</sup>	Inqovi <sup>®</sup>	Korlym <sup>™</sup>	Lumryz <sup>®</sup> Pak
Grastek <sup>®</sup>	Inrebic <sup>®</sup>	Koselugo <sup>™</sup>	Lunesta <sup>®</sup>
Gvoke <sup>™</sup> HypoPen <sup>®</sup>	Inspra <sup>®</sup>	Kovaltry <sup>®</sup> Sol	Lupkynis <sup>™</sup>
Gvoke <sup>™</sup> PFS Inj	Istalol <sup>®</sup>	Krazati <sup>®</sup>	Luxiq <sup>®</sup>
Hadlima <sup>™</sup>	insulin aspart	Kristalose <sup>®</sup> Pak	Luzu <sup>®</sup>
Haegarda <sup>®</sup>	insulin aspart protamin	Kuvan <sup>®</sup>	Lybalvi <sup>®</sup>
Halcion <sup>®</sup>	Insulin Degludec	Kynamro <sup>®</sup>	LymePak <sup>™</sup>
Halog <sup>®</sup>	insulin glargine	Kynmobi <sup>™</sup> Mis/Kit	Lynparza <sup>™</sup>
Harvoni <sup>™</sup>	Intermezzo <sup>®</sup>	Kyzatrex <sup>™</sup>	Lyrica <sup>®</sup> Cap
	Intrarosa <sup>®</sup>	Lactulose Pak	Lyrica <sup>®</sup> CR
	Intuniv <sup>™</sup>	Lamictal <sup>®</sup> (ODT)	Lyrica <sup>®</sup> Soln
	Invega <sup>™</sup>	Lansoprazole Solutab	Lytgobi <sup>®</sup>
	Invokamet <sup>®</sup> [XR]	lapatinib	Lyvispah <sup>™</sup>
	Invokana <sup>®</sup>	Lastacaft <sup>®</sup>	Mavenclad <sup>®</sup>

Mavyret™	Nascobal®	Ojemda™	Palforzia™ cap/powder
Maxalt® (MLT)	Nasonex®	Ojjaara™	Pamelor™
Mekinist®	Natesto™	Olpruva™ Pak	Pancreaze®
meloxicam cap	Natpara®	Olumiant®	Pandel®
Meloxicam susp	Nayzilam®	Olux®[E]	Panretin®
Menopur®	Nerlynx™	Omnitrope®	pantoprazole pak
Mestinon®	Nesina®	OmvoH™ Inj	Patanase®
Metadate CD®	Nestabs® One	OneTouch® Glucometers	Paxil® [CR]
metaxolone tab	Neupro®	OneTouch® Test Strips	pazopanib
Metformin 625mg	Neurontin®	Onexton®	Pegasys®
Metformin HCL ER	Nexavar®	Onfi®	Pemazyre™
(OSM)	Nexiclon™ XR	Ongentys®	penicillamine capsule
methadone	Nexium®	Onglyza®	Penlac®
Methadose™ concentrate	Nexletol™	Onmel™	Pennsaid®
[SF]	Nexlizet™	Onureg®	Pentasa® 500mg
Methitest™	Ngenla™ Inj	Onzetra Xsail™	Pepcid®
methylphenidate ER (XR)	Niaspan® ER	Opana®	Percocet®
methyltestosterone	Ninlaro®	Opana ER®	Pertzye®
Micardis® (HCT)	nitisinone	Opsumit®	Pexeva®
Miconazole-zinc oint	Nityr®	Opsynvi®	Pheburane® Mis
mifepristone	Noctiva™	Opzelura™	phendimetrazine tartrate
miglustat	Non Preferred Diabetic	Oracea®	Phoslyra®
Migranal®	Meters	Oralair®	Picato®
Millipred®	Norco®	Orencia® SQ	Piqray®
Minivelle®	Norditropin®	Orenitram™	pirfenidone
Minocin®	Norgesic™	Orfadin®	Plaquenil®
minocycline ER cap	Norgesic™ Forte	Orgovyx™	Plavix®
Mitigare®	Norliqva®	Oriahm®	Plenvu®
Mobic®	Northera™	Orilissa®	Pogo Automatic®
mometasone furoate	Norvasc®	Orkambi™	Mis Monitor
Monoclate-P®	Nourianz™	Orladeyo™	Pogo Automatic®
Monodox®	Novoeight®	orlistat cap	Test Cartridge
Mononine®	Novolin® Relion	Ormalvi™	Pokonza™ Pow 10meq
Monurol®	Novolog® Relion	orphenadrine-asa-caffeine	Pomalyst®
MorphaBond™ ER	Novoseven® RT	Orphengesic® Forte	Ponvory™
morphine ER	Noxafil®	Orserdu™	Pradaxa® Pak
Motegrity™	Nubeqa™	Ortikos™	Praluent®
Motpoly™ XR	Nucala® Soln	Oseni®	Pramosone®
Mounjaro®	Nucynta®	Osmoprep®	Precision Glucometer
Movantik®	Nucynta ER®	Otezla™	Precision XTRA®
MoviPrep®	Nuedexta™	Otrexup™	Test Strips
MS Contin®	Nulibry™	Oxaprozin 300mg cap	Pred Forte®
Mulpleta®	Nulytely®	Oxaydo®	pregabalin ER tab
Muse®	Nuplazid™	Oxbryta™	Pretomanid®
Myalept™	Nurtec™ chw ODT	oxiconazole nitrate	Prevacid®
Mycapssa®	Nutropin® (AQ)	Oxistat®	Prilosec®
Mydayis™	Nuessa™	Oxtellar® XR	Primlev™
Myfembree®	Nuvigil®	oxycodone/ acetaminophen	Pristiq™
Mysoline™	Nuwiq®	oxycodone/APAP tab	ProAir® Digihaler™
Mytesi™	Nuzyra®	oxycodone ER	Proctocort® Supp 30mg
Nalfon®	Obizur®	Oxycontin®	Procysbi®
Nalocet®	Ocaliva™	oxymorphone ER	Profilnine®
Naprelan®	Odactra® SL	Oxytrol® Patch	Prolate™
Naprosyn®	Odomzo®	Ozempic®	Prolensa®
naproxen sodium ER	Ofev®	Ozobax™	Promacta®
750mg	Ogsiveo™		Protonix®

Protopic <sup>®</sup>	Rinvoq <sup>™</sup>	Sodium Oxybate Sol	Tasigna <sup>®</sup>
Proventil <sup>®</sup> HFA	Risperdal <sup>®</sup>	sodium phenylbutyrate	tasimelteon
Provigil <sup>®</sup>	Ritalin <sup>®</sup> LA	sofosbuvir-velpatasvir	tavaborole soln 5%
Prozac <sup>®</sup>	Ritalin <sup>®</sup> Tab	Sogroya <sup>®</sup>	Tavneos <sup>®</sup>
Pulmicort Respules <sup>®</sup>	Rixubis <sup>™</sup>	Sohonos <sup>™</sup>	tazarotene AER
Pyrukynd <sup>®</sup>	Roszet <sup>®</sup>	Solaraze <sup>®</sup> Gel	Tazorac <sup>®</sup>
Qdolo <sup>®</sup>	Roxicodone <sup>®</sup>	Solodyn <sup>®</sup>	Tazverik <sup>™</sup>
Qelbree <sup>™</sup>	RoxyBond <sup>™</sup>	Solosec <sup>®</sup> Gra	Tecfidera <sup>®</sup>
Qinlock <sup>™</sup>	Rozerem <sup>®</sup>	Somavert <sup>®</sup>	Technivie <sup>™</sup>
Qnasl <sup>™</sup>	Rozlytrek <sup>™</sup>	Sonata <sup>®</sup>	Tegretol <sup>®</sup> [XR]
Qsymia <sup>®</sup> ER	Rubraca <sup>®</sup>	sorafenib	Tekturna <sup>®</sup> (HCT)
Qtern <sup>®</sup>	Ruconest <sup>®</sup>	Sorilux <sup>®</sup>	Temodar <sup>®</sup> Oral
Qudexy <sup>®</sup> XR	rufinamide	Sotyktu <sup>™</sup>	temozolomide
Questran <sup>®</sup> Light	Rukobia <sup>®</sup>	Sovaldi <sup>™</sup>	Tenoretic <sup>®</sup>
Questran <sup>®</sup> Packet/Powder	Ruzurgi <sup>®</sup>	Sovuna <sup>™</sup>	Tenormin <sup>®</sup>
Qulipta <sup>™</sup>	Ryaltris <sup>®</sup> Spray	Spevigo <sup>®</sup>	Tepmetko <sup>®</sup>
QuilliChew ER <sup>™</sup>	Rybelsus <sup>®</sup>	Spritam <sup>®</sup> OD	Teriparatide <sup>®</sup> inj
Quillivant XR <sup>™</sup>	Ryclora <sup>™</sup>	Sprix <sup>®</sup>	Testim <sup>®</sup>
Quviviq <sup>™</sup>	Rydapt <sup>®</sup>	Sprycel <sup>®</sup>	Tetracycline tab
Qvar RediHaler <sup>®</sup>	Rytary <sup>™</sup>	Staxyn <sup>™</sup>	Texacort <sup>®</sup>
rabeprazole	Rythmol SR <sup>®</sup>	Steglatro <sup>™</sup>	Tezspire <sup>®</sup> Inj
Radicava ORS <sup>®</sup>	Sabril <sup>®</sup>	Steglujan <sup>™</sup>	Thalomid <sup>®</sup>
Ragwitek <sup>™</sup>	Saizen <sup>®</sup>	Stelara <sup>®</sup>	Thyquidity <sup>™</sup>
Rapaflo <sup>®</sup>	sajazir inj	Stendra <sup>™</sup>	Timoptic <sup>®</sup>
Rasuvo <sup>™</sup>	Samsca <sup>™</sup>	Stivarga <sup>®</sup>	Tiotropium bromide cap 18mcg
Ravicti <sup>™</sup>	Sancuso <sup>®</sup>	Strattera <sup>™</sup>	Tirosint <sup>®</sup>
Rayaldee <sup>®</sup>	Saphris <sup>®</sup>	Strensiq <sup>™</sup>	Tivorbex <sup>®</sup>
Rayos <sup>®</sup>	sapropterin pow/tab	Striant <sup>®</sup>	Tlando <sup>™</sup>
Rebif <sup>®</sup> Rebidose <sup>®</sup>	Saxenda <sup>®</sup>	Subsys <sup>®</sup>	Tobi <sup>®</sup> Neb
Rebinyn <sup>®</sup>	Secuado <sup>®</sup>	Sucraid <sup>®</sup>	tolvaptan
Recombinate <sup>™</sup>	Seglentis <sup>®</sup>	sulconazole	Topamax <sup>®</sup> Sprinkle
Recorlev <sup>®</sup>	Segluromet <sup>®</sup>	sumatriptan/naproxen	Topamax <sup>®</sup> tab
RediTrex <sup>®</sup>	Semglee <sup>™</sup>	sunitinib	Topicort <sup>®</sup>
Regimex <sup>®</sup>	Sensipar <sup>®</sup>	Sunosi <sup>™</sup>	topiramate ER sprinkle
Regranex <sup>®</sup>	Sernivo <sup>™</sup>	Sutent <sup>®</sup>	Tosymra <sup>™</sup>
Relafen <sup>™</sup>	Seroquel <sup>®</sup> [XR]	Sylatron <sup>™</sup>	Toviaz <sup>™</sup>
Relafen <sup>™</sup> MDS	Serostim <sup>®</sup>	Symbyax <sup>™</sup>	Tracleer <sup>®</sup>
Relexxii <sup>®</sup>	Sertraline Caps	Symdeko <sup>®</sup>	tramadol soln 5mg/ml
ReliOn <sup>®</sup>	Sevenfact <sup>®</sup>	Symlin <sup>®</sup>	Tremfya <sup>™</sup>
Relistor <sup>®</sup>	Signifor <sup>®</sup>	Sympazan <sup>™</sup> Film	Tresiba <sup>®</sup>
Relpax <sup>®</sup>	sildenafil	Synalar <sup>®</sup>	tretinoin caps
Reltone <sup>™</sup>	Silenor <sup>®</sup>	Syprine <sup>®</sup>	Tretten <sup>®</sup>
Relyvrio <sup>™</sup> Pak	Siliq <sup>™</sup>	Tabrecta <sup>™</sup>	Treximet <sup>™</sup>
Repatha <sup>™</sup>	Simlandi <sup>®</sup>	tadalafil (generic Adcirca)	triamcinolone 0.05% ointment
Rescula <sup>®</sup>	Simponi <sup>™</sup>	Tadliq <sup>®</sup>	Trianex <sup>®</sup>
Restoril <sup>®</sup>	Singulair <sup>®</sup>	Tafinlar <sup>®</sup>	Tribenzor <sup>®</sup>
Retevmo <sup>™</sup>	Sirturo <sup>™</sup>	Tagrisso <sup>™</sup>	Tridacaine <sup>™</sup>
Retin-A <sup>®</sup> (Micro)	Sitagliptin	Takhzyro <sup>®</sup>	trientine
Revatio <sup>™</sup>	Sitagliptin-Metformin	Taltz Autoinjector <sup>®</sup>	Trikafta <sup>®</sup>
Revlimid <sup>®</sup>	Sivextro <sup>™</sup>	Talzenna <sup>®</sup>	Trikafta <sup>®</sup> Pak
Reyvow <sup>™</sup>	Skelaxin <sup>®</sup>	Tanzeum <sup>™</sup>	Trileptal <sup>®</sup> tab/susp
Rezdiffra <sup>™</sup>	Skyclarys <sup>™</sup>	Tarceva <sup>®</sup>	Trilipix <sup>®</sup>
Rezlidhia <sup>™</sup>	Skyrizi <sup>™</sup>	Targadox <sup>™</sup>	Trintellix <sup>®</sup>
Rezurock <sup>™</sup>	Skytrofa <sup>®</sup>	Targetin <sup>®</sup>	Tritocin <sup>™</sup>
Riastap <sup>®</sup>	Soanz <sup>®</sup>	Tarpeyo <sup>™</sup>	
Rivfloza <sup>™</sup>		Tascenso ODT <sup>™</sup>	

Trokendi <sup>®</sup> XR	Veozah <sup>®</sup>	Winlevi <sup>®</sup>	Zeposia <sup>®</sup>
Trudhesa <sup>™</sup>	Verdeso <sup>®</sup>	Winrevair <sup>™</sup>	Zerviate <sup>™</sup>
Trulance <sup>™</sup>	Veregen <sup>®</sup>	Xadago <sup>™</sup>	Zestril <sup>®</sup>
Trulicity <sup>®</sup>	Verelan <sup>®</sup> ER, PM	Xalkori <sup>®</sup>	Zetia <sup>®</sup>
Truqap <sup>™</sup>	Verkazia <sup>®</sup>	Xanax <sup>®</sup> [XR]	Ziana <sup>®</sup>
Truseltiq <sup>™</sup>	Verquvo <sup>®</sup>	Xcopri <sup>®</sup> pak/tab	Zilbrysq <sup>®</sup>
Tudorza <sup>®</sup> Pressair <sup>®</sup>	Verzenio <sup>™</sup>	Xdemvy <sup>®</sup>	zileuton ER tab
Tukysa <sup>™</sup>	Vesicare <sup>®</sup>	Xeljanz <sup>®</sup> [XR]	Zilxi <sup>™</sup>
Turalio <sup>™</sup>	Vevye <sup>®</sup>	Xelpros <sup>™</sup>	Zioptan <sup>™</sup>
Twynneo <sup>®</sup>	Viagra <sup>®</sup>	Xelstrym <sup>™</sup>	Zipsor <sup>™</sup>
Twynsta <sup>®</sup>	Viberzi <sup>™</sup>	Xenazine <sup>™</sup>	Zituvio <sup>™</sup>
Tyenne <sup>®</sup>	Vibramycin <sup>®</sup>	Xenical <sup>®</sup>	Zmax <sup>™</sup>
Tykerb <sup>®</sup>	Victoza <sup>®</sup>	Xerese <sup>®</sup>	Zocor <sup>®</sup>
Tylenol <sup>®</sup> w/Codeine	Viekira Pak <sup>™</sup>	Xermelo <sup>™</sup>	Zohydro <sup>®</sup> ER
Tymlos <sup>™</sup>	vigabatrin tab/packet	Xhance <sup>™</sup> MIS 93mcg	Zokinvy <sup>®</sup>
Tyvaso <sup>®</sup>	vigadrone	Xifaxan <sup>®</sup>	Zolinza <sup>®</sup>
Ubrelvy <sup>™</sup>	Viibryd <sup>®</sup>	Xiidra <sup>™</sup>	zolmitriptan spray
Uceris <sup>®</sup>	Vijoice <sup>®</sup>	Ximino ER <sup>™</sup>	Zolofit <sup>®</sup>
Ukoniq <sup>®</sup>	Vivelle Dot <sup>®</sup>	Xodol <sup>®</sup>	Zolpidem 10mg
Uloric <sup>®</sup>	Vivjoa <sup>®</sup>	Xolair <sup>®</sup>	Zolpidem Cap
Ultracet <sup>®</sup>	Vivlodex <sup>™</sup>	Xolegel <sup>®</sup>	Zolpidem ER 12.5mg
Ultram <sup>®</sup>	Vogelxo <sup>®</sup>	Xolremdi <sup>™</sup>	Zolpidem SL 3.5mg
Ultravate <sup>®</sup>	Voltaren XR <sup>®</sup>	Xopenex HFA <sup>®</sup>	Zomacton <sup>™</sup>
Upneeq <sup>®</sup>	Vonjo <sup>™</sup>	Xopenex <sup>®</sup> Soln	Zomig <sup>®</sup> (ZMT)
Uptravi <sup>®</sup>	Vonvendi <sup>®</sup>	Xphozah <sup>®</sup>	Zomig Nasal Spray
Uroxatral <sup>®</sup>	Voquezna <sup>®</sup> Tabs	Xpovio <sup>™</sup> Pak	Zonegran <sup>®</sup>
Urso <sup>®</sup> [Forte]	Vosevi <sup>™</sup>	Xtampza <sup>®</sup> XR	Zonisade <sup>®</sup>
Ursodiol cap	Votrient <sup>™</sup>	Xtandi <sup>®</sup>	Zorbtive <sup>®</sup>
Utibron <sup>™</sup> Neohaler	Vowst <sup>®</sup>	Xultophy <sup>®</sup>	Zorvolex <sup>®</sup>
Vagifem <sup>®</sup>	Voxzogo <sup>™</sup>	Xuriden <sup>™</sup>	Zoryve <sup>®</sup>
Valchlor <sup>™</sup>	Voydeya <sup>™</sup>	Xyntha <sup>®</sup>	Ztalmy <sup>®</sup>
Valium <sup>®</sup>	Vtama <sup>®</sup>	Xyrem <sup>®</sup>	Ztlido <sup>™</sup>
Valsartan Soln	Vuity <sup>™</sup>	Xywav <sup>™</sup>	Zurampic <sup>®</sup>
Valtoco <sup>®</sup>	Vusion <sup>®</sup>	yargesa	Zyclara <sup>™</sup> cream/pump
Valtrex <sup>™</sup>	Vyleesi <sup>™</sup>	Yuflyma <sup>®</sup> Pen/Syr	Zydelig <sup>®</sup>
Vandazole <sup>®</sup>	Vyndamax <sup>®</sup>	Yupelri <sup>®</sup>	Zyflo <sup>®</sup> Tab
Vanflyta <sup>®</sup>	Vyndaqel <sup>®</sup>	Yusimry <sup>™</sup>	Zykadia <sup>®</sup>
varденаfil [ODT]	Vytorin <sup>™</sup>	Zanaflex <sup>®</sup>	Zyloprim <sup>®</sup>
Vascepa <sup>®</sup>	Vyvanse <sup>®</sup>	Zavesca <sup>®</sup>	Zymfentra <sup>™</sup>
Vasotec <sup>®</sup>	Vyzulta <sup>™</sup>	Zavzpret <sup>™</sup> Nasal Soln	Zypitamag <sup>™</sup>
Vecamyl <sup>™</sup>	Wainua <sup>™</sup>	Zebutal <sup>®</sup>	Zyprexa <sup>®</sup>
Velphoro <sup>®</sup>	Wakix <sup>®</sup>	Zejula <sup>™</sup>	Zyprexa <sup>®</sup> Zydis <sup>®</sup>
Velsipity <sup>™</sup>	Wegovy <sup>™</sup> Inj	Zelboraf <sup>®</sup>	Zytiga <sup>™</sup>
Veltin <sup>™</sup>	Welchol <sup>®</sup>	Zelnorm <sup>®</sup>	Zyvox <sup>®</sup>
Venclexta <sup>®</sup>	Welireg <sup>™</sup>	Zembrace Symtouch <sup>™</sup>	
Venlafaxine Tab 112.5mg	Wellbutrin <sup>®</sup> SR	Zenedi <sup>®</sup>	
Ventavis <sup>®</sup>	Wellbutrin <sup>®</sup> XL	Zepatier <sup>™</sup>	
Ventolin <sup>®</sup> HFA	Wilate <sup>®</sup>	Zepbound <sup>™</sup>	

<sup>1</sup> All brand prenatal vitamins require prior authorization.

<sup>2</sup> All diabetic test strips require prior authorization except for Contour<sup>®</sup>.

\* Compound products with total cost equal to or greater than \$75 per prescription

+ Prescription claims exceeding the dollar limit threshold of \$10,000 per claim



## Reading the formulary drug list

### How can I tell if a drug is generic or brand?

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications start with an uppercase letter and are written in bold. Generic medications are shown in lowercase and in italic.

<b>Brand name Drug</b>	<b>Starts with UPPERCASE in Bold</b>	<b>Ex: Augmentin</b>
<i>Generic drug</i>	<i>Lowercase italic</i>	<i>Ex: avidoxy</i>

### Tier information

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier. Below is a reference guide to use as you review your formulary to see the abbreviation for each drug tier on the formulary list.

<b>Drug Tier</b>	<b>Abbreviation</b>
Generic	G
Non-preferred drug	NPD
Specialty drug	SP
Low-cost generic	LCG
Preferred brand	PB
\$0 Preventive drug	ACA

### Drug list requirements and/or limits

Some medications are noted with letters next to them to help you see which drugs may have coverage requirements and/or limits. Below is a reference guide to use as you review your formulary to see the abbreviation for each requirement/limit on the formulary list.

<b>Requirements/Limits</b>	<b>Abbreviation</b>
Prior Authorization	PA
Quantity Limits Apply	QL
Age Limit	AL
Limited Distribution Drug	LDD
Day Supply Limit	5DS
Requires Rider	R
Quantity Over Time	Q/T
Morphine Milligram Equivalent	MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>ANTIBIOTICS &amp; OTHER DRUGS USED FOR INFECTION</b>		
<i>abacavir sulfate tab, soln</i>	G	
<i>abacavir sulfate/ lamivudine</i>	G	
<i>abacavir/ lamivudine/ zidovudine</i>	G	
<b>Acticlate</b>	NPD	AL, PA
<i>acyclovir</i>	G	
<i>acyclovir 5% cream</i>	G	QL
<i>adefovir dipivoxil</i>	G	
<b>Aemcolo DR</b>	NPD	QL
<i>albendazole</i>	G	
<b>Alinia</b>	NPD	QL
<b>Altabax</b>	NPD	PA
<i>amoxicillin</i>	LCG	
<b>Amoxicillin 775mg</b>	PB	
<i>amoxicillin/ clavulanate</i>	G	
<i>amoxicillin/ clavulanate extended-release</i>	G	
<i>ampicillin</i>	G	
<b>Amzeeq</b>	NPD	PA
<b>Ancobon</b>	NPD	
<b>Arakoda</b>	NPD	
<b>Arikayce</b>	NPD, SP	PA
<i>atazanavir</i>	G	
<i>atovaquone</i>	G	
<i>atovaquone/ proguanil</i>	G	
<b>Atripla</b>	NPD	
<b>Augmentin</b>	NPD	
<b>Augmentin XR</b>	NPD	
<b>Avelox</b>	NPD	
<i>avidoxy</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>azithromycin</i>	G	
<b>Bactrim, Bactrim DS</b>	NPD	
<b>Baraclude</b>	NPD	
<b>Baxdela</b>	NPD	QL
<b>Benznidazole</b>	NPD	
<b>Bethkis Neb</b>	NPD, SP	PA
<b>Biaxin</b>	NPD	
<b>Biktarvy</b>	NPD	
<b>Biltricide</b>	NPD	
<b>Brexafemme</b>	NPD	PA, QL
<i>cefaclor</i>	G	
<i>cefaclor ER</i>	G	
<i>cefadroxil</i>	G	
<i>cefdinir</i>	G	
<i>cefixime susp/cap</i>	G	
<i>ceftibuten</i>	G	
<b>Ceftin</b>	NPD	
<i>cefuroxime axetil</i>	G	
<i>cephalexin</i>	G	
<i>chlorhexidine gluconate soln</i>	LCG	
<i>chloroquine phosphate</i>	G	
<b>Cimduo</b>	NPD	
<b>Cipro</b>	NPD	
<b>Cipro XR</b>	NPD	
<i>ciprofloxacin</i>	LCG	
<i>ciprofloxacin ER tabs</i>	G	
<i>clarithromycin</i>	G	
<i>clarithromycin ER</i>	G	
<b>Cleocin</b>	NPD	PA
<b>Clindesse Cream</b>	NPD	
<i>clotrimazole troches</i>	G	
<b>Combivir</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Complera</b>	PB	
<b>Cresemba</b>	NPD	PA, QL, Q/T
<b>Crixivan</b>	PB	
<b>Daklinza</b>	NPD, SP	PA, QL, Q/T
<i>dapsone tab</i>	G	
<b>Daraprim Tab</b>	NPD, SP	
<i>darunavir</i>	G	
<b>Daxbia</b>	NPD	
<b>Delstrigo</b>	NPD	
<i>demeclocycline</i>	G	
<b>Depen Titrant</b>	PB, SP	
<b>Descovy</b>	NPD	
<i>dicloxacillin</i>	G	
<i>didanosine</i>	G	
<b>Dificid tab/susp</b>	NPD	QL
<b>Diffucan tab/susp</b>	NPD	PA
<b>Doryx 50mg DR tablet</b>	NPD	PA
<b>Doryx 200mg DR tablet</b>	NPD	PA, QL
<b>Doryx MPC Tab 60mg</b>	NPD	PA
<b>Dovato</b>	NPD	
<b>Doxycycline DR 40mg</b>	NPD	PA
<i>doxycycline hyclate cap 50mg, 100mg</i>	LCG	
<b>Doxycycline hyclate DR 80mg</b>	NPD	PA
<b>Doxycycline hyclate tab 75mg, 150mg</b>	NPD	AL
<b>Doxycycline hyclate tab 50mg</b>	NPD	PA
<b>Doxycycline hyclate tab DR 50mg, 100mg</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Doxycycline hyclate tab DR 75mg, 150mg</b>	NPD	AL
<b>Doxycycline hyclate tab DR 200mg</b>	NPD	QL, QT
<i>doxycycline monohydrate 50mg, 75mg, 100mg tab</i>	G	
<i>doxycycline monohydrate cap 50mg, 100mg</i>	G	
<b>Doxycycline monohydrate cap 75mg, 150mg</b>	NPD	AL
<b>Doxycycline monohydrate tab 150mg</b>	NPD	AL
<b>Edurant</b>	PB	
<b>E.E.S.</b>	NPD	
<i>efavirenz</i>	G	
<i>efavirenz-emtricitabine-tenofovir tab</i>	G	
<i>efavirenz-lamivudine-tenofovir tab</i>	G	
<b>Egaten 250mg tablet</b>	NPD	
<i>emtricitabine cap</i>	G	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg</i>	G	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300mg</i>	G, ACA	QL
<b>Emtriva</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Emverm</b>	NPD	QL
<i>entecavir</i>	G	
<b>Epclusa</b>	PB, SP	PA, QL, Q/T
<b>Epivir HBV Soln</b>	NPD	
<b>Epivir HBV Tab</b>	NPD	
<b>Epivir Tab</b>	NPD	
<b>Epzicom</b>	NPD	
<b>EryPed</b>	NPD	
<b>Ery-Tab</b>	NPD	
<b>Erythrocin</b>	NPD	
<i>erythromycin delayed release</i>	G	
<i>erythromycin ethylsuccinate</i>	G	
<i>erythromycin stearate</i>	G	
<i>ethambutol</i>	G	
<i>etravirine</i>	G	
<i>famciclovir</i>	G	
<b>Firvanq Soln</b>	NPD	AL
<b>Flagyl</b>	NPD	
<i>fluconazole suspension</i>	G	
<i>fluconazole tabs</i>	LCG	
<i>flucytosine</i>	G	
<b>Flumadine</b>	NPD	
<i>fosamprenavir calcium tab</i>	G	
<i>fosfomycin pow</i>	G	
<b>Fuzeon</b>	NPD	PA
<i>griseofulvin microsize</i>	G	
<i>griseofulvin ultramicrosize</i>	G	
<b>Gris-PEG</b>	NPD	
<b>Harvoni</b>	PB, SP	PA, QL, Q/T
<b>Hepsera</b>	NPD	
<b>Hiprex</b>	NPD	
<b>Humatin</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydroxychloroquine</i>	G	
<b>Impavido</b>	NPD	Q/T
<b>Intelence</b>	NPD	
<b>Invirase</b>	PB	
<b>Isentress</b>	PB	
<i>isoniazid</i>	G	
<i>itraconazole</i>	G	
<i>ivermectin</i>	G	
<b>Juluca</b>	NPD	
<b>Kaletra Tabs/ Soln</b>	NPD	
<b>Kalydeco Tabs/ Pack</b>	NPD, SP	PA, LDD
<b>Keflex</b>	NPD	
<i>ketoconazole tab</i>	G	
<b>Krintafel</b>	NPD	
<b>Lamisil Tabs</b>	NPD	
<i>lamivudine tab 100mg, 150mg, 300mg</i>	G	
<i>lamivudine/ zidovudine</i>	G	
<b>Lampit tab</b>	NPD	
<b>Ledipasvir-sofosbuvir tablet 90-400mg</b>	NPD, SP	PA, QL
<b>Levaquin</b>	NPD	
<i>levofloxacin tab</i>	LCG	
<b>Lexiva</b>	NPD	
<b>Likmez Susp</b>	NPD	PA
<i>linezolid</i>	G	QL
<b>Livtensity</b>	NPD	PA, QL
<i>lopinavir/ ritonavir</i>	G	
<b>Luliconazole cream</b>	NPD	PA
<b>Lymepak</b>	NPD	PA
<b>Macrodantin</b>	NPD	
<b>Malarone</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>maraviroc tab</i>	G	
<b>Mavyret</b>	PB, SP	PA, QL, Q/T
<i>mefloquine</i>	G	
<b>Mepron</b>	NPD	
<i>methenamine hippurate</i>	G	
<i>metronidazole</i>	LCG	
<b>Minocin</b>	NPD	PA
<i>minocycline caps</i>	G	
<b>Minocycline ER cap 135mg, 45mg, and 90mg</b>	NPD	Q/T, PA
<i>minocycline ER tablet</i>	G	Q/T
<i>minocycline tablet</i>	G	
<b>Minolira</b>	NPD	PA, Q/T
<i>moderiba</i>	G, SP	
<b>Molnupiravir 200mg</b>	NPD	QL, AL
<b>Mondoxyne NL 75mg cap</b>	NPD	AL, Q/T
<b>Monurol Pak Granules</b>	NPD	PA
<b>Moxatag</b>	NPD	
<i>moxifloxacin hcl</i>	G	
<b>Myambutol</b>	NPD	
<b>Mycobutin</b>	NPD	
<b>Mytesi</b>	NPD	PA
<b>Nebupent INH</b>	NPD	
<i>nevirapine</i>	G	
<i>nevirapine ER</i>	G	
<i>nitazoxanide</i>	G	QL
<i>nitrofurantoin macrocrystals</i>	LCG	
<b>Nitrofurantoin susp</b>	NPD	AL
<b>Norvir powder</b>	PB	
<b>Norvir tablet</b>	NPD	
<b>Noxafil</b>	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Nuversa gel</b>	NPD	PA
<b>Nuzyra</b>	NPD	PA, QL
<b>Onmel</b>	NPD	PA
<b>Oracea</b>	NPD	PA
<b>Orkambi tablet/ packet</b>	NPD, SP	PA, LDD
<i>oseltamivir caps/ soln</i>	G	QL
<b>Paxlovid Tab</b>	PB	QL
<b>Pegasys</b>	NPD, SP	PA
<b>PegIntron</b>	NPD, SP	
<i>penicillin v potassium solution</i>	G	
<i>penicillin v potassium tablet</i>	LCG	
<i>pentamidine INH</i>	G	
<b>Pifeltro</b>	NPD	
<b>Plaquenil</b>	NPD	PA
<i>posaconazole</i>	G	QL
<i>potassium iodide soln</i>	G	
<i>praziquantel</i>	G	
<b>Pretomanid</b>	NPD	PA
<b>Prevymis</b>	NPD, SP	
<b>Prezista</b>	NPD	
<i>pyrimethamin</i>	G, SP	
<b>Qualaquin</b>	NPD	QL
<i>quinine sulfate</i>	G	QL
<b>Relenza</b>	NPD	QL, AL
<b>Retrovir</b>	NPD	
<b>Reyataz</b>	NPD	
<b>Rezurock</b>	NPD, SP	PA, QL
<i>ribasphere ribapak 200mg &amp; 400mg/ 400mg &amp; 600mg</i>	G, SP	
<i>rifabutin</i>	G	
<b>Rifadin</b>	NPD	
<i>rifampin</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rimantadine</i>	G	
<i>ritonavir</i>	G	
<b>Rivfloza Inj</b>	NPD, SP	PA, QL
<b>Rukobia</b>	NPD	PA
<b>Selzentry</b>	NPD	
<b>Seysara</b>	NPD	Q/T, PA
<b>Sirturo</b>	NPD	PA
<b>Sitavig</b>	NPD	QL
<b>Sivextro</b>	NPD	PA, QL
<b>Sklice Lot 0.5%</b>	NPD	
<b>Skyclarys cap</b>	NPD, SP	PA
<b>Sofosbuvir-velpatasvir tablet 400-100mg</b>	NPD, SP	PA, QL
<b>Sohonos</b>	NPD, SP	PA
<b>Solodyn</b>	NPD	PA, QL, Q/T
<b>Solosec GRA</b>	NPD	PA
<b>Sovaldi</b>	NPD, SP	PA, QL, Q/T
<b>Sovuna Tab</b>	NPD	PA
<b>Sporanox</b>	NPD	
<b>SSKI Solution</b>	NPD	
<i>stavudine</i>	G	
<b>Stribild</b>	PB	
<b>Stromectol</b>	NPD	
<i>sulfamethoxazole/tmp</i>	LCG	
<b>Sunlenca</b>	NPD	
<b>Suprax Susp 100mg/5ml, 200mg/5ml</b>	NPD	
<b>Sustiva</b>	NPD	
<b>Symfi</b>	NPD	
<b>Symfi-Lo</b>	NPD	
<b>Symtuza</b>	NPD	
<b>Talicia</b>	NPD	
<b>Tamiflu</b>	NPD	QL
<b>Targadox</b>	NPD	PA
<b>Technivie</b>	NPD, SP	PA, QL, Q/T

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Temixys</b>	NPD	
<i>tenofovir</i>	G	
<i>terbinafine tabs</i>	G	
<b>Tetracycline tab</b>	NPD	PA
<b>Tindamax</b>	NPD	
<i>tinidazole</i>	G	
<b>Tivicay PD</b>	NPD	
<b>Tobi Neb Solution</b>	NPD, SP	PA
<b>Tobi Podhaler Cap</b>	NPD, SP	
<b>Tolsura</b>	NPD	
<b>Trikafta</b>	NPD, SP	PA
<b>Trikafta Pak</b>	NPD, SP	PA
<b>Triumeq</b>	PB	
<b>Trizivir</b>	NPD	
<b>Truvada</b>	NPD	
<i>valacyclovir tab</i>	G	
<b>Valcyte Soln</b>	NPD	AL
<b>Valcyte Tab</b>	NPD	
<i>valganciclovir soln</i>	G	AL
<i>valganciclovir tab</i>	G	
<b>Valtrex</b>	NPD	PA
<i>vancomycin</i>	G	
<i>vancomycin soln</i>	G	AL
<b>Vemlidy</b>	NPD	
<b>Vfend</b>	NPD	
<b>Vibramycin</b>	NPD	PA
<b>Videx EC</b>	NPD	
<b>Viekira Pak</b>	NPD, SP	PA, QL, Q/T
<b>Viekira XR</b>	NPD, SP	PA, QL, Q/T
<b>Viramune</b>	NPD	
<b>Viramune XR</b>	NPD	
<b>Viread</b>	NPD	
<b>Vivjoa</b>	NPD	PA, QL
<b>Vocabria</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>voriconazole</i>	G	
<b>Vosevi</b>	PB, SP	PA, QL, Q/T
<b>Xenleta</b>	NPD	QL
<b>Xepi Cream 1%</b>	NPD	PA
<b>Xifaxan 200mg</b>	NPD	QL
<b>Xifaxan 550mg</b>	NPD	PA, QL, Q/T
<b>Ximino ER</b>	NPD	PA, Q/T
<b>Xofluza Tab</b>	NPD	QL
<b>Xofluza therapy pack</b>	NPD	Q/T
<b>Zepatier</b>	NPD	PA, QL, Q/T
<b>Zerit</b>	NPD	
<b>Ziagen</b>	NPD	
<i>zidovudine</i>	G	
<b>Zithromax</b>	NPD	
<b>Zmax</b>	NPD	PA
<b>Zovirax</b>	NPD	
<b>Zyvox</b>	NPD	PA, QL

### CANCER & ORGAN TRANSPLANT DRUGS

<i>abiraterone</i>	G, SP	PA
<b>Afinitor</b>	NPD, SP	PA, QL
<b>Akeega</b>	NPD, SP	PA, QL
<b>Alecensa</b>	NPD, SP	PA
<b>Alkeran</b>	NPD, SP	
<b>Alunbrig tab/pak</b>	NPD, SP	PA, QL
<i>anastrozole</i>	G	
<b>Arimidex</b>	NPD	PA
<b>Aromasin</b>	NPD	
<b>Augtyro</b>	NPD, SP	PA
<b>Ayvakit</b>	NPD, SP	PA, QL
<b>Azasan</b>	NPD	
<i>azathioprine</i>	G	
<b>Balversa</b>	NPD, SP	PA
<b>Benlysta</b>	NPD, SP	PA
<b>Besremi</b>	NPD, SP	PA
<i>bexarotene</i>	G, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bexarotene gel</i>	G, SP	PA
<i>bicalutamide</i>	G	
<b>Bosulif</b>	NPD, SP	PA
<b>Braftovi</b>	NPD, SP	PA
<b>Brukinsa</b>	NPD, SP	PA
<b>Cabometyx</b>	PB, SP	PA
<b>Calquence</b>	NPD, SP	PA
<i>capecitabine</i>	G, SP	
<b>Caprelsa</b>	NPD, SP	PA, QL
<b>Casodex</b>	NPD	
<b>Cellcept</b>	NPD	
<b>Cometriq</b>	NPD, SP	PA
<b>Copiktra</b>	NPD, SP	PA
<b>Cotellic</b>	NPD, SP	PA, LDD
<i>cyclophosphamide caps</i>	G	
<b>Cyclophosphamide tabs</b>	NPD	
<i>cyclosporine</i>	G	
<b>Cytosan</b>	NPD, SP	
<i>danazol</i>	G	
<b>Danocrine</b>	NPD	
<b>Daurismo</b>	NPD, SP	PA
<b>Deltasone</b>	NPD	
<b>Emcyt</b>	NPD	
<b>Erivedge</b>	NPD, SP	PA
<b>Erleada</b>	NPD, SP	PA
<i>erlotinib</i>	G, SP	PA, QL
<i>etoposide</i>	G, SP	
<b>Eulexin</b>	NPD	PA
<i>everolimus (generic for Afinitor)</i>	G, SP	PA, QL
<i>everolimus (generic for Zortress)</i>	G	
<i>exemestane</i>	G	
<b>Exkivity</b>	NPD, SP	PA
<b>Fareston tab</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Farydak</b>	NPD, SP	PA, LDD
<b>Femara</b>	NPD	
<i>flutamide</i>	G	
<b>Fotivda</b>	NPD, SP	PA
<b>Fruzaqla</b>	NPD, SP	PA
<b>Gavreto</b>	NPD, SP	PA
<i>gefitinib</i>	G, SP	PA
<b>Gilotrif</b>	NPD, SP	PA, QL
<b>Gleevec</b>	NPD, SP	PA
<b>Gleostine</b>	NPD, SP	
<b>Hexalen</b>	NPD	
<b>Hycamtin</b>	NPD, SP	PA
<b>Hydrea</b>	NPD	
<i>hydroxyurea</i>	G	
<b>Hyftor Gel 0.2%</b>	NPD	PA
<b>Ibrance</b>	NPD, SP	PA, LDD
<b>Iclusig</b>	NPD, SP	PA, QL
<b>Idhifa</b>	NPD, SP	PA, QL
<i>imatinib mesylate</i>	G, SP	PA
<b>Imbruvica</b>	NPD, SP	PA, QL
<b>Imuran</b>	NPD	
<b>Inlyta</b>	NPD, SP	PA
<b>Inqovi tab</b>	NPD, SP	PA
<b>Inrebic</b>	NPD, SP	PA
<b>Iressa tab</b>	NPD, SP	PA
<b>Iwilfin</b>	NPD, SP	PA
<b>Jaypirca tab</b>	NPD, SP	PA, QL
<b>Jylamvo Soln</b>	NPD	PA
<b>Kisqali</b>	NPD, SP	PA, LDD
<b>Koselugo</b>	NPD, SP	PA
<b>Krazati</b>	NPD, SP	PA
<i>lapatinib</i>	G, SP	PA
<i>lenalidomide</i>	G, SP	PA
<b>Lenvima</b>	NPD, SP	PA, LDD
<i>letrozole</i>	G	
<i>leucovorin calcium</i>	G	
<b>Leukeran</b>	PB, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>leuprolide</i>	G, SP	
<b>Lonsurf</b>	NPD, SP	PA
<b>Lorbrena</b>	NPD, SP	PA
<b>Lumakras</b>	NPD, SP	PA
<b>Lupkynis</b>	NPD, SP	PA, QL
<b>Lynparza</b>	PB, SP	PA
<b>Lysodren</b>	NPD	
<b>Lytgobi</b>	NPD, SP	PA
<b>Matulane</b>	PB, SP	
<b>Mavenclad pak</b>	NPD, SP	PA
<b>Megace</b>	NPD	
<i>megestrol</i>	G	
<i>megestrol acetate</i>	G	
<b>Mekinist</b>	NPD, SP	PA
<b>Mektovi</b>	NPD, SP	PA
<i>melphalan</i>	G, SP	
<i>mercaptopurine</i>	G	
<b>Mesnex</b>	NPD, SP	
<i>methotrexate tab</i>	G	
<i>mycophenolate</i>	G	
<i>mycophenolic acid</i>	G	
<b>Myfortic</b>	NPD	
<b>Myhibbin Sus</b>	NPD	
<b>Myleran</b>	NPD	
<b>Neoral</b>	NPD	
<b>Nerlynx</b>	NPD, SP	PA
<b>Nexavar</b>	NPD, SP	PA
<b>Nilandron</b>	NPD, SP	
<i>nilutamide</i>	G, SP	
<b>Ninlaro</b>	NPD, SP	PA
<b>Nubeqa</b>	NPD, SP	PA
<b>Odomzo</b>	NPD, SP	PA
<b>Ogsiveo</b>	NPD, SP	PA
<b>Ojemda Tab/Sus</b>	NPD, SP	PA
<b>Ojjaara</b>	NPD, SP	PA, QL
<b>Onureg</b>	NPD, SP	PA
<b>Orgovyx</b>	NPD, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Orserdu tab</b>	NPD, SP	PA
<b>Ortikos ER Cap</b>	NPD	PA
<i>pazopanib</i>	G, SP	PA
<b>Pemazyre</b>	NPD, SP	PA, QL
<b>Piqray</b>	NPD, SP	PA
<b>Pomalyst</b>	NPD, SP	PA
<i>prednisone</i>	LCG	
<i>prednisone therapy pack/ solution/ concentrate</i>	G	
<b>Prograf cap/ packets</b>	NPD	
<b>Protopic</b>	NPD	PA
<b>Purixan</b>	NPD, SP	
<b>Qinlock tab</b>	NPD, SP	PA
<b>Rapamune 1mg/ml Sol</b>	NPD	
<b>Rapamune tab</b>	NPD	
<b>RediTrex Inj</b>	NPD	PA
<b>Retevmo cap</b>	NPD, SP	PA
<b>Revlimid</b>	NPD, SP	PA
<b>Rezlidhia</b>	NPD, SP	PA
<b>Rozlytrek</b>	NPD, SP	PA
<b>Rubraca</b>	PB, SP	PA
<b>Rydapt</b>	NPD, SP	PA
<b>Sandimmune, Neoral</b>	NPD	
<b>Scemblix</b>	NPD, SP	PA, QL
<b>Siklos</b>	NPD	
<i>sirolimus tab/soln</i>	G	
<i>sorafenib</i>	G, SP	PA
<b>Sprycel</b>	NPD, SP	PA
<b>Stivarga</b>	PB, SP	PA
<i>sunitinib</i>	G, SP	PA
<b>Sutent</b>	NPD, SP	PA
<b>Tabloid</b>	NPD	
<b>Tabrecta tab</b>	NPD, SP	PA
<i>tacrolimus</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Tafinlar</b>	NPD, SP	PA
<b>Tagrisso</b>	NPD, SP	PA, QL
<b>Talzenna</b>	NPD, SP	PA, QL
<i>tamoxifen 10mg</i>	G	
<b>Tarceva</b>	NPD, SP	PA, QL
<b>Targretin cap</b>	NPD, SP	PA
<b>Tasigna</b>	NPD, SP	PA
<b>Tazverik 200mg</b>	NPD, SP	PA
<b>Temodar</b>	NPD, SP	PA
<i>temozolomide</i>	G, SP	PA
<b>Tepmetko</b>	NPD, SP	PA
<b>Thalomid</b>	NPD, SP	PA
<i>thioguanine</i>	G	
<b>Tibsovo</b>	NPD, SP	PA
<i>toremifene tab</i>	G	
<i>tretinoin caps</i>	G, SP	PA
<b>Trexall tab</b>	NPD	
<b>Truqap</b>	NPD, SP	PA
<b>Truseltiq</b>	NPD, SP	PA
<b>Tukysa</b>	NPD, SP	PA
<b>Turalio</b>	NPD, SP	PA
<b>Tykerb</b>	NPD, SP	PA
<b>Ukoniq</b>	NPD, SP	PA
<b>Valchlor</b>	NPD, SP	PA
<b>Vanflyta</b>	NPD, SP	PA
<b>Venclexta</b>	NPD, SP	PA
<b>Verzenio</b>	NPD, SP	PA
<b>Vitrakvi</b>	NPD, SP	PA
<b>Vizimpro</b>	NPD, SP	PA
<b>Vonjo</b>	NPD, SP	PA
<b>Votrient</b>	NPD, SP	PA
<b>Welireg</b>	NPD, SP	PA
<b>Xalkori</b>	NPD, SP	PA
<b>Xatmep</b>	NPD	AL
<b>Xeloda</b>	NPD, SP	
<b>Xospata</b>	NPD, SP	PA
<b>Xpovio Pak</b>	NPD, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Xtandi</b>	NPD, SP	PA, LDD
<b>Yonsa</b>	NPD, SP	PA
<b>Zejula</b>	PB, SP	PA, QL, LDD
<b>Zelboraf</b>	NPD, SP	PA, LDD
<b>Zolinza</b>	NPD, SP	PA, LDD
<b>Zortress</b>	NPD	
<b>Zydelig</b>	NPD, SP	PA, LDD
<b>Zykadia</b>	NPD, SP	PA, LDD
<b>Zytiga</b>	NPD, SP	PA, LDD

### PAIN, NERVOUS SYSTEM, & PSYCH

<b>Abilify</b>	NPD	PA
<b>Abilify Mycite</b>	NPD	PA
<b>Abilify Mycite Tab Maintenance/ Starter Pak</b>	NPD	PA
<b>Abstral</b>	NPD	PA, QL, MME
<i>acamprosate DR tab 333mg</i>	G	
<i>acetaminophen/codeine</i>	LCG	AL, QL, 5DS, MME
<b>Actiq</b>	NPD	PA, QL, MME
<b>Adderall</b>	NPD	PA, QL
<b>Adderall XR</b>	NPD	PA, QL
<b>Adhansia XR Capsule</b>	NPD	PA, QL
<b>Adipex-P</b>	NPD	R
<b>Adlarity Dis</b>	NPD	PA, AL
<b>Adzenys ER Susp</b>	NPD	PA, QL
<b>Adzenys XR ODT</b>	NPD	PA, QL
<b>Aimovig</b>	PB	PA
<b>Ajovy</b>	PB	PA
<b>Allzital 25-325mg</b>	NPD	PA, QL, 5DS
<i>almotriptan maleate</i>	G	QL, AL
<i>alprazolam</i>	LCG	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>alprazolam ER</i>	G	AL
<i>amantadine</i>	G	
<b>Ambien</b>	NPD	PA, QL
<b>Ambien CR</b>	NPD	PA, QL
<b>Amerge</b>	NPD	PA, QL, AL
<i>amitriptyline hcl</i>	G	
<i>amoxapine</i>	G	
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine</i>	G	QL
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine ER</i>	G	QL
<b>Amphetamine ER suspension</b>	NPD	PA, QL
<i>amphetamine tablet</i>	G	QL
<i>amphetamine tablet (generic Evekeo)</i>	G	PA, QL
<i>amphet/dextr cap er</i>	G	QL
<b>Anafranil</b>	NPD	PA
<b>Antabuse</b>	NPD	
<b>Apadaz</b>	NPD	PA, QL, 5DS, MME
<b>Aplenzin</b>	NPD	PA
<b>Apokyn Solution Cartridge 30mg/3ml</b>	NPD, SP	PA
<i>apomorphine inj 30mg/3ml</i>	G, SP	PA
<b>Apo-Varenicline</b>	NPD, ACA	QL
<b>Aptensio XR</b>	NPD	PA, QL
<b>Aptiom</b>	NPD	PA
<b>Aricept</b>	NPD	PA, AL
<i>aripiprazole</i>	G	
<i>armodafinil</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Arymo ER</b>	NPD	PA, QL, MME
<i>asenapine tab sub</i>	G	
<b>Ativan</b>	NPD	PA, AL
<i>atomoxetine</i>	G	QL
<b>Aubagio</b>	NPD, SP	PA
<b>Austedo [XR]</b>	NPD, SP	PA
<b>Auvelity</b>	NPD	PA
<b>Avonex</b>	PB, SP	QL
<b>Axert</b>	NPD	PA, QL, AL
<b>Azilect</b>	NPD	
<b>Azstarys</b>	PB	PA, QL
<b>Banzel</b>	NPD	PA
<b>Banzel Susp</b>	NPD	PA
<b>Belbuca</b>	PB	PA, QL, MME
<b>Belsomra</b>	NPD	PA, QL
<b>Belviiq [XR]</b>	NPD	PA, R
<i>benzphetamine</i>	G	R, PA
<b>Benzhydro-codone-acetaminophen</b>	NPD	PA, QL, 5DS, MME
<i>benztropine</i>	LCG	
<b>Betaseron</b>	PB, SP	QL
<b>Brisdelle</b>	NPD	
<b>Briviact</b>	NPD	PA
<b>Briviact soln</b>	NPD	PA, AL
<i>bromocriptine mesylate</i>	G	
<b>Bunavail</b>	NPD	QL
<i>buprenorphine hcl/naloxone hcl</i>	G	QL
<i>buprenorphine patch</i>	G	PA, QL, MME
<i>buprenorphine SL</i>	G	QL
<i>bupropion</i>	G	
<i>bupropion ER 150mg</i>	G	QL
<b>Bupropion ER 450mg</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bupropion SR</i>	G	
<i>bupropion XL</i>	G	
<b>Buspar</b>	NPD	
<i>bupirone</i>	G	
<b>Butal/Apap Tab 25-325mg</b>	NPD	PA, QL, 5DS
<b>Butalbital-acetaminophen 50-300mg</b>	NPD	PA, QL, 5DS
<i>butalbital/apap/caffeine</i>	G	QL, 5DS
<i>butalbital/apap/caffeine/codeine</i>	G	QL, 5DS, AL, MME
<i>butalbital/aspirin/caffeine/codeine</i>	G	QL, 5DS, AL, MME
<i>butorphanol tartrate nasal</i>	G	QL, 5DS, AL, MME
<b>Butrans</b>	NPD	PA, QL, MME
<b>Cafergot</b>	NPD	
<b>Cambia Packet</b>	NPD	PA
<b>Capcof Syrup</b>	NPD	QL, 5DS, AL, MME
<b>Caplyta</b>	NPD	PA
<i>carbamazepine</i>	G	
<i>carbamazepine susp</i>	G	AL
<i>carbamazepine XR</i>	G	
<b>Carbatrol</b>	NPD	PA
<i>carbidopa</i>	G	
<i>carbidopa/levodopa</i>	G	
<i>carbidopa/levodopa ER</i>	G	
<i>carbidopa/levodopa ODT</i>	G	
<i>carbidopa/levodopa/entacapone</i>	G	
<i>carisoprodol-aspirin-codeine</i>	G	QL, 5DS, AL, MME

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Cataflam</b>	NPD	PA
<b>Celexa</b>	NPD	PA
<b>Celontin</b>	NPD	
<b>Chantix</b>	NPD	QL
<i>chlordiazepoxide</i>	LCG	AL
<i>chlorpromazine HCl</i>	G	
<i>citalopram</i>	LCG	
<b>Citalopram 30mg Cap</b>	NPD	PA
<i>clobazam</i>	G	PA
<i>clobazam susp</i>	G	PA, AL
<i>clomipramine HCl</i>	G	
<i>clonazepam</i>	G	
<i>clorazepate dipotassium</i>	G	AL
<i>clozapine</i>	G	
<i>clozapine ODT</i>	G	
<b>Clozaril</b>	NPD	
<i>codeine tabs</i>	G	QL, 5DS, AL, MME
<i>coditussin AC liquid</i>	G	QL, AL, 5DS, MME
<b>Comtan</b>	NPD	
<b>Concerta</b>	NPD	PA, QL
<b>Contrave ER</b>	NPD	PA, R
<b>Conzip</b>	NPD	PA, AL, QL, MME
<b>Copaxone</b>	NPD, SP	PA, QL
<b>Cotempla XR ODT</b>	NPD	PA, QL
<b>Coxanto</b>	NPD	PA
<b>Cymbalta</b>	NPD	PA
<b>Dantrium</b>	NPD	
<b>Dantrolene</b>	NPD	
<b>Daybue Soln</b>	NPD, SP	PA
<b>Daypro</b>	NPD	PA
<b>Daytrana</b>	NPD	PA, QL
<b>Dayvigo</b>	NPD	PA, QL
<b>Demerol</b>	NPD	PA, QL, 5DS, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Depakene</b>	NPD	
<b>Depakote</b>	NPD	
<b>Depakote ER</b>	NPD	
<b>Depakote Sprinkle Caps</b>	NPD	
<i>desipramine</i>	G	
<b>Desoxyn</b>	NPD	PA, QL
<b>Desvenlafaxine ER 24 HR</b>	PB	
<b>Dexedrine</b>	NPD	PA, QL
<i>dexmethylphenidate ER</i>	G	QL
<i>dexmethylphenidate hcl</i>	G	QL
<i>dextroamphetamine</i>	G	QL
<i>dextroamphetamine ER</i>	G	QL
<b>D.H.E.45</b>	NPD	PA
<b>Dhivy</b>	NPD	PA
<b>Diacomit</b>	NPD, SP	PA
<b>Diastat</b>	NPD	
<i>diazepam rectal gel</i>	G	
<i>diazepam solution</i>	G	
<i>diazepam tabs</i>	LCG	
<i>diclofenac cap 25mg</i>	G	PA, QL
<b>Diclofenac cap 35mg</b>	NPD	PA
<i>diclofenac potassium</i>	G	
<i>diclofenac powder</i>	G	
<i>diclofenac sodium</i>	G	
<i>diclofenac sodium gel 1%</i>	G	
<i>diethylpropion</i>	G	R, PA
<i>diflunisal</i>	G	

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<i>dihydrocodein/APAP/caff</i>	G	QL, 5DS, AL, MME
<i>dihydrocodeine/aspirin/caffeine</i>	G	QL, 5DS, AL, MME
<i>dihydroergotamine inj</i>	G	PA
<i>dihydroergotamine nasal spray</i>	G	PA
<b>Dilantin chewable tablets</b>	PB	
<b>Dilaudid</b>	NPD	PA, QL, 5DS, MME
<i>dimethyl fumarate DR cap</i>	G, SP	
<i>disulfiram</i>	G	
<i>divalproex sodium</i>	G	
<i>divalproex sodium ER</i>	G	
<i>divalproex sprinkle cap</i>	G	
<b>Dolophine</b>	NPD	PA, QL, MME
<i>donepezil hydrochloride</i>	LCG	AL
<b>Doral</b>	NPD	PA, AL
<i>doxepin capsule</i>	G	
<i>doxepin HCL con 10mg/ml</i>	G	
<i>doxepin tablet</i>	G	PA
<b>Drizalma Sprinkle</b>	NPD	PA
<i>duloxetine</i>	G	
<b>Duragesic patch</b>	NPD	PA, QL, MME
<b>Dyanavel XR</b>	NPD	PA, QL
<b>Effexor XR</b>	NPD	PA
<b>Eldepryl</b>	NPD	
<b>Elepsia XR</b>	NPD	PA
<i>eletriptan</i>	G	QL, AL
<b>Embeda</b>	NPD	PA, QL, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Emgality (300mg Dose) Prefilled Pen 100mg/ml</b>	PB	PA, QL
<b>Emgality Prefilled Pen/Auto-Injector 120mg/ml</b>	NPD	PA
<i>endocet</i>	LCG	5DS, QL, MME
<i>entacapone</i>	G	
<b>Epidiolex Soln</b>	NPD, SP	PA
<b>Eprontia</b>	NPD	PA
<i>ergotamine tartrate/caffeine</i>	G	
<i>escitalopram</i>	LCG	
<b>Esgic cap/tab</b>	NPD	PA, QL, 5DS
<i>estazolam</i>	G	QL, AL
<i>eszopiclone</i>	G	PA, QL (3mg only)
<i>ethosuximide</i>	G	
<i>etodolac</i>	G	
<b>Evekeo [ODT]</b>	NPD	PA, QL
<b>Evzio</b>	NPD	PA, QL
<b>Exalgo</b>	NPD	PA, QL, MME
<b>Exelon</b>	NPD	AL
<b>Exservan Mis</b>	NPD	
<b>Extavia</b>	NPD, SP	PA
<b>Fanapt</b>	NPD	PA
<b>Fazaclo</b>	NPD	
<i>felbamate</i>	G	
<b>Felbatol</b>	NPD	PA
<b>Feldene</b>	NPD	
<b>Fenoprofen calcium</b>	NPD	PA
<i>fentanyl citrate OTFC</i>	G	PA, QL, MME
<b>Fentanyl citrate tablet</b>	NPD	PA, QL, MME
<i>fentanyl transdermal</i>	G	PA, QL, MME
<b>Fentora</b>	NPD	PA, QL, MME
<b>Fetzima</b>	NPD	PA

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<i> fingolimod </i>	G, SP	
<b>Fintepla sol</b>	NPD, SP	PA
<b>Fioricet Cap</b>	NPD	PA, QL, 5DS
<b>Fioricet with codeine</b>	NPD	QL, AL, 5DS, PA, MME
<b>Fiorinal with codeine</b>	NPD	QL, AL, 5DS, PA, MME
<i> fluoxetine </i>	G	QL (Weekly Only)
<i> fluoxetine 10mg, 20mg, 40mg </i>	G	
<i> fluoxetine soln </i>	G	AL
<i> fluphenazine </i>	G	
<i> flurazepam </i>	G	QL, AL
<i> flurbiprofen </i>	G	
<i> fluvoxamine </i>	G	
<i> fluvoxamine ER </i>	G	
<b>Focalin</b>	NPD	QL
<b>Focalin XR</b>	NPD	PA, QL
<b>ForFivo XL</b>	NPD	PA
<b>Frova</b>	NPD	PA, QL, AL
<b>Frovatriptan succinate</b>	NPD	QL, AL
<b>Fycompa</b>	NPD	
<i> gabapentin </i>	G	
<i> gabapentin soln </i>	G	AL
<i> gabapentin tab </i>	G	PA
<b>Gabitril</b>	NPD	
<i> galantamine </i>	G	AL
<i> galantamine ER </i>	G	AL
<b>Geodon</b>	NPD	PA
<b>Gilenya 0.5mg</b>	NPD, SP	PA
<b>Gilenya 0.25mg</b>	NPD, SP	
<i> glatiramer acetate </i>	G, SP	QL
<i> glatopa </i>	G, SP	QL
<b>Gocovri</b>	NPD	PA
<b>Gralise Mis</b>	NPD	PA
<i> guaifenesin-codeine soln 10mg/5ml </i>	LCG	QL, AL, 5DS, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i> guanfacine ER </i>	G	QL
<b>Halcion</b>	NPD	PA, QL, AL
<i> haloperidol </i>	G	
<b>Hetlioz Cap</b>	NPD, SP	PA, QL
<b>Hetlioz LQ Susp</b>	NPD, SP	PA
<b>Horizant</b>	NPD	PA
<i> hydrocodone ER </i>	G	PA, QL, MME
<i> hydrocodone/acetaminophen </i>	LCG	QL, 5DS, AL, MME
<i> hydrocodone-homatropine tab </i>	G	QL, 5DS, AL, MME
<i> hydromorphone ER </i>	G	PA, QL, MME
<i> hydromorphone IR </i>	G	QL, 5DS, MME
<b>Hysingla ER</b>	NPD	PA, QL, MME
<b>Ibudone</b>	NPD	QL, AL, 5DS, PA, MME
<i> ibuprofen/hydrocodone </i>	G	QL, 5DS, MME, AL
<b>Imcivree Inj 10mg/ml</b>	NPD, SP	PA
<i> imipramine </i>	G	
<b>Imitrex</b>	NPD	AL
<b>Inbrija</b>	NPD, SP	PA
<b>Indocin Suppository</b>	NPD	
<b>Indocin susp</b>	NPD	AL
<b>Ingrezza</b>	NPD, SP	PA
<b>Intermezzo</b>	NPD	PA, QL
<b>Intuniv</b>	NPD	PA, QL
<b>Invega ER tablet</b>	NPD	PA
<i> isometheptene/dichloralphenazone/apap </i>	G	
<b>Jakafi</b>	NPD, SP	PA, QL, LDD
<b>Jornay PM Capsule</b>	NPD	PA, QL
<b>Kadian ER</b>	NPD	PA, QL, MME
<b>Kapvay</b>	NPD	PA, QL

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<b>Keppra</b>	NPD	PA
<b>Keppra XR</b>	NPD	PA
<i>ketoprofen</i>	G	
<i>ketorolac</i>	G	
<b>Khedezla</b>	NPD	PA
<b>Klonopin</b>	NPD	PA
<b>Kloxxado Liq</b>	PB	QL
<b>Kynmobi Kit Titration</b>	NPD, SP	PA
<b>Kynmobi Mis</b>	NPD, SP	PA, QL
<i>lacosamide</i>	G	
<b>Lamictal</b>	NPD	PA
<b>Lamictal ODT</b>	NPD	PA
<b>Lamictal XR</b>	NPD	PA
<i>lamotrigine</i>	G	
<i>lamotrigine ER</i>	G	
<i>lamotrigine ODT</i>	G	
<i>lamotrigine ODT kit</i>	G	
<b>Latuda</b>	NPD	PA
<b>Lazanda</b>	NPD	PA, QL, MME
<i>levetiracetam</i>	LCG	
<i>levetiracetam ER</i>	G	
<i>levorphanol</i>	G	QL, 5DS, MME
<b>Lexapro</b>	NPD	PA
<b>Libervant Mis</b>	NPD	PA, QL
<b>Librax</b>	NPD	PA
<b>Licart Dis 1.3%</b>	NPD	PA, QL
<i>lisdexamfetamine cap/chew</i>	G	QL
<i>lithium carbonate</i>	G	
<i>lithium carbonate ER</i>	G	
<b>Lithobid</b>	NPD	
<b>Lodine</b>	NPD	
<b>Lodosyn</b>	NPD	
<b>Lomaira</b>	NPD	R
<i>lorazepam</i>	LCG	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lorazaepam concentrate</i>	G	AL
<b>Loreev XR</b>	NPD	PA
<b>Lortab</b>	NPD	QL, 5DS, AL, PA
<i>lortab elixir</i>	LCG	QL, MME
<i>loxapine</i>	G	
<b>Lucemyra</b>	NPD	PA, QL, Q/T
<b>Lumryz Pak</b>	NPD, SP	PA, QL
<b>Lunesta</b>	NPD	PA, QL
<i>lurasidone tab</i>	G	
<b>Lybalvi</b>	NPD	PA
<b>Lyrica Cap</b>	NPD	PA
<b>Lyrica CR</b>	NPD	PA
<b>Lyrica soln</b>	NPD	PA, AL
<i>maprotiline</i>	G	
<b>Maxalt, Maxalt-MLT</b>	NPD	AL, QL
<b>Mayzent tablet, starter pak</b>	NPD, SP	
<b>m-clear wc soln</b>	NPD	AL, QL, 5DS, MME
<i>meclofenamate</i>	G	
<i>memantine</i>	G	AL
<i>memantine ER</i>	G	AL
<i>meperidine HCL</i>	G	QL, 5DS, MME
<i>meprobamate</i>	G	
<b>Mestinon syrup</b>	NPD	PA, AL
<b>Mestinon [ER] Tab</b>	NPD	PA
<b>Metadate CD</b>	NPD	PA, QL, MME
<i>methadone</i>	G	PA, QL, MME
<i>methadone HCL concentrate</i>	LCG	PA, QL
<i>methadone HCL sol</i>	LCG	PA, QL
<b>Methadose concentrate [SF]</b>	NPD	PA, QL, MME
<b>Methamphetamine</b>	NPD	QL
<i>methocarbamol 500mg, 750mg</i>	LCG	

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<i>methsuximide</i>	G	
<b>Methylin</b>	NPD	QL
<i>methylphenidate</i>	G	QL
<i>methylphenidate ER</i>	G	QL
<i>methylphenidate ER (CD)</i>	G	QL
<i>methylphenidate ER (LA)</i>	G	QL
<b>Methlyphenidate ER (XR)</b>	NPD	PA, QL
<i>methylphenidate pad</i>	G	QL
<b>Midrin</b>	NPD	
<b>Migranal</b>	NPD	PA
<b>Mirapex</b>	NPD	
<b>Mirapex ER</b>	NPD	
<i>mirtazapine</i>	G	
<i>modafinil</i>	G	
<i>molindone hcl</i>	G	
<b>MorphaBond ER</b>	NPD	PA, QL, MME
<i>morphine IR</i>	G	QL, 5DS, MME
<i>morphine sulfate ER</i>	G	PA, QL, MME
<i>morphine suppositories</i>	G	QL, 5DS, MME
<b>Motpoly XR</b>	NPD	PA
<b>MS Contin</b>	NPD	PA, QL, MME
<b>Mydayis</b>	NPD	PA, QL
<b>Mysoline</b>	NPD	PA
<i>nabumetone</i>	G	
<b>Nalfon</b>	NPD	PA
<b>Nalocet</b>	NPD	PA, QL, 5DS, MME
<b>Naloxone Injection 2mg</b>	NPD	QL
<i>naloxone spray</i>	G	QL
<i>naltrexone 50mg</i>	G	
<b>Namenda [XR]</b>	NPD	AL
<b>Namzaric</b>	NPD	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naratriptan</i>	G	QL, AL
<b>Narcan 4mg/ actuation spray</b>	PB	QL
<b>Nardil</b>	NPD	
<b>Nayzilam</b>	NPD	PA, QL
<i>nefazodone</i>	G	
<b>Neupro Patch</b>	NPD	PA
<b>Neurontin</b>	NPD	PA
<b>Neurontin soln</b>	NPD	PA, AL
<i>ninjacof-XG liquid</i>	G	QL, AL, 5DS, MME
<b>Norpramin</b>	NPD	
<i>nortriptyline</i>	G	
<i>nortriptyline soln</i>	G	AL
<b>Nourianz</b>	NPD	PA
<b>Nucynta</b>	NPD	QL, 5DS, MME
<b>Nucynta ER</b>	NPD	PA, QL, MME
<b>Nuplazid</b>	NPD	PA
<b>Nurtec chw 75mg ODT</b>	PB	PA, QL, AL
<b>Nuvigil</b>	NPD	PA
<i>olanzapine</i>	G	
<i>olanzapine ODT</i>	LCG	
<i>olanzapine/ fluoxetine hcl</i>	G	
<b>Onfi</b>	NPD	PA
<b>Onfi Susp</b>	NPD	PA, AL
<b>Ongentys</b>	NPD	PA
<b>Onzetra Xsail</b>	NPD	PA, QL, AL
<b>Opana</b>	NPD	QL, 5DS, PA, MME
<b>Opana ER</b>	NPD	PA, QL, MME
<b>Opvee Spray</b>	NPD	QL
<b>Orap</b>	NPD	
<b>Osmolex ER</b>	NPD	
<b>Oxaprozin 300mg cap</b>	NPD	PA
<i>oxaprozin 600mg tab</i>	G	
<b>Oxaydo</b>	NPD	PA, QL, 5DS, MME

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<i>oxazepam</i>	G	AL
<i>oxcarbazepine susp</i>	G	AL
<i>oxcarbazepine tab</i>	G	
<b>Oxtellar XR</b>	NPD	PA
<b>Oxycodone ER tablet</b>	NPD	PA, QL, MME
<i>oxycodone IR</i>	G	QL, 5DS, MME
<i>oxycodone/ acetaminophen</i>	LCG	QL, 5DS, MME
<b>Oxycodone/ acetaminophen</b>	NPD	PA, QL, 5DS, MME
<b>Oxycodone/ APAP 2.5-300mg, 5-300mg, 10-300mg tab</b>	NPD	PA, QL, 5DS, MME
<i>oxycodone/ aspirin</i>	G	QL, 5DS, MME
<i>oxycodone/ ibuprofen</i>	G	QL, 5DS, MME
<b>OxyContin</b>	NPD	PA, QL, MME
<i>oxymorphone ER</i>	G	PA, QL, MME
<i>oxymorphone IR</i>	G	QL, 5DS, MME
<i>paliperidone er tablet</i>	G	
<b>Pamelor</b>	NPD	PA
<b>Parlodel</b>	NPD	
<b>Parnate</b>	NPD	
<i>paroxetine</i>	G	
<i>paroxetine ER</i>	G	
<b>Paxil CR</b>	NPD	PA
<b>Paxil Tab/Susp</b>	NPD	PA
<i>pentazocine-naloxone</i>	G	QL, 5DS, MME
<b>Percocet</b>	NPD	QL, 5DS, PA, MME
<i>perphenazine</i>	G	
<b>Pexeva</b>	NPD	PA
<i>phendimetrazine tartrate</i>	G	PA, R

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>phenelzine</i>	G	
<i>phenobarbital</i>	G	
<i>phentermine hcl</i>	LCG	R
<b>Phenytek</b>	NPD	
<i>phenytoin</i>	G	
<i>pimozide</i>	G	
<i>piroxicam</i>	G	
<b>Plegridy</b>	PB, SP	QL
<b>Ponvory</b>	NPD, SP	PA
<i>pramipexole</i>	LCG	
<i>pramipexole ER</i>	G	
<i>pregabalin cap</i>	G	
<i>pregabalin ER tab</i>	G	PA
<i>pregabalin soln</i>	G	AL
<i>primidone</i>	G	
<b>Primlev</b>	NPD	PA, QL, 5DS, MME
<b>Pristiq</b>	NPD	PA
<b>Procentra 1mg/ml</b>	NPD	QL
<b>Prolate Sol 10/300mg</b>	NPD	PA, QL, 5DS, MME
<b>Prolate tab</b>	NPD	PA, QL, 5DS, MME
<i>promethegan supp</i>	G	
<b>Provigil</b>	NPD	PA
<b>Prozac</b>	NPD	PA
<i>pyridostigmine</i>	G	
<i>pyridostigmine soln</i>	G	AL
<b>Qdolo Soln 5mg/ml</b>	NPD	PA, QL, AL
<b>Qelbree</b>	NPD	PA, QL
<b>Qmiiz ODT</b>	NPD	PA
<b>Qsymia ER</b>	NPD	PA, R
<i>quazepam</i>	G	QL, AL
<b>Qudexy XR</b>	NPD	PA
<i>quetiapine fumarate [ER]</i>	G	

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<b>Quillichew ER</b>	NPD	PA, QL
<b>Quillivant XR</b>	NPD	PA, QL
<b>Qulipta</b>	PB	PA, QL
<b>Quviviq</b>	NPD	PA, QL
<b>Radicava ORS Susp</b>	PB, SP	PA
<i>ramelteon</i>	G	QL
<i>rasagiline</i>	G	
<b>Razadyne</b>	NPD	AL
<b>Razadyne ER</b>	NPD	AL
<b>Rebif Rebidose</b>	NPD, SP	PA, QL
<b>Regimex</b>	NPD	PA, R
<b>Relafen</b>	NPD	PA
<b>Relafen DS</b>	NPD	PA
<b>Relexxii</b>	NPD	PA, QL
<b>Relpax</b>	NPD	PA, QL, AL
<b>Relyvrio Pak</b>	NPD, SP	PA
<b>Remeron</b>	NPD	
<b>Remeron SolTab</b>	NPD	
<b>Requip</b>	NPD	
<b>Requip XL</b>	NPD	
<b>Restoril</b>	NPD	PA, AL
<b>Rextovy Spray</b>	NPD	QL
<b>Rexulti</b>	NPD	
<b>Reyvow</b>	NPD	PA, QL, AL
<b>Rilutek</b>	NPD	
<i>riluzole</i>	G	
<b>Risperdal</b>	NPD	PA
<i>risperidone</i>	LCG	
<b>Ritalin LA</b>	NPD	PA, QL
<b>Ritalin Tab</b>	NPD	PA, QL
<i>rivastigmine</i>	G	AL
<i>rizatriptan benzoate</i>	G	QL, AL
<b>Robaxin</b>	NPD	
<i>ropinirole</i>	G	
<i>ropinirole ER</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Roxicodone</b>	NPD	QL, 5DS, PA, MME
<b>Roxybond</b>	NPD	QL, 5DS, PA, MME
<b>Rozerem</b>	NPD	PA, QL
<i>rufinamide susp 40mg/ml</i>	G	PA
<i>rufinamide tab</i>	G	PA
<b>Rytary</b>	NPD	PA
<b>Sabril</b>	NPD, SP	PA
<b>Saphris</b>	NPD	PA
<b>Saxenda</b>	NPD	PA, R, QL
<b>Secuado Patch</b>	NPD	PA
<b>Seglentis 56-44mg Tab</b>	NPD	PA, QL
<i>selegiline HCl</i>	G	
<b>Seroquel</b>	NPD	PA
<b>Seroquel XR</b>	NPD	PA
<i>sertraline</i>	LCG	
<b>Sertraline Caps 150mg, 200mg</b>	NPD	PA
<b>Silenor</b>	NPD	PA
<b>Sinemet</b>	NPD	
<b>Sinemet CR</b>	NPD	
<b>Sodium Oxybate Sol (Hikma)</b>	NPD, SP	PA, QL
<b>Sonata</b>	NPD	PA, QL
<b>Spritam Oral Disintegrating Tab</b>	NPD	PA
<b>Sprix Nasal Spray</b>	NPD	PA, QL
<b>Stalevo</b>	NPD	
<b>Strattera</b>	NPD	PA, QL
<b>Suboxone Sublingual Film</b>	NPD	QL
<b>Subsys</b>	NPD	PA, QL, MME
<i>sulindac</i>	G	
<i>sumatriptan</i>	G	QL, AL
<i>sumatriptan/naproxen</i>	G	PA, QL
<b>Sunosi</b>	PB	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Sylatron</b>	NPD, SP	PA
<b>Symbyax</b>	NPD	PA
<b>Sympazan Film</b>	NPD	PA
<b>Tascenso ODT</b>	NPD, SP	PA
<i>tasimelteon</i>	G, SP	PA, QL
<b>Tasmar</b>	NPD	
<b>Tecfidera</b>	NPD, SP	PA, LDD
<b>Tegretol susp</b>	NPD	PA, AL
<b>Tegretol [XR]</b>	NPD	PA
<i>temazepam</i>	G	QL, AL
<i>teriflunomid</i>	G, SP	
<i>tetrabenazine</i>	G, SP	PA
<i>thioridazine</i>	G	
<i>thiothixene</i>	G	
<i>tiagabine hcl</i>	G	
<b>Tiglutik Susp</b>	PB	
<b>Tivorbex</b>	NPD	PA
<b>Tofranil</b>	NPD	
<i>tolcapone</i>	G	
<i>tolmetin sodium</i>	G	
<b>Topamax</b>	NPD	PA
<b>Topamax Sprinkle Capsules</b>	NPD	PA
<i>topiramate</i>	G	
<i>topiramate ER cap</i>	G	
<i>topiramate sprinkle cap</i>	G	PA
<b>Tosymra Nasal Solution</b>	NPD	PA, QL, AL
<i>tramadol</i>	LCG	QL, AL, MME
<b>Tramadol ER cap</b>	NPD	QL, AL, MME
<i>tramadol ER (biphasic) tablet</i>	G	QL, AL, MME
<i>tramadol ER tablet</i>	G	QL, AL, MME
<b>Tramadol soln 5mg/ml</b>	NPD	PA, QL, AL, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tramadol/acetaminophen</i>	G	QL, AL, MME
<b>Tranxene T</b>	NPD	AL
<i>tranycypromine sulfate</i>	G	
<i>trazodone</i>	G	
<b>Treximet</b>	NPD	PA, QL, AL
<b>Trezix</b>	NPD	
<i>triazolam</i>	G	QL, AL
<i>trifluoperazine</i>	G	
<i>trihexyphenidyl</i>	LCG	
<b>Trileptal Susp</b>	NPD	PA, AL
<b>Trileptal Tab</b>	NPD	PA
<i>trimipramine</i>	G	
<b>Trintellix</b>	NPD	PA
<b>Trokendi XR</b>	NPD	PA
<b>Trudhesa AER</b>	NPD	PA, QL
<i>trymine CG liquid</i>	G	AL, QL, 5DS, MME
<b>Tylenol w/ Codeine</b>	NPD	AL, QL, 5DS, PA, MME
<b>Ubrelyv</b>	PB	PA, QL, AL
<b>Ultracet</b>	NPD	QL, AL, PA, MME
<b>Ultram</b>	NPD	QL, AL, PA, MME
<b>Valium</b>	NPD	PA
<i>valproic acid</i>	G	
<b>Valtoco</b>	NPD	PA, QL
<b>Vanatol S/LQ</b>	NPD	PA, QL, 5DS
<i>varenicline</i>	G, ACA	QL
<i>varenicline pak</i>	G, ACA	
<i>venlafaxine</i>	G	
<i>venlafaxine ER</i>	G	
<b>Venlafaxine Tab 112.5mg</b>	NPD	PA
<b>Veozah</b>	NPD	PA
<i>vigabatrin</i>	G, SP	PA
<i>vigadrone</i>	G, SP	PA
<b>Vimpat tab, soln</b>	NPD	

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<b>Virtussin AC w/ ALC liquid</b>	NPD	QL, 5DS, MME
<b>Vivlodex</b>	NPD	PA
<b>Vraylar</b>	NPD	
<b>Vyvanse</b>	NPD	PA, QL
<b>Wainua Inj</b>	NPD, SP	PA, QL
<b>Wakix</b>	NPD, SP	PA, QL
<b>Wellbutrin SR</b>	NPD	PA
<b>Wellbutrin XL</b>	NPD	PA
<b>Xadago</b>	NPD	PA
<b>Xanax</b>	NPD	PA, AL
<b>Xanax XR</b>	NPD	PA, AL
<b>Xcopri pak/tab</b>	NPD	PA
<b>Xelstrym Pad</b>	NPD	PA, QL
<b>Xenazine</b>	NPD	
<b>Xodol, Norco</b>	NPD	QL, 5DS, PA, AL, MME
<b>Xtampza ER</b>	PB	PA, QL, MME
<b>Xyrem</b>	NPD, SP	PA, QL
<b>Xywav Soln</b>	NPD, SP	PA, QL
<i>zaleplon</i>	G	QL
<b>Zarontin</b>	NPD	
<b>Zavzpret Nasal Soln</b>	NPD	PA, QL, AL
<b>Zebutal Cap 50-325-40mg</b>	NPD	PA, QL, 5DS
<b>Zembrace Symtouch</b>	NPD	PA, QL
<b>Zenzedi</b>	NPD	PA, QL
<b>Zimhi Soln</b>	NPD	QL
<i>ziprasidone</i>	G	
<b>Zohydro ER</b>	NPD	PA, QL, MME
<i>zolmitriptan</i>	G	QL, AL
<i>zolmitriptan spray</i>	G	PA, QL, AL
<b>Zoloft</b>	NPD	PA
<i>zolpidem tartrate</i>	LCG	PA, QL (10mg only)
<b>Zolpidem Tartrate Cap</b>	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolpidem tartrate ER</i>	G	PA, QL (12.5mg only)
<i>zolpidem tartrate SL</i>	G	PA, QL (3.5mg only)
<b>Zomig</b>	NPD	PA, QL, AL
<b>Zonegran</b>	NPD	PA
<b>Zonisade Susp</b>	NPD	PA
<i>zonisamide</i>	G	
<b>Zorvolex</b>	NPD	PA
<b>Ztalmy Susp</b>	NPD, SP	PA
<b>Zubsolv</b>	PB	QL
<b>Zurzuvae</b>	NPD	QL
<b>Zyban</b>	NPD	QL
<b>Zyprexa</b>	NPD	PA
<b>Zyprexa Zydis</b>	NPD	PA

### HEART, BLOOD PRESSURE, & CHOLESTEROL

<b>Accupril</b>	NPD	PA
<b>Accuretic</b>	NPD	
<i>acebutolol</i>	G	
<i>acetazolamide</i>	G	
<i>acetazolamide ER</i>	G	
<b>Actimmune</b>	NPD, SP	PA
<b>Adalat CC</b>	NPD	
<b>Adcirca</b>	NPD, SP	PA
<b>Adempas</b>	PB, SP	PA
<b>Advate</b>	PB, SP	PA
<b>Adynovate</b>	NPD, SP	PA
<b>Afstyla</b>	NPD, SP	PA
<b>Aggrenox</b>	NPD	
<b>Agrylin</b>	NPD	
<b>Aldactazide</b>	NPD	
<b>Aldactone</b>	NPD	
<i>aliskiren</i>	G	
<b>Alphanate</b>	PB, SP	PA
<b>Alphanine</b>	NPD, SP	PA
<b>Alprolix</b>	NPD, SP	PA, LDD

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<b>Altace</b>	NPD	PA
<b>Altoprev ER</b>	NPD	PA
<b>Altuviio Inj</b>	NPD, SP	PA
<i>ambrisentan</i>	G, SP	PA
<b>Amicar</b>	NPD	
<i>amiloride</i>	G	
<i>amiloride/HCTZ</i>	G	
<i>aminocaproic acid</i>	G	
<i>amiodarone</i>	G	
<i>amlodipine</i>	LCG	
<i>amlodipine besylate/ olmesartan</i>	G	
<i>amlodipine/ benazepril</i>	G	
<i>amlodipine/ valsartan</i>	G	
<i>amlodipine/ valsartan/HCTZ</i>	G	
<i>anagrelide</i>	G	
<b>Antara</b>	NPD	
<b>Arixtra</b>	NPD	
<i>aspirin-dipyridamole er</i>	G	
<b>Aspruzyo Spr Gra</b>	NPD	
<b>Atacand</b>	NPD	PA
<b>Atacand HCT</b>	NPD	PA
<i>atenolol</i>	LCG	
<i>atenolol/ chlorthalidone</i>	G	
<b>Atorvaliq Susp</b>	NPD	PA
<i>atorvastatin</i>	G	
<i>atorvastatin/ amlodipine</i>	G	
<b>Avalide</b>	NPD	PA
<b>Avapro</b>	NPD	PA
<b>Azor</b>	NPD	PA
<b>Bebulin</b>	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>benazepril</i>	G	
<i>benazepril/HCTZ</i>	G	
<b>BeneFIX</b>	PB, SP	PA
<b>Benicar</b>	NPD	PA
<b>Benicar HCT</b>	NPD	PA
<b>Betapace AF</b>	NPD	
<i>betaxolol</i>	G	
<b>Bevyxxa</b>	NPD	QL
<b>Bidil</b>	NPD	
<i>bisoprolol</i>	G	
<i>bisoprolol/HCTZ</i>	G	
<i>bumetanide</i>	G	
<b>Bystolic</b>	NPD	PA
<b>Byvalson</b>	NPD	PA
<b>Caduet</b>	NPD	PA
<b>Calan</b>	NPD	
<b>Calan SR</b>	NPD	
<b>Camzyos</b>	NPD, SP	QL, PA
<i>candesartan</i>	G	
<i>candesartan/ hydrochlorothiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/HCTZ</i>	G	
<b>Cardizem</b>	NPD	PA
<b>Cardizem CD</b>	NPD	PA
<b>Cardizem LA</b>	NPD	PA
<b>Cardura</b>	NPD	PA
<b>Carospir</b>	NPD	PA
<i>cartia XT</i>	G	
<i>carvedilol</i>	G	
<i>carvedilol ER</i>	G	
<b>Catapres tablets</b>	NPD	
<b>Catapres-TTS</b>	NPD	
<i>chlorothiazide</i>	G	
<i>chlorthalidone</i>	G	
<i>cholestyramine</i>	G	

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<i>cholestyramine light</i>	G	
<i>cilostazol</i>	G	
<i>clonidine ER 12 HR tab</i>	G	QL
<b>Clonidine ER 24HR tab</b>	NPD	PA
<i>clonidine IR tablet</i>	LCG	
<i>clonidine patches</i>	G	
<i>clopidogrel</i>	G	
<b>Coagadex</b>	NPD, SP	PA
<i>colesevelam</i>	G	
<b>Colestid</b>	NPD	PA
<i>colestipol HCl</i>	G	
<b>Conjupri</b>	NPD	PA
<b>Coreg</b>	NPD	PA
<b>Coreg CR</b>	NPD	PA
<b>Corgard</b>	NPD	
<b>Corifact</b>	NPD	PA
<b>Corlanor</b>	NPD	PA
<b>Corzide</b>	NPD	
<b>Coumadin</b>	PB	
<b>Cozaar</b>	NPD	PA
<b>Crestor</b>	NPD	PA
<i>dabigatran cap</i>	G	
<b>Demadex</b>	NPD	
<b>Dibenzylidine</b>	NPD	PA
<i>digitek</i>	G	
<i>digox</i>	G	
<i>digoxin</i>	G	
<i>dilt-CD</i>	G	
<i>diltiazem HCl</i>	G	
<i>diltiazem HCl CD</i>	G	
<i>diltiazem HCl ER</i>	G	
<i>diltiazem HCl LA</i>	G	
<i>diltiazem HCl SR</i>	G	
<i>diltzac ER</i>	G	
<b>Diovan</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Diovan HCT</b>	NPD	PA
<i>dipyridamole</i>	G	
<i>disopyramide</i>	G	
<i>dofetilide</i>	G	
<i>doxazosin mesylate</i>	G	
<i>droxidopa</i>	G, SP	PA
<b>Durlaza</b>	NPD	PA
<b>Dutoprol</b>	NPD	
<b>Dyazide</b>	NPD	
<b>Dyrenium</b>	NPD	
<b>Edarbi</b>	NPD	PA
<b>Edarbyclor</b>	NPD	PA
<b>Edecrin</b>	NPD	
<b>Effient</b>	NPD	PA
<b>Eliquis</b>	PB	
<b>Eloctate</b>	NPD, SP	PA
<b>Elyxyb Sol</b>	NPD	PA, QL
<i>enalapril</i>	G	
<i>enalapril/HCTZ</i>	G	
<i>enalapril solution</i>	G	AL
<i>enoxaparin</i>	G	
<b>Entadfi</b>	NPD	PA, QL
<b>Entresto</b>	PB	QL
<b>Epaned Sol 1mg/ml</b>	NPD	AL
<i>eplerenone</i>	G	
<i>eprosartan</i>	G	PA
<b>Esperoct</b>	NPD, SP	PA
<i>ethacrynic acid</i>	G	
<b>Exforge</b>	NPD	PA
<b>Exforge HCT</b>	NPD	PA
<b>Ezzalor Sprinkle Cap</b>	NPD	PA
<i>ezetimibe</i>	G	
<b>Ezetimibe/ Atorvastatin</b>	NPD	PA
<b>Ezetimibe/ Rosuvastatin</b>	NPD	PA

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<i>ezetimibe/simvastatin</i>	G	
<b>Feiba</b>	NPD, SP	PA
<i>felodipine ER</i>	G	
<i>fenofibrate</i>	G	
<b>Fenofibrate Micronized</b>	NPD	
<i>fenofibrate nanocrystallized</i>	G	
<i>fenofibric acid</i>	G	
<b>Fenoglide</b>	NPD	
<b>Fibricor</b>	NPD	
<i>flecainide</i>	G	
<b>Flolipid susp</b>	NPD	AL
<i>fluvastatin sodium</i>	G	
<i>fondaparinux</i>	G	
<i>fosinopril</i>	G	
<i>fosinopril/HCTZ</i>	G	
<b>Fragmin</b>	NPD	
<b>Furoscix Kit 80mg/10ml</b>	NPD	
<i>furosemide solution</i>	LCG	
<i>furosemide tabs</i>	LCG	
<i>gemfibrozil</i>	G	
<i>guanfacine</i>	G	
<b>Helixate FS</b>	NPD, SP	PA
<b>Hemangeol Soln</b>	NPD	PA
<b>Hemlibra Soln</b>	NPD, SP	PA
<b>Hemofil M</b>	NPD, SP	PA
<b>Humate-P</b>	PB, SP	PA
<i>hydralazine</i>	G	
<i>hydrochlorothiazide</i>	LCG	
<b>Hyzaar</b>	NPD	PA
<i>icosapent cap</i>	G	
<i>indapamide</i>	G	
<b>Inderal LA</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>InnoPran XL</b>	NPD	PA
<b>Inpefa</b>	NPD	PA
<b>Inspra</b>	NPD	PA
<i>irbesartan</i>	G	
<i>irbesartan hydrochlorothiazide</i>	G	
<b>Isordil Titradose Tabs</b>	NPD	
<i>isosorb dinitrate-hydralazine</i>	G	
<i>isosorbide dinitrate</i>	G	
<i>isosorbide dinitrate ER</i>	G	
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate ER</i>	G	
<i>isradipine</i>	G	
<b>Ixinity</b>	NPD, SP	PA
<i>jantoven</i>	G	
<b>Jesduvroq</b>	NPD, SP	PA
<b>Jivi</b>	NPD, SP	PA
<b>Juxtapid</b>	NPD, SP	PA
<b>Kaspargo</b>	NPD	PA
<b>Katerzia Susp</b>	NPD	PA, AL
<b>Kerendia</b>	NPD	PA
<b>Koate-DVI</b>	PB, SP	PA
<b>Kogenate FS</b>	PB, SP	PA
<b>Kovaltry Sol</b>	PB, SP	PA
<b>Kynamro</b>	NPD, SP	PA
<i>labetalol HCl</i>	G	
<b>Lanoxin</b>	NPD	
<b>Lasix</b>	NPD	
<b>Lescol XL</b>	NPD	PA
<b>Letairis</b>	NPD, SP	PA
<b>Levamlodipine</b>	NPD	PA
<b>Lipitor</b>	NPD	PA
<b>Lipofen</b>	NPD	

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<b>Liqrev Susp</b>	NPD, SP	PA
<i>lisinopril</i>	LCG	
<i>lisinopril/HCTZ</i>	LCG	
<b>Livalo</b>	NPD	PA
<b>Lopid</b>	NPD	
<b>Lopressor HCT</b>	NPD	
<i>losartan</i>	G	
<i>losartan-HCTZ</i>	G	
<b>Lotensin</b>	NPD	
<b>Lotrel</b>	NPD	PA
<i>lovastatin</i>	G	
<b>Lovaza</b>	NPD	PA
<b>Lovenox</b>	NPD	
<b>Maxzide</b>	NPD	
<i>methyldopa</i>	G	
<i>metolazone</i>	G	
<i>metoprolol succinate</i>	G	
<i>metoprolol tartrate</i>	LCG	
<i>metoprolol tartrate/HCT</i>	G	
<b>Mevacor</b>	NPD	
<i>mexiletine HCl</i>	G	
<b>Micardis</b>	NPD	PA
<b>Micardis HCT</b>	NPD	PA
<b>Microzide</b>	NPD	
<b>Minipress</b>	NPD	
<i>minitran</i>	G	
<i>minoxidil</i>	G	
<i>moexipril</i>	G	
<i>moexipril/HCTZ</i>	G	
<b>Monoclate-P</b>	NPD, SP	PA
<b>Mononine</b>	PB, SP	PA
<b>Mulpleta</b>	NPD, SP	PA
<b>Multaq</b>	PB	
<i>nadolol</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nadolol-bendroflume thiazide</i>	G	
<i>nebivolol</i>	G	
<b>Nexiclon XR</b>	NPD	PA
<b>Nexletol</b>	PB	PA
<b>Nexlizet</b>	PB	PA
<i>niacin ER</i>	G	
<b>Niaspan ER</b>	NPD	PA
<i>nicardipine</i>	G	
<i>nifedical XL</i>	G	
<i>nifedipine</i>	G	
<i>nifedipine ER</i>	G	
<i>nimodipine</i>	G	
<i>nisoldipine ER</i>	G	
<b>Nitro-Bid</b>	PB	
<b>Nitro-Dur</b>	NPD	
<i>nitro-time cap</i>	G	
<b>Nitro-Time CR Cap</b>	NPD	
<i>nitroglycerin ER</i>	LCG	
<i>nitroglycerin oint 0.4%</i>	G	
<i>nitroglycerin patches</i>	G	
<i>nitroglycerin SL</i>	G	
<i>nitroglycerin spray</i>	G	
<b>Nitrolingual Spray</b>	NPD	
<b>Nitromist</b>	NPD	
<b>Nitrostat SL</b>	NPD	
<b>Nocdurna SL</b>	NPD	
<b>Norliqva Soln</b>	NPD	PA, AL
<b>Norpace</b>	NPD	
<b>Northera</b>	NPD, SP	PA
<b>Norvasc</b>	NPD	PA
<b>Novoeight</b>	PB, SP	PA
<b>NovoSeven RT</b>	NPD, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Nuwiq</b>	PB, SP	PA
<b>Nymalize Sol</b>	NPD	
<b>Obizur</b>	NPD	PA
<i>olmesartan medoxomil</i>	G	
<i>olmesartan/ amlodipine/hctz</i>	G	
<i>olmesartan/hctz</i>	G	
<i>omega-3 acid ethyl esters</i>	G	
<b>Opsumit</b>	PB, SP	PA
<b>Opsynvi</b>	NPD, SP	PA
<b>Orenitram</b>	NPD, SP	PA
<b>Ormalvi Tab</b>	NPD, SP	PA
<i>pacerone</i>	G	
<i>pentoxifylline ER</i>	G	
<i>perindopril</i>	G	
<b>Persantine</b>	NPD	
<i>phenoxybenz-amine hcl</i>	G	PA
<i>pindolol ER</i>	G	
<i>pitavastatin</i>	G	
<b>Plavix</b>	NPD	PA
<b>Pradaxa</b>	NPD	
<b>Pradaxa Pak</b>	NPD	PA
<b>Praluent</b>	NPD	PA
<i>prasugrel</i>	G	
<b>Pravachol</b>	NPD	
<i>pravastatin</i>	G	
<i>prazosin</i>	G	
<i>prevalite</i>	G	
<b>Prinivil</b>	NPD	PA
<b>Procardia</b>	NPD	
<b>Procardia XL</b>	NPD	
<b>Profilnine</b>	NPD, SP	PA
<b>Promacta</b>	NPD, SP	PA
<i>propafenone</i>	G	
<i>propafenone ER</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>propranolol</i>	G	
<i>propranolol ER</i>	G	
<i>propranolol/ HCTZ</i>	G	
<b>Qbrelis</b>	NPD	AL
<b>Questran Light</b>	NPD	PA
<b>Questran Packet/Powder</b>	NPD	PA
<i>quinapril</i>	LCG	
<i>quinapril/HCTZ</i>	G	
<i>ramipril</i>	G	
<b>Ranexa</b>	NPD	
<i>ranolazine tab ER</i>	G	
<b>Rebinyn Soln</b>	NPD, SP	PA
<b>Recombinate</b>	PB, SP	PA
<b>Rectiv Oint</b>	NPD	
<b>Repatha</b>	PB	PA
<b>Revatio</b>	NPD, SP	PA
<b>Riastap</b>	NPD	PA
<b>Rixubis</b>	NPD, SP	PA
<i>rosuvastatin</i>	G	
<b>Roszet</b>	NPD	PA
<b>Rythmol</b>	NPD	
<b>Rythmol SR</b>	NPD	PA
<b>Samsca</b>	NPD, SP	PA, LDD
<b>Sevenfact Inj</b>	NPD, SP	PA
<i>sildenafil citrate 20mg tab, 10mg/ml susp</i>	G, SP	PA
<i>sildenafil citrate 25mg, 50mg, 100mg</i>	LCG	QL
<i>simvastatin</i>	LCG	
<b>Simvastatin susp</b>	NPD	AL
<b>Soanz</b>	NPD	PA
<i>sotalol HCl</i>	G	
<b>Sotylize soln</b>	NPD	
<i>spironolactone</i>	G	

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<i>spironolactone/HCTZ</i>	G	
<b>Stimate</b>	NPD	
<b>Sular</b>	NPD	
<i>tadalafil (generic Adcirca)</i>	G, SP	PA
<i>tadalafil (generic Cialis)</i>	G	QL
<b>Tadliq Susp</b>	NPD, SP	PA
<b>Tarka</b>	NPD	
<i>taztia XT</i>	G	
<b>Tekturna/Tekturna HCT</b>	NPD	PA
<i>telmisartan</i>	G	
<i>telmisartan-amlodipine</i>	G	
<i>telmisartan/hydrochlorothiazide</i>	G	
<b>Tenoretic</b>	NPD	PA
<b>Tenormin</b>	NPD	PA
<b>Thalitone</b>	NPD	
<i>tiadylt ER</i>	G	
<b>Tiazac</b>	NPD	
<i>ticlopidine HCl</i>	G	
<b>Tikosyn</b>	NPD	
<i>timolol maleate tab</i>	G	
<i>tolvaptan 15mg, 30mg tab</i>	G, SP	PA
<b>Toprol XL</b>	NPD	
<i>torse mide</i>	G	
<b>Tracleer</b>	PB, SP	PA, LDD
<i>trandolapril</i>	G	
<i>trandolapril/verapamil ER</i>	G	
<b>Tretten</b>	NPD, SP	PA
<i>triamterene/HCTZ</i>	LCG	
<i>triamterene cap</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Tribenzor</b>	NPD	PA
<b>Tricor</b>	NPD	
<b>Trilipix</b>	NPD	PA
<b>Twynsta</b>	NPD	PA
<b>Tyvaso</b>	NPD, SP	PA
<b>Upravi</b>	NPD, SP	PA
<i>valsartan</i>	G	
<i>valsartan/hydrochlorothiazide</i>	G	
<b>Valsartan Soln</b>	NPD	PA, AL
<b>Vascepa</b>	NPD	PA
<b>Vaseretic</b>	NPD	
<b>Vasotec</b>	NPD	PA
<i>vecamyl</i>	G	PA
<b>Ventavis</b>	NPD, SP	PA
<i>verapamil HCl</i>	G	
<i>verapamil HCl ER</i>	G	
<b>Verelan ER, PM</b>	NPD	PA
<b>Verquvo</b>	NPD	PA, QL
<b>Vijoice</b>	NPD, SP	PA, QL
<b>Vonvendi</b>	NPD, SP	PA
<b>Voxzogo</b>	NPD, SP	PA
<b>Vyndaqel, Vyndamax</b>	NPD, SP	PA
<b>Vytorin</b>	NPD	PA
<i>warfarin</i>	G	
<b>Welchol</b>	NPD	PA
<b>Wilate</b>	PB, SP	PA
<b>Xarelto</b>	PB	
<b>Xolremdi</b>	NPD, SP	PA, QL
<b>Xyntha</b>	PB, SP	PA
<b>Zestoretic</b>	NPD	
<b>Zestril</b>	NPD	PA
<b>Zetia</b>	NPD	PA
<b>Ziac</b>	NPD	
<b>Zocor</b>	NPD	PA
<b>Zypitamag</b>	NPD	PA

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<b>SKIN MEDICATIONS</b>		
<b>Absorica</b>	NPD	PA
<b>Absorica LD</b>	NPD	PA
<b>Acanya</b>	NPD	PA
<i>accutane cap</i>	G	
<i>acitretin</i>	G	
<i>acyclovir cream/oint</i>	LCG	
<b>Aczone</b>	NPD	PA, AL
<b>Adapalene 0.1% lotion</b>	NPD	AL
<i>adapalene 0.1% soln</i>	G	AL
<i>adapalene 0.3% gel</i>	G	AL
<i>adapalene cream</i>	G	AL
<i>adapalene-benzoyl-peroxide gel</i>	G	AL
<b>Adapalene pad 0.1%</b>	NPD	PA, AL
<b>Adbry Inj 150mg/ml</b>	PB, SP	PA
<b>Aklief Cream 0.005%</b>	NPD	PA, AL
<b>Aktipak</b>	NPD	PA
<i>ala-cort cream</i>	LCG	
<b>Ala-Scalp Lotion</b>	NPD	PA
<i>alclometasone cream, ointment</i>	G	
<b>Aldara</b>	NPD	
<b>Altreno 0.05% lotion</b>	NPD	PA, AL
<i>amcinonide</i>	G	
<i>anthralin</i>	G	
<b>ApexiCon E</b>	NPD	PA
<b>Arazlo lotion 0.045%</b>	NPD	PA, AL
<b>Atralin</b>	NPD	PA, AL
<i>avita</i>	G	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>azelaic acid gel 15%</i>	G	
<b>Azelex</b>	NPD	PA
<b>Benzaclin</b>	NPD	PA
<b>Benzamycin gel</b>	NPD	PA
<b>Benzamycinpak</b>	NPD	PA
<i>benzoyl peroxide/erythromycin</i>	G	
<i>beseer lotion 0.05%</i>	G	
<i>betamethasone dipropionate</i>	G	
<i>betamethasone valerate</i>	G	
<i>betamethasone/clotrimazole</i>	G	
<b>Bimzelx Inj</b>	NPD, SP	PA
<i>brimonidine gel 0.33%</i>	G	
<b>Bryhali lotion 0.01%</b>	NPD	PA
<b>Cabtreo Gel</b>	NPD	PA
<i>calcipotriene cream</i>	G	
<b>Calcipotriene foam</b>	NPD	PA
<i>calcipotriene-betamethasone dp oint</i>	G	
<i>calcipotriene-betamethasone dp susp</i>	G	
<i>calcitriol ointment</i>	G	
<b>Capex</b>	NPD	PA
<b>Carac</b>	NPD	PA
<b>Centany 2% oint</b>	NPD	
<b>Cibinco Tab</b>	PB, SP	PA
<i>ciclopirox 0.77% cream</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciclopirox 8% solution</i>	G	
<i>ciclopirox cream, gel, shampoo, suspension</i>	G	
<b>Cleocin T</b>	NPD	PA
<b>Clindagel</b>	NPD	PA
<i>clindamycin, clindamycin-benzoyl peroxide gel [w/pump]</i>	G	
<b>Clindamycin/benzoyl peroxide 1-5%</b>	NPD	PA
<i>clindamycin HCL cap</i>	LCG	
<i>clindamycin phosphate sol 1%</i>	LCG	
<i>clindamycin/tretinoin gel</i>	G	AL
<i>clind/benz gel 1.2-3.75%</i>	G	
<i>clobetasol cream, ointment, solution</i>	G	
<b>Clobex</b>	NPD	PA
<b>Clocortolone pivalate</b>	NPD	PA
<i>clodan</i>	G	
<b>Cloderm</b>	NPD	PA
<b>Condylox</b>	NPD	
<b>Cordran</b>	NPD	PA
<b>Cosentyx</b>	NPD, SP	PA
<b>Crotan Lotion</b>	NPD	
<b>Cutivate</b>	NPD	PA
<b>Dapsone Gel</b>	NPD	PA, AL
<b>Denavir</b>	NPD	QL
<b>Derma-Smoother FS</b>	NPD	PA
<b>Dermatop</b>	NPD	
<b>Desonate</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>desonide gel 0.05%</i>	G	
<b>Desowen</b>	NPD	PA
<i>desoximetasone cream, gel, ointment</i>	G	
<i>diclofenac 3% gel</i>	G	PA
<b>Differin 0.1% cream</b>	NPD	PA, AL
<b>Differin 0.1% lotion</b>	NPD	PA, AL
<b>Differin 0.3% gel</b>	NPD	PA, AL
<b>Diflorasone diacetate</b>	NPD	PA
<b>Diprolene, Diprolene AF</b>	NPD	
<b>Dovonex cream</b>	NPD	
<i>doxepin cream 5%</i>	G	QL
<b>Duac</b>	NPD	PA
<b>Duobrii Lotion</b>	NPD	PA
<b>Dupixent</b>	PB, SP	PA
<i>econazole</i>	G	
<b>Ecoza</b>	NPD	PA
<b>Efudex cream</b>	NPD, SP	
<b>Elidel</b>	NPD	PA
<b>Elimite</b>	NPD	
<b>Elocon</b>	NPD	
<b>Enstilar</b>	NPD	
<b>Epiduo</b>	NPD	AL
<b>Epiduo Forte gel</b>	NPD	AL
<b>Epsolay Cream</b>	NPD	PA
<b>Ertaczo</b>	NPD	PA
<b>Erygel</b>	NPD	
<i>erythromycin gel, soln, swabs</i>	G	
<b>Eucrisa</b>	PB	PA
<b>Eurax Lotion</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Evoclin</b>	NPD	PA
<b>Exelderm</b>	NPD	PA
<b>Extina</b>	NPD	PA
<b>Fabior</b>	NPD	PA, AL
<b>Fasenra</b>	PB, SP	PA
<b>Filsuvez Gel 10%</b>	NPD, SP	PA, QL
<b>Finacea</b>	NPD	PA
<i>fluocinolone acetonide cream, sol, oil</i>	G	
<i>fluocinonide gel</i>	G	
<i>fluocinonide ointment</i>	G	
<b>Fluorouracil cream 0.5%</b>	PB	
<i>fluorouracil solution 2%</i>	G, SP	
<b>Flurandrenolide cream, lotn, oint</b>	NPD	PA
<i>fluticasone propionate cream, lotn, oint.</i>	G	
<i>gentamicin topical cream, ointment</i>	G	
<i>halcinonide cream 0.1%</i>	G	
<i>halobetasol AER 0.05%</i>	G	
<i>halobetasol propionate</i>	G	
<b>Halobetasol propionate foam 0.05%</b>	NPD	PA
<b>Halog</b>	NPD	PA
<i>hydrocortisone 2.5%</i>	G	
<i>hydrocortisone butyrate 0.1%</i>	G	
<i>hydrocortisone lot 0.1%</i>	LCG	
<i>hydrocortisone butyrate/emoll</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone supp</i>	G	
<i>hydrocortisone valerate 0.2%</i>	G	
<i>hydrocortisone/lidocaine HCl</i>	G	
<i>imiquimod cream</i>	G	PA
<b>Imiquimod Cream 3.75% Pump</b>	NPD	PA
<b>Impeklo Lotion 0.05%</b>	NPD	PA
<b>Impoyz Cream 0.025%</b>	NPD	PA
<i>isotretinoin</i>	G	
<b>Jublia</b>	NPD	PA
<b>Kenalog Spray</b>	NPD	PA
<b>Kerydin</b>	NPD	PA
<i>ketoconazole cream</i>	G	
<i>ketoconazole shampoo</i>	G	
<b>Klisyri Oint 1%</b>	NPD	PA
<b>Klaron</b>	NPD	
<b>Lexette Foam 0.05%</b>	NPD	PA
<i>lidocaine patch 5%</i>	G	
<i>lidocaine solution, gel, ointment</i>	G	
<b>Lidoderm</b>	NPD	PA
<b>Litfulo</b>	NPD, SP	PA
<b>Locoid</b>	NPD	PA
<b>Locoid Lipocream</b>	NPD	PA
<b>Loprox</b>	NPD	PA
<b>Lotrisone</b>	NPD	
<b>Luxiq</b>	NPD	PA
<b>Luzu</b>	NPD	PA
<i>malathion lotion</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methoxsalen</i>	G	
<b>MetroCream</b>	NPD	
<b>MetroGel</b>	NPD	
<b>MetroLotion</b>	NPD	
<i>metronidazole cream, lotion, gel</i>	G	
<b>Miconazole-zinc ointment</b>	NPD	PA
<b>Mirvaso</b>	PB	
<i>mometasone cream, ointment, solution</i>	LCG	
<i>mupirocin cream, ointment</i>	G	
<i>naftifine cream, gel</i>	G	
<b>Naftin</b>	NPD	
<b>Natroba</b>	NPD	
<b>Nizoral shampoo</b>	NPD	
<b>Noritrate</b>	NPD	PA
<i>nystatin/ triamcinolone cream, ointment</i>	LCG	
<i>nystatin suspension</i>	G	
<b>Olux [E]</b>	NPD	PA
<b>Onexton</b>	NPD	PA
<b>Opzelura Cream</b>	PB	PA, QL
<b>Ovide</b>	NPD	
<b>Oxiconazole nitrate</b>	NPD	PA
<b>Oxistat</b>	NPD	PA
<b>Oxsoralen Ultra</b>	NPD	
<b>Pandel</b>	NPD	PA
<b>Panretin Gel</b>	NPD	PA
<i>penciclovir cream</i>	G	QL
<b>Penlac</b>	NPD	PA
<i>permethrin</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pimecrolimus cre 1%</i>	G	
<i>podofilox soln/ gel</i>	G	
<b>Pramosone cream/lotion</b>	NPD	PA
<i>prednicarbate ointment</i>	G	
<i>prilocaine/ lidocaine</i>	G	
<b>Proctocort Supp 30mg</b>	NPD	PA
<b>Proctofoam HC</b>	PB	
<b>Prudoxin cream 5%</b>	NPD	QL
<b>Qbrexza Pad 2.4%</b>	NPD	PA, QL
<b>Retin-A</b>	NPD	PA, AL
<b>Retin-A Micro</b>	NPD	PA, AL
<b>Rhofade 1% cream</b>	NPD	PA
<i>selenium sulfide shampoo/lotion</i>	G	
<b>Sernivo</b>	NPD	PA
<b>Siliq</b>	NPD, SP	PA
<b>Silvadene</b>	NPD	
<i>silver sulfadiazine</i>	LCG	
<b>Skyrizi Inj</b>	PB, SP	PA
<i>sodium sulfacetamide suspension</i>	G	
<b>Solaraze</b>	NPD	PA
<b>Soolantra</b>	PB	
<b>Soriatane</b>	NPD	
<b>Sorilux Foam</b>	NPD	PA
<b>Spevigo Inj</b>	NPD, SP	PA
<i>spinosad</i>	G	
<i>SSD cream</i>	LCG	
<b>Sulconazole cream/solution</b>	NPD	PA

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<b>Sulfamylon</b>	NPD	
<b>Synalar</b>	NPD	PA
<b>Taclonex</b>	NPD	
<b>Taltz Autoinjector</b>	NPD, SP	PA
<b>Targretin gel</b>	NPD, SP	PA
<i>tavorole soln 5%</i>	G	PA
<b>Tazarotene AER 0.1%</b>	NPD	PA, AL
<i>tazarotene gel</i>	G	AL
<b>Tazorac cream/gel</b>	NPD	PA, QL
<b>Temovate</b>	NPD	
<b>Texacort soln</b>	NPD	PA
<b>Topicort</b>	NPD	PA
<b>Tremfya</b>	PB, SP	PA
<i>tretinoin gel, cream</i>	G	AL
<b>Tretinoin microspheres gel</b>	NPD	AL
<i>triamcinolone acetonide</i>	LCG	
<b>Triamcinolone oint 0.05%</b>	NPD	PA
<b>Trianex</b>	NPD	PA
<b>Tridacaine/ Tridacaine II Pad 5%</b>	NPD	PA, QL
<i>triderm cream</i>	LCG	
<b>Tritocin oint 0.05%</b>	NPD	PA
<b>Twyneo 0.1-3% Cream</b>	NPD	PA, AL
<b>Tyenne</b>	NPD, SP	PA
<b>Ultravate</b>	NPD	PA
<b>Vectical</b>	NPD	
<b>Veltin</b>	NPD	PA, AL
<b>Verdeso</b>	NPD	PA
<b>Veregen Oint</b>	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Vtama Cream</b>	NPD	PA
<b>Vusion</b>	NPD	PA
<b>Winlevi Cream 1%</b>	NPD	PA
<b>Wynzora Cream</b>	NPD	
<b>Xaciato Gel</b>	NPD	
<b>Xerese Cream</b>	NPD	PA
<b>Xolegel</b>	NPD	PA
<b>Ziana</b>	NPD	PA, AL
<b>Zilxi Aer</b>	NPD	PA
<b>Zonalon cream 5%</b>	NPD	QL
<b>Zoryve Cream/Foam</b>	NPD	PA
<b>Zovirax cream</b>	NPD	QL
<b>Zovirax oint</b>	NPD	
<b>Ztlido Patch</b>	NPD	PA, QL
<b>Zyclara Cream</b>	NPD	PA
<b>Zyclara Pump</b>	NPD	PA

#### EAR, NOSE, THROAT MEDICATIONS

<i>acetasol HC, acetic acid HC otic</i>	G	
<i>azelastine</i>	G	
<b>Bactroban nasal oint</b>	PB	
<b>Cetraxal</b>	NPD	
<i>cevimeline hcl</i>	G	
<b>Ciprodex</b>	NPD	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin-dexamethasone otic susp</i>	G	
<b>Ciprofloxacin-fluocinolone PF otic soln</b>	NPD	
<i>cortane B otic drops</i>	G	
<b>Dermotic</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Evoxac</b>	NPD	PA
<i>fluocinolone acetonide oil</i>	G	
<i>mometasone furoate nasal spray</i>	G	PA
<b>Nasonex</b>	NPD	PA
<i>neomycin/ polymyxin/ hydrocortisone</i>	LCG	
<i>ofloxacin otic</i>	LCG	
<i>olopatadine</i>	G	
<b>Omnaris</b>	NPD	
<b>Patanase</b>	NPD	PA
<i>pilocarpine HCl</i>	G	
<b>Qnasl</b>	NPD	PA
<i>ribavirin</i>	G, SP	
<b>Ryaltris Spray 665-25mcg/act</b>	NPD	PA
<b>Salagen</b>	NPD	
<b>Virazole</b>	NPD, SP	
<b>Vuity</b>	NPD	PA
<b>Xhance</b>	NPD	PA
<b>Zetonna</b>	NPD	

**DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES**

<i>acarbose</i>	G	
<b>Actos</b>	NPD	PA
<b>Adthyza tab</b>	NPD	
<b>Adlyxin</b>	NPD	PA
<b>Admelog</b>	PB	QL
<b>Afrezza</b>	NPD	PA
<b>Alkindi Sprinkle Cap</b>	NPD	PA
<b>Alogliptin benz/ metformin hcl</b>	PB	
<b>Alogliptin benz/ pioglitazone</b>	PB	
<b>Alogliptin benzoate</b>	PB	
<b>Amaryl</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Androderm patch</b>	NPD	PA
<b>Androgel 1.62% Packet, Pump</b>	NPD	PA
<b>Androgel 1%</b>	NPD	PA
<b>Apidra</b>	PB	QL
<b>Armour Thyroid</b>	NPD	
<b>Aveed Soln 750mg/3ml Intramuscular</b>	NPD	PA
<b>Axiron</b>	NPD	PA
<b>Bafiertam DR Cap</b>	PB, SP	
<b>Baqsimi</b>	PB	
<b>Basaglar</b>	PB	QL
<i>betaine powder</i>	G, SP	
<b>Bexagliflozin</b>	NPD	PA
<b>Breeze2 Glucometer</b>	PB	PA, QL
<b>Breeze2 Test Strips</b>	NPD	PA, QL
<b>Brenzavvy</b>	NPD	PA
<b>Bydureon</b>	PB	PA, QL
<b>Byetta</b>	PB	PA, QL
<b>Bynfezia Pen</b>	NPD, SP	PA
<i>calcitriol capsules</i>	G	
<b>Carnitor</b>	NPD	
<b>Cetrotide Kit</b>	NPD, SP	R
<i>cinacalcet</i>	G	
<b>Contour Glucometer</b>	PB	QL
<b>Contour Next Test Strips</b>	PB	QL
<b>Contour Test Strips</b>	PB	QL
<b>Cortef</b>	NPD	
<b>Cortisone tab</b>	NPD	
<b>Cytomel</b>	NPD	
<i>danazol</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Dapagliflozin pro-metformin ER tablet 24 hour 10-1000mg, 5-1000mg</b>	NPD	PA
<b>Dapagliflozin propanediol tablet 10mg, 5mg</b>	NPD	PA
<b>DDAVP</b>	NPD	PA
<i>deflazacort tab/sus</i>	G, SP	PA
<b>Degludec Flextouch Inj</b>	NPD	PA, QL
<b>Delatestryl</b>	NPD	PA
<b>Delestrogen Oil Intramuscular</b>	NPD	
<b>Demser</b>	NPD	
<b>Depo-Estradiol Oil 5mg/ml Intramuscular</b>	NPD	PA
<b>Depo-Testosterone Solution 100mg/ml, 200mg/ml</b>	NPD	
<i>desmopressin acetate</i>	G	
<b>Desmopressin Nasal Soln</b>	NPD	
<b>Dexabliss tab 1.5mg</b>	NPD	
<i>dexamethasone</i>	LCG	
<i>dexamethasone tablet 6-day, 10-day, 13-day</i>	G	
<b>Dexcom Continuous Glucose Monitor Receiver</b>	PB	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Dexcom Continuous Glucose Monitor Transmitter</b>	PB	PA, QL
<b>Dexcom Continuous Glucose Monitor G7, G6, G5, G4 Sensors</b>	PB	PA, QL
<b>Dexpak pak 10-day, 13-day</b>	NPD	
<i>diazoxide suspension 50mg/ml</i>	G	
<i>doxercalciferol</i>	G	
<b>Duetact</b>	NPD	PA
<b>Dxevo 11-day Pak 1.5mg</b>	NPD	
<b>Emflaza</b>	NPD, SP	PA
<b>Enspryng Inj</b>	NPD, SP	PA
<b>Eohilia Sus</b>	NPD	PA, QL
<b>Ermeza Soln</b>	NPD	PA
<i>euthyrox</i>	G	
<b>Eversense E3 Sensor</b>	NPD	PA, QL
<b>Eversense E3 Transmitter</b>	NPD	PA, QL
<b>Evrysdi Soln</b>	NPD, SP	PA
<b>Farxiga</b>	PB	
<b>Fiasp</b>	PB	QL
<i>fludrocortisone acetate</i>	G	
<b>Fortamet</b>	NPD	PA
<b>Forteo</b>	NPD, SP	PA, Q/T
<b>Fortesta</b>	NPD	PA
<b>Freestyle Glucometer</b>	PB	PA, QL
<b>Freestyle InsuLinx Test Strips</b>	NPD	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>FreeStyle Libre Reader, Sensor, Reader Device</b>	NPD	PA, QL
<b>Freestyle Lite Test Strips</b>	NPD	PA, QL
<b>Freestyle Test Strips</b>	NPD	PA, QL
<b>Genotropin</b>	NPD, SP	PA
<i>glimepiride</i>	G	
<i>glipizide ER</i>	G	
<i>glipizide tab</i>	LCG	
<i>glipizide XL</i>	G	
<b>Glucagen Inj Hypokit</b>	NPD	PA
<i>glucagon emergency kit (generic)</i>	G	
<b>Glucagon Emergency Kit (Lilly)</b>	NPD	PA
<b>Glucophage</b>	NPD	
<b>Glucophage XR</b>	NPD	
<b>Glucotrol XL</b>	NPD	PA
<b>Glucovance</b>	NPD	
<i>glyburide</i>	G	
<i>glyburide micronized</i>	G	
<b>Glynase</b>	NPD	
<b>Glyset</b>	NPD	
<b>Glyxambi</b>	PB	
<b>Gvoke HypoPen</b>	NPD	PA
<b>Gvoke PFS inj</b>	NPD	PA
<b>Hectorol</b>	NPD	
<b>Hemady</b>	NPD	
<b>Humalog</b>	PB	QL
<b>Humatrope</b>	NPD, SP	PA
<b>Humulin</b>	PB	QL
<b>Humulin R U-500 (Concentrated and KwikPen)</b>	PB	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone</i>	G	
<b>Increlex</b>	NPD, SP	PA, LDD
<b>Insulin aspart inj</b>	NPD	PA, QL
<b>Insulin aspart protamin inj flexpen</b>	NPD	PA, QL
<b>Insulin Degludec Inj</b>	NPD	PA, QL
<b>Insulin Glargine</b>	NPD	PA, QL
<b>Insulin lispro 100 units/ml</b>	PB	QL
<b>Insulin lispro inj junior</b>	PB	QL
<b>Insulin lispro inj protamin</b>	PB	QL
<b>Invokamet [XR]</b>	NPD	PA
<b>Invokana</b>	NPD	PA
<b>Janumet</b>	PB	
<b>Janumet XR</b>	PB	
<b>Januvia</b>	PB	
<b>Jardiance</b>	PB	
<b>Jatenzo</b>	NPD	PA
<b>Jentadueto tablet</b>	PB	
<b>Jentadueto XR</b>	PB	
<b>Kazano tablet</b>	NPD	PA
<b>Kesimpta Inj</b>	PB, SP	
<b>Kombiglyze XR</b>	NPD	PA
<b>Korlym tablet</b>	NPD, SP	PA
<b>Kyzatrex</b>	NPD	PA
<b>Lantus</b>	PB	QL
<b>Levemir</b>	NPD	PA, QL, AL
<i>levocarnitine</i>	LCG	
<b>Levothyroxine cap</b>	NPD	PA
<i>levothyroxine tab</i>	G	
<i>levo-T tab</i>	G	
<i>levoxyl</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Lilly Glucagon Emergency Kit</b>	NPD	PA
<i>liothyronine</i>	G	
<b>Liraglutide Inj</b>	PB	PA, QL
<b>Lyumjev Inj/ Pen</b>	PB	QL
<b>Medtronic Continuous Glucose Monitor Receiver</b>	NPD	PA, QL
<b>Medtronic Continuous Glucose Monitor Guardian Transmitter</b>	NPD	PA, QL
<b>Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors</b>	NPD	PA, QL
<b>Medrol</b>	NPD	
<i>metformin</i>	LCG	
<b>Metformin 625mg</b>	NPD	PA
<i>metformin ER (generic for Glucophage XR)</i>	G	
<i>metformin HCL 500mg/5ml soln</i>	G	AL
<b>Metformin HCL ER (OSM)</b>	NPD	PA
<i>metformin/ glyburide</i>	G	
<i>methimazole</i>	G	
<b>Methitest Tab</b>	NPD	PA
<i>methylpred-nisolone</i>	G	
<i>methylpred-nisolone therapy pak</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methyltest-osterone</i>	G	PA
<i>metyrosine</i>	G	
<i>mifepristone</i>	G, SP	PA
<i>miglitol</i>	G	
<b>Millipred</b>	NPD	PA
<b>Mounjaro Inj</b>	PB	PA, QL
<b>Myalept</b>	NPD, SP	PA
<b>Mycapssa cap nateglinide</b>	NPD, SP	PA
<i>nateglinide</i>	G	
<b>Natesto</b>	NPD	PA
<b>Natpara</b>	NPD, SP	PA
<b>Nature-Throid</b>	NPD	
<b>Nesina tablet</b>	NPD	PA
<b>Ngenla Inj</b>	NPD, SP	PA
<b>Noctiva Emulsion</b>	NPD	
<b>Non Preferred Diabetic Meters</b>	PB	PA, QL
<b>Norditropin</b>	PB, SP	PA
<b>Novolin</b>	PB	QL
<b>Novolin R</b>	PB	QL
<b>Novolin Relion</b>	NPD	PA, QL
<b>Novolog</b>	PB	QL
<b>Novolog Relion</b>	NPD	PA, QL
<i>NP thyroid</i>	G	
<b>Nutropin AQ</b>	PB, SP	PA
<b>Omnipod 5 Pack</b>	PB	
<b>Omnipod Dash System</b>	PB	
<b>Omnipod Dash 5 Pack</b>	PB	
<b>Omnipod Go Kit</b>	PB	
<b>Omnipod Starter Kit</b>	PB	
<b>Omnitrope</b>	PB, SP	PA
<b>One Touch Glucometers</b>	PB	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>One Touch Test Strips</b>	NPD	PA, QL
<b>Onglyza</b>	NPD	PA
<b>Orapred ODT</b>	NPD	
<b>Orilissa</b>	PB	PA, QL
<b>Oseni</b>	NPD	PA
<b>Oxandrin</b>	NPD	
<i>oxandrolone</i>	G	QL
<b>Ozempic</b>	PB	PA, QL
<i>paricalcitol</i>	G	
<b>Pediapred Sol</b>	NPD	
<i>pioglitazone</i>	G	
<i>pioglitazone/ glimepiride</i>	G	
<b>Pogo Automatic Mis Monitor</b>	PB	PA, QL
<b>Pogo Automatic Test Cartridge</b>	NPD	PA, QL
<b>Prandin</b>	NPD	
<b>Precision Glucometer</b>	PB	PA, QL
<b>Precision XTRA Test Strips</b>	NPD	PA, QL
<b>Precose</b>	NPD	
<i>prednisolone</i>	G	
<b>Prelone</b>	NPD	
<b>Procysbi</b>	NPD, SP	PA
<b>Proglycem Susp</b>	NPD	
<i>propylthiouracil</i>	G	
<b>Qtern</b>	NPD	PA
<b>Rayos</b>	NPD	PA
<b>Regranex gel</b>	NPD	PA
<i>repaglinide</i>	G	
<b>Rezdiffra Tab</b>	NPD	PA, QL
<b>Rezvoglar Inj</b>	PB	QL
<b>Riomet [ER] solution/ suspension 500mg/5ml</b>	NPD	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Rocaltrol capsules</b>	NPD	
<b>Rybelsus</b>	PB	PA, QL
<b>Saizen</b>	NPD, SP	PA
<i>saxagliptin</i>	G	
<i>saxagliptin-metformin</i>	G	
<b>Segluromet</b>	NPD	PA
<b>Semglee Inj 100U/ml</b>	NPD	PA, QL
<b>Sensipar</b>	NPD	PA
<b>Serostim</b>	NPD, SP	PA, LDD
<b>Signifor</b>	NPD, SP	PA
<b>Sitagliptin</b>	NPD	PA
<b>Sitagliptin-Metformin</b>	NPD	PA
<b>Skytrofa</b>	NPD, SP	PA
<b>Sogroya Inj</b>	NPD, SP	PA
<b>Soliqua</b>	PB	
<b>Somavert</b>	NPD, SP	PA
<b>Starlix</b>	NPD	
<b>Steglatro</b>	NPD	PA
<b>Steglujan</b>	NPD	PA
<b>Striant buccal system</b>	NPD	PA
<b>Symlin</b>	PB	PA
<b>Synjardy</b>	PB	
<b>Synjardy XR</b>	PB	
<b>Synthroid</b>	NPD	
<b>Tanzeum</b>	NPD	PA
<b>Tapazole</b>	NPD	
<b>Teriparatide 620mcg/2.48ml inj</b>	PB, SP	PA, Q/T
<b>Testim Gel</b>	NPD	PA
<i>testosterone cypionate solution 100mg/ml, 200mg/ml intramuscular</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Testosterone Cypionate Solution 200mg/ml Injection</b>	NPD	
<i>testosterone enanthate inj 200mg/ml</i>	G	
<i>testosterone gel 10mg/act (2%)</i>	G	
<i>testosterone gel 1%, 1.62%</i>	G	
<i>testosterone solution 30mg/act</i>	G	
<b>Thyquidity Soln</b>	NPD	PA, AL
<b>Tirosint</b>	NPD	PA
<b>Tlando</b>	NPD	PA
<i>tolbutamide</i>	G	
<b>Toujeo Solostar</b>	PB	QL
<b>Tradjenta tablet</b>	PB	
<b>Tresiba</b>	NPD	PA, QL, AL
<b>Trijardy XR</b>	PB	
<b>Trulicity</b>	PB	PA, QL
<b>Tymlos</b>	PB, SP	PA, Q/T
<b>Uceris</b>	NPD	PA
<i>unithroid</i>	G	
<b>Veripred soln 20mg/5ml</b>	NPD	
<b>Victoza</b>	NPD	PA, QL
<b>Vogelxo</b>	NPD	PA
<b>Wegovy Inj</b>	NPD	PA, R, QL
<b>Westroid</b>	NPD	
<b>WP Thyroid</b>	NPD	
<b>Xigduo XR</b>	PB	
<b>Xultophy</b>	NPD	PA
<b>Xyosted Soln</b>	NPD	PA
<b>Zcort 7-day tab</b>	NPD	
<b>Zegalogue Inj</b>	PB	
<b>Zemplar</b>	NPD	
<b>Zepbound Inj</b>	NPD	PA, R, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Zituvio</b>	NPD	PA
<b>Zomacton</b>	NPD, SP	PA
<b>STOMACH, ULCER, &amp; BOWEL MEDS</b>		
<b>Abrilada Inj</b>	NPD, SP	PA, QL
<b>Aciphex</b>	NPD	PA, QL
<b>Aciphex Sprinkle</b>	NPD	PA, QL, AL
<b>Actigall</b>	NPD	
<b>Agamree Susp</b>	NPD, SP	PA
<b>Amitiza</b>	NPD	PA
<b>Amoxicill-clarithro-lansoprazole</b>	NPD	
<b>Ampyra</b>	NPD, SP	PA, QL
<b>Anusol-HC cream</b>	NPD	PA
<i>aprepitant</i>	G	QL
<b>Asacol HD</b>	NPD	PA
<b>Azulfidine</b>	NPD	PA
<i>balsalazide</i>	G	
<b>Bentyl</b>	NPD	
<b>Bismth/metr/cap tetracycline</b>	NPD	
<b>Bonjesta</b>	NPD	PA
<i>budesonide ER tab</i>	G	
<b>Bylvay</b>	PB, SP	PA
<b>Canasa supp</b>	NPD	PA
<b>Carafate tabs/susp</b>	NPD	PA
<b>Chenodal</b>	NPD, SP	
<i>chlordiazepoxide/clidinium</i>	G	
<b>Cholbam</b>	NPD, SP	PA
<i>cimetidine</i>	G	
<b>Clenpiq Soln</b>	NPD	
<b>Colazal</b>	NPD	PA
<b>Colocort</b>	NPD	
<b>Creon</b>	PB	

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<i>cromolyn sodium solution</i>	LCG	
<b>Cytotec</b>	NPD	
<b>Delzicol</b>	NPD	PA
<b>Dexilant</b>	NPD	PA, QL
<i>dexlansoprazole</i>	G	PA, QL
<i>dexlansoprazole DR cap</i>	G	PA, QL
<b>Diclegis</b>	NPD	PA
<i>dicyclomine</i>	G	
<i>diphenoxylate HCl/atropine</i>	G	
<i>doxylamine-pyridoxine</i>	G	PA
<i>dronabinol</i>	G	
<b>Emend</b>	NPD	QL
<b>Emverm</b>	NPD	QL
<b>Endari powder</b>	NPD	PA
<b>Entocort EC</b>	NPD	PA
<i>esomeprazole</i>	G	PA, QL
<i>esomeprazole granules</i>	G	PA, QL
<b>Esomeprazole strontium</b>	NPD	PA, QL
<i>famotidine 40mg tab, suspension</i>	G	
<b>Gastrocrom</b>	NPD	
<b>Gattex</b>	NPD, SP	PA
<b>Gimoti Spray</b>	NPD	PA, Q/T
<b>Golytely solution reconstituted 227.1gm</b>	NPD	PA
<b>Golytely solution reconstituted 236gm</b>	NPD	PA, QL
<i>granisetron</i>	G	
<b>Hemmorex-HC Supp</b>	NPD	PA
<i>hydrocortisone cream</i>	LCG	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydrocortisone retention enema</i>	G	
<b>Ibsrela</b>	NPD	PA
<b>Iqirvo</b>	NPD, SP	PA
<b>Konvomep Soln</b>	NPD	QL, PA
<b>Kristalose Pak</b>	NPD	PA
<b>Lactulose pak</b>	NPD	PA
<i>lactulose soln</i>	G	
<i>lansoprazole cap</i>	G	QL
<i>lansoprazole solutab</i>	G	PA, QL
<b>Lialda</b>	NPD	
<b>Linzess</b>	PB	
<b>Livmarli Sol</b>	NPD, SP	PA
<b>Lomotil</b>	NPD	
<i>loperamide</i>	G	
<i>lubiprostone cap</i>	G	
<b>Marinol</b>	NPD	
<i>meclizine</i>	LCG	
<i>mesalamine</i>	G	
<i>mesalamine DR</i>	G	
<i>mesalamine rectal susp</i>	G	
<i>metoclopramide</i>	G	
<b>Metoclopramide odt</b>	NPD	
<i>misoprostol</i>	LCG	
<b>Motegrity tab</b>	NPD	PA
<b>Movantik</b>	NPD	PA
<b>MoviPrep Solution Reconstituted 100gm Oral</b>	NPD	PA
<b>Nexium capsule</b>	NPD	PA, QL
<b>Nexium packets</b>	NPD	PA, QL, AL
<i>nizatidine cap</i>	G	
<i>nizatidine solution</i>	G	
<b>Nulytely</b>	NPD	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Olpruva Pak</b>	NPD, SP	PA
<b>Omeclamox-Pak</b>	NPD	
<i>omeprazole</i>	G	QL
<i>ondansetron HCl</i>	LCG	
<b>Orlistat Cap</b>	NPD	PA, R
<b>Osmoprep tab</b>	NPD	PA
<b>Pancreaze</b>	NPD	PA
<i>pancrelipase EC/SA</i>	G	
<i>pantoprazole</i>	G	QL
<i>pantoprazole pak</i>	G	PA, QL
<i>peg-kcl-nacl-nasulf-na asc-c soln reconstituted</i>	G	
<i>PEG 3350 &amp; electrolytes</i>	G	
<b>Peg-Prep</b>	NPD	QL
<b>Pentasa 250mg</b>	NPD	QL
<b>Pentasa 500mg</b>	NPD	PA
<b>Pepcid tabs, suspension</b>	NPD	PA
<b>Pertzye</b>	NPD	PA
<b>Pheburane Mis 483/gm</b>	NPD, SP	PA
<b>Plenvu Soln</b>	NPD	PA
<b>Prevacid caps</b>	NPD	PA, QL
<b>Prevacid SoluTab</b>	NPD	PA, QL
<b>Prilosec packets</b>	NPD	PA, QL
<i>prochlorperazine suppository</i>	G	
<i>prochlorperazine tabs</i>	G	
<b>Protonix</b>	NPD	PA, QL
<b>Protonix packets</b>	NPD	PA, QL
<b>Pylera</b>	NPD	
<i>rabeprazole DR tab 20mg</i>	G	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Rabeprazole Sprinkle Cap 10mg</b>	NPD	PA, QL
<i>ranitidine 300mg</i>	G	
<b>Ravicti</b>	NPD, SP	PA
<b>Recorlev 150mg Tab</b>	NPD, SP	PA, QL
<b>Reglan</b>	NPD	
<b>Relistor</b>	NPD	PA
<b>Reltone</b>	NPD	PA
<b>Sancuso Patch</b>	NPD	PA
<i>scopolamine patch</i>	G	
<b>SFRowasa enema</b>	NPD	
<i>sodium/potassium sol magnesium</i>	G	
<i>sucralfate tabs</i>	G	
<b>Suflave Sol</b>	NPD	QL
<i>sulfasalazine</i>	G	
<b>Suprep Bowel Prep Kit</b>	NPD	
<b>Sutab</b>	NPD	
<b>Symproic</b>	PB	
<b>Syndros</b>	NPD	
<b>Tarpeyo</b>	NPD	PA, QL
<b>Tigan</b>	NPD	
<b>Transderm-Scop patch</b>	NPD	
<i>trimetho-benzamide</i>	G	
<b>Trulance</b>	NPD	PA
<b>Urso 250 Tab</b>	NPD	PA
<b>Urso Forte Tab</b>	NPD	PA
<b>Ursodiol Cap</b>	NPD	PA
<i>ursodiol tab</i>	G	
<b>Varubi</b>	NPD	
<b>Viberzi</b>	NPD	PA
<b>Viokace</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Voquezna Pak</b>	NPD	
<b>Voquezna Tabs</b>	NPD	PA, QL
<b>Xenical</b>	NPD	PA, R
<b>Xermelo</b>	NPD	PA
<b>Zantac</b>	NPD	
<b>Zegerid packets</b>	NPD	PA, QL
<b>Zelnorm</b>	NPD	PA
<b>Zenpep</b>	PB	
<b>Zofran</b>	NPD	
<b>Zorbtive</b>	NPD, SP	PA
<b>Zuplenz</b>	NPD	
<b>Zymfentra Inj</b>	NPD, SP	PA

### BONE, JOINT, & MUSCLE

<b>Actemra SC</b>	NPD, SP	PA
<b>Actonel</b>	NPD	PA, QL
<b>Adalimu-AACF Inj 40/0.8ml</b>	PB, SP	PA, QL
<b>Adalimu-AATY Kit</b>	NPD, SP	PA, QL
<b>Adalimu-Adaz Inj 40/0.4ml (Sandoz)</b>	NPD, SP	PA, QL
<b>Adalimu-RYVK Inj</b>	NPD, SP	PA, QL
<b>Adalimumab adbm</b>	NPD, SP	PA, QL
<b>Adalimumab fkjp</b>	NPD, SP	PA, QL
<b>Adalimumab-ADB M Crohns/UC/HS Starter</b>	NPD, SP	PA, QL
<b>Adalimumab-ADB M Psoriasis/Uveitis Starter</b>	NPD, SP	PA, QL
<b>Adalimumab - A Kit 40/0.8ml</b>	PB, SP	PA, QL
<b>Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml</b>	PB, SP	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>alendronate</i>	LCG	QL
<i>allopurinol</i>	G	
<b>Allopurinol 200mg Tab</b>	NPD	PA
<i>alosetron hcl</i>	G	
<b>Amjevita Inj</b>	NPD, SP	PA, QL
<b>Amrix</b>	NPD	PA
<b>Anaprox DS</b>	NPD	PA
<b>Arava</b>	NPD	PA
<b>Arcalyst</b>	NPD, SP	PA
<b>Arthrotec</b>	NPD	PA
<b>Atelvia</b>	NPD	QL
<i>baclofen</i>	G	
<b>Baclofen soln</b>	NPD	PA
<i>baclofen sus 25mg/ml</i>	G	PA, QL
<b>Binosto</b>	NPD	PA, QL
<b>Boniva</b>	NPD	PA, QL
<i>calcitonin-salmon inj</i>	G	
<i>calcitonin-salmon (rDNA origin) nasal spray</i>	G	
<i>carisoprodol</i>	G	
<b>Celebrex</b>	NPD	PA
<i>celecoxib</i>	G	
<i>chlorzoxazone 375mg, 500mg, 750mg</i>	G	
<b>Cimzia</b>	PB, SP	PA
<b>Colchicine Cap 0.6mg</b>	NPD	PA
<i>colchicine 0.6mg tab</i>	G	
<i>colchicine/probenecid</i>	G	
<b>Colcris</b>	NPD	PA
<b>Cuprimine</b>	NPD, SP	PA
<b>Cuvposa</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Cuvrior</b>	NPD, SP	PA
<i>cyclobenzaprine</i>	LCG	
<b>Cyclobenzaprine ER</b>	NPD	PA
<b>Cyltezo Inj</b>	NPD, SP	PA, QL
<b>Dantrium</b>	NPD	
<i>dantrolene</i>	G	
<b>Dartisla ODT</b>	NPD	PA, QL
<b>Diclofenac epolamine transdermal 1.3%</b>	NPD	PA, QL
<i>diclofenac potassium</i>	G	
<i>diclofenac sodium DR</i>	G	
<i>diclofenac sodium ER</i>	G	
<i>diclofenac sodium soln 1.5%</i>	G	
<i>diclofenac soln 2%</i>	G	PA
<i>diclofenac/misoprostol</i>	G	
<b>EC-Naprosyn</b>	NPD	PA
<b>Enbrel</b>	PB, SP	PA
<b>Entyvio Inj</b>	NPD, SP	PA
<i>etidronate disodium</i>	G	
<i>etodolac</i>	G	
<i>febuxostat</i>	G	PA
<b>Feldene</b>	NPD	
<b>Fenoprofen calcium</b>	NPD	PA
<b>Fenortho</b>	NPD	PA
<i>fesoterodine tab ER</i>	G	
<b>Fexmid</b>	NPD	
<b>Flector Patch</b>	NPD	PA, QL
<b>Fleqsuvy Susp 25mg/5ml</b>	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>flurbiprofen</i>	G	
<b>Fosamax</b>	NPD	QL
<b>Fosamax Plus D</b>	NPD	QL
<b>Gloperba Soln</b>	NPD	PA
<i>glycopyrrolate oral solution 1mg/5ml</i>	G	
<i>glycopyrrolate tab</i>	G	
<b>Hadlima Inj</b>	NPD, SP	PA, QL
<b>Hulio Inj</b>	NPD, SP	PA, QL
<b>Humira (2 Pen) Pen-Injector Kit 40mg/0.4ml, 80mg/0.8ml</b>	NPD, SP	PA, QL
<b>Humira (2 Syringe) Prefilled Syringe Kit 10mg/0.1ml, 20mg/0.2ml</b>	PB, SP	PA, QL
<b>Humira (2 Syringe) Prefilled Syringe Kit 40mg/0.4ml</b>	NPD, SP	PA, QL
<b>Humira Prefilled Syringe Kit 40MG/0.8ML</b>	NPD, SP	PA, QL
<b>Humira-CD/UC/HS Starter Pen-Injector Kit</b>	NPD, SP	PA, QL
<b>Humira-Ped UC Starter Pen-Injector Kit</b>	NPD, SP	PA, QL
<b>Humira-Psoriasis/Uveit Starter Pen-Injector Kit</b>	NPD, SP	PA, QL
<b>Humira-Ps/UV/Adol HS Starter Pen-Injector Kit</b>	NPD, SP	PA, QL
<b>Hyrimoz Auto-Injector/ Prefilled Syringe</b>	NPD, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ibandronate</i>	G	QL
<i>ibuprofen</i>	LCG	
<b>Idacio Inj</b>	NPD, SP	PA, QL
<i>indomethacin</i>	G	
<b>Indomethacin 20mg capsule</b>	NPD	PA
<i>indomethacin SR</i>	G	
<i>indomethacin sus 25mg/5ml</i>	G	AL
<b>Joenja</b>	NPD, SP	PA
<b>Ketoprofen 25mg cap</b>	NPD	PA
<i>ketoprofen ER</i>	G	
<i>ketorolac</i>	G	
<b>Ketorolac sol tromethamine</b>	NPD	PA, QL
<b>Kevzara</b>	NPD, SP	PA
<b>Kineret</b>	NPD, SP	PA
<i>leflunomide</i>	G	
<b>Lodoco</b>	NPD	PA
<b>Lorzone</b>	NPD	PA
<b>Lotronex</b>	NPD	PA
<b>Lyvispah Gra</b>	NPD	PA
<i>meclofenamate</i>	G	
<i>meloxicam cap</i>	G	PA
<b>Meloxicam susp</b>	NPD	PA
<i>meloxicam tab</i>	LCG	
<b>Metaxalone</b>	NPD	PA
<b>Miacalcin</b>	NPD	
<b>Mitigare</b>	NPD	PA
<b>Mobic</b>	NPD	PA
<i>nabumetone</i>	G	
<b>Nalfon</b>	NPD	PA
<b>Naprelan</b>	NPD	PA
<b>Naprosyn</b>	NPD	PA
<b>Naprosyn susp</b>	NPD	AL
<i>naproxen sodium</i>	G	
<i>naproxen sodium DR</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen sodium ER</i>	G	
<i>naproxen sodium ER 750mg</i>	G	PA
<i>naproxen sodium susp</i>	G	AL
<b>Norgesic Forte Tab</b>	NPD	PA
<b>Norgesic Tab</b>	NPD	PA
<b>Olumiant</b>	NPD, SP	PA
<b>OmvoH Inj</b>	NPD, SP	PA
<b>Orencia</b>	NPD, SP	PA
<b>Orphenadrine-asa-caffeine</b>	NPD	PA
<i>orphenadrine ER</i>	G	
<b>Orphengesic Forte Tab</b>	NPD	PA
<b>Otezla</b>	PB, SP	PA
<b>Otrexup</b>	NPD	PA
<i>oxaprozin</i>	G	
<b>Ozobax Soln</b>	NPD	PA
<b>Pennsaid</b>	NPD	PA
<i>piroxicam</i>	G	
<i>probenecid</i>	G	
<i>raloxifene hcl</i>	G	
<b>Rasuvo</b>	PB	PA
<i>risedronate</i>	G	QL
<i>risedronate DR</i>	G	QL
<b>Robaxin</b>	NPD	
<i>salsalate tab</i>	G	
<i>silodosin</i>	G	
<b>Simlandi Kit/Inj</b>	NPD, SP	PA, QL
<b>Simponi</b>	PB, SP	PA
<b>Skelaxin</b>	NPD	PA
<b>Soma</b>	NPD	PA
<b>Sotyktu</b>	NPD, SP	PA
<b>Stelara</b>	PB	PA
<i>sulindac</i>	G	
<i>tizanidine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tolmetin</i>	G	
<b>Toviaz</b>	NPD	PA
<b>Uloric</b>	NPD	PA
<b>Velsipity</b>	NPD, SP	PA
<b>Viibryd</b>	NPD	PA
<i>vilazodone</i>	G	
<b>Voltaren Gel</b>	NPD	
<b>Xeljanz [XR]</b>	PB, SP	PA
<b>Yuflyma 2pen Kit 40/0.4ml</b>	NPD, SP	PA, QL
<b>Yuflyma 2Syr Kit 40/0.4ml</b>	NPD, SP	PA, QL
<b>Yuflyma Kit 20/0.2ml</b>	NPD, SP	PA, QL
<b>Yusimry Soln</b>	NPD, SP	PA, QL
<b>Zanaflex</b>	NPD	PA
<b>Zeposia</b>	NPD, SP	PA
<b>Zipsor</b>	NPD	PA, QL
<b>Zurampic 200mg</b>	NPD	PA
<b>Zyloprim</b>	NPD	PA

### FEMALE, HORMONE REPLACEMENT, & BIRTH CONTROL

The Injectable Fertility Agents in this section are covered only under certain benefits programs. Please check your handbook to determine coverage.

<b>Activella</b>	NPD	
<b>Addyi</b>	NPD	PA
<b>Alora</b>	NPD	PA
<b>Angeliq</b>	NPD	PA
<b>Annovera Mis</b>	NPD	QL
<i>aurovela 24 FE 1/20</i>	G	
<b>Aygestin</b>	NPD	
<b>Balcoltra</b>	NPD	
<b>Beyaz</b>	NPD	
<b>Bijuva cap</b>	NPD	
<i>blisovi 24 FE 1/20</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Bravelle</b>	NPD, SP	PA, QL, R
<b>Brevicon</b>	NPD	
<b>Cenestin</b>	PB	
<i>cetorelix inj</i>	G, SP	
<i>cetorelix kit</i>	G, SP	
<i>charlotte 24 chew FE 1/20</i>	G	
<b>Cleocin vaginal</b>	NPD	PA
<b>Climara patch</b>	PB	
<i>clomiphene citrate</i>	G	
<b>Crinone Gel 4%</b>	NPD	
<b>Crinone Gel 8%</b>	NPD	PA
<b>Cyclessa</b>	NPD	
<b>Depo SubqQ Provera</b>	NPD	QL
<b>Depo-Provera</b>	NPD	QL
<b>Desogen</b>	NPD	
<i>desogestrel-ethinyl estradiol</i>	G	
<b>Diflucan</b>	NPD	PA
<b>Divigel</b>	NPD	
<i>drospirenone-ethinyl estradiol</i>	ACA	
<i>eluryng mis</i>	ACA	QL
<b>Endometrin Insert 100mcg Vaginal</b>	PB	
<b>Estrace Cream</b>	NPD	PA
<b>Estrace Tab</b>	NPD	
<i>estradiol</i>	G	
<i>estradiol cream 0.1%</i>	G	
<i>estradiol transdermal</i>	G	
<b>Estring</b>	PB	
<b>EstroGel Gel</b>	NPD	
<i>estropipate</i>	G	
<b>Estrostep FE</b>	NPD	
<b>Evista</b>	NPD	PA

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<i>fayosim tab</i>	G	
<b>Femcon FE</b>	NPD	
<b>FemHRT</b>	NPD	
<b>Femring</b>	NPD	PA
<i>finzala chew FE 1/20</i>	G	
<b>Follistim AQ</b>	PB, SP	QL, R
<b>Gemmily cap 1/20</b>	ACA	
<b>Generess FE</b>	NPD	
<b>Gonal-f</b>	NPD, SP	PA, QL, R
<i>hailey 1.5/30</i>	ACA	
<i>hailey 24 FE 1/20</i>	G	
<b>Imvexxy</b>	PB	
<b>Intrarosa</b>	NPD	PA
<i>joyeaux</i>	G	
<i>junel FE 24 tab</i>	G	
<i>kaitlib FE chew</i>	G	
<i>layolis FE chew</i>	G	
<i>leena tab</i>	G	
<i>levonorgestrel-ethinyl estradiol</i>	G	
<i>levonorgestrel/my way/next dose</i>	ACA	
<b>Loestrin</b>	NPD	
<b>Lo Loestrin FE</b>	PB	
<b>Loseasonique</b>	NPD	
<i>lyllana Dis</i>	G	
<b>Lysteda</b>	NPD	
<i>medroxyprogesterone acetate suspension IM</i>	ACA	QL
<i>medroxyprogesterone acetate tab</i>	LCG	
<i>melodetta chew 24 FE</i>	G	
<b>Menest</b>	NPD	
<b>Menopur</b>	NPD, SP	PA, QL, R

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Metrogel vaginal</b>	NPD	
<i>metronidazole</i>	LCG	
<i>metronidazole vaginal gel</i>	G	
<i>mibelas 24 chew FE</i>	G	
<i>microgestin 24 FE 1/20</i>	G	
<b>Minastrin 24 FE</b>	NPD	
<b>Minivelle</b>	NPD	PA
<b>Mircette</b>	NPD	
<b>Myfembree</b>	PB	PA
<b>Natazia</b>	NPD	
<b>Nextstellis</b>	NPD	
<i>nore/eth/fer chew 0.4mg-35mcg</i>	G	
<i>norethin-ethynil-fer cap 1/20</i>	G	
<i>norethindrone</i>	G	
<i>norethindrone acetate</i>	G	
<i>norethindrone-ethinyl estradiol</i>	ACA	
<i>norethindrone-mestranol</i>	ACA	
<i>norgestimate-ethinyl estradiol</i>	ACA	
<i>norgestrel-ethinyl estradiol</i>	ACA	
<b>Nuvaring</b>	NPD	QL
<b>OB Complete</b>	NPD	PA
<b>Oriahnn cap</b>	PB	PA
<b>Ortho Micronor</b>	NPD	
<b>Ortho Novum</b>	NPD	
<b>Ortho Tri-Cyclen</b>	NPD	
<b>Ortho Tri-Cyclen Lo</b>	NPD	
<b>Ortho Cyclen</b>	NPD	
<b>Ovidrel</b>	PB, SP	R

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Plan B One-Step</b>	NPD	QL
<b>Premarin</b>	PB	
<b>Premarin vaginal cream</b>	PB	
<b>Premphase</b>	PB	
<b>Prempro</b>	PB	
<i>progesterone, micronized</i>	G	
<b>Prometrium</b>	NPD	
<b>Provera</b>	NPD	
<b>Quartette</b>	NPD	
<i>raloxifene</i>	G	
<b>Safyral</b>	NPD	
<b>Seasonique</b>	NPD	
<b>Slynd</b>	NPD	
<b>Synarel</b>	NPD	
<i>tarina 24 FE tab</i>	G	
<b>Taytulla</b>	NPD	
<i>terconazole cream</i>	G	
<i>tilia FE tab</i>	G	
<i>tri-legest FE</i>	G	
<b>Tri-norinyl</b>	NPD	
<b>Twirla Dis</b>	NPD	QL
<b>Tyblume</b>	NPD	
<i>tydemi tab</i>	G	
<b>Vagifem</b>	NPD	PA
<b>Vandazole</b>	NPD	PA
<b>VCF Vaginal Gel 4%</b>	NPD	
<b>Vivelle Dot</b>	NPD	PA
<b>Vyleesi</b>	NPD	PA, QL
<i>wymzya Fe tablet chewable</i>	G	
<i>xulane</i>	ACA	QL
<b>Yasmin</b>	NPD	
<b>YAZ</b>	NPD	
<i>yuvafem</i>	G	
<b>Zafemy DIS</b>	ACA	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>EYE MEDICATIONS</b>		
<b>Acular/Acular LS</b>	NPD	
<b>Alcaine</b>	NPD	
<b>Alocril Soln</b>	NPD	PA
<b>Alphagan P soln</b>	NPD	PA
<b>Alrex</b>	NPD	PA
<i>apraclonidine</i>	G	
<i>atropine sulfate</i>	G	
<i>azelastine HCL drops</i>	G	
<b>Azopt</b>	NPD	PA
<i>bacitracin ophth</i>	G	
<i>bacitracin/ polymyxin B ophth oint</i>	G	
<i>bepotastine</i>	G	
<b>Bepreve</b>	NPD	PA
<b>Besivance</b>	PB	
<b>Betagan</b>	NPD	
<i>betaxolol</i>	G	
<b>Betimol</b>	NPD	
<b>Betoptic S</b>	NPD	PA
<i>bimatoprost</i>	G	
<b>Bleph 10</b>	NPD	
<b>Blephamide S.O.P. ointment</b>	NPD	
<i>brimonidine sol 0.1%</i>	G	
<i>brimonidine tartrate</i>	G	
<i>brimonidine/ timolol soln 0.2-0.5%</i>	G	
<i>brinzolamide sus 1%</i>	G	
<i>bromfenac drops</i>	G	
<b>Bromsite sol 0.075%</b>	NPD	PA
<i>carteolol</i>	G	

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<b>Cequa Sol 0.09%</b>	NPD	PA, QL
<b>Ciloxan Sol</b>	NPD	
<i>ciprofloxacin</i>	G	
<b>Combigan soln 0.2-0.5%</b>	NPD	PA
<b>Cosopt</b>	NPD	PA
<b>Cosopt PF</b>	NPD	PA
<i>cromolyn ophth</i>	G	
<b>Cyclogyl</b>	NPD	
<i>cyclopentolate HCl</i>	G	
<i>cyclosporine emulsion</i>	G	QL
<b>Cystadrops Soln</b>	NPD, SP	PA, QL
<i>dexamethasone ophth</i>	G	
<b>Diamox Sequels</b>	NPD	
<i>diclofenac soln 0.1% ophth</i>	G	
<i>difluprednate emu</i>	G	
<i>dorzolamide HCl 2%</i>	G	
<i>dorzolamide-timolol</i>	G	
<b>Durezol Emu</b>	NPD	
<b>Elestat</b>	NPD	
<i>epinastine HCl</i>	G	
<i>erythromycin etyhylsuccinate susp</i>	G	
<i>erythromycin ophth oint</i>	G	
<b>Eysuvis Ophth</b>	NPD	
<i>fluorometholone</i>	G	
<i>furbiprofen</i>	G	
<b>FML Liquifilm suspension</b>	NPD	
<b>Gentak Oint 0.3% OP</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>gentamicin ophth</i>	G	
<i>homatropine ophthalmic</i>	LCG	
<b>Homatropaire sol 5% OP</b>	NPD	
<b>Ilevro Susp 0.3%</b>	NPD	PA
<b>Inveltys Susp 1%</b>	NPD	
<b>Iopidine</b>	NPD	PA
<b>Isopto Carpine</b>	NPD	
<b>Istalol Drops</b>	NPD	PA
<b>Iyuzeh Drops 0.005%</b>	NPD	PA
<i>ketorolac ophth soln</i>	G	
<b>Lastacraft</b>	NPD	PA
<i>latanoprost</i>	G	
<i>levobunolol</i>	G	
<i>levofloxacin ophth soln</i>	G	
<b>Lotemax [SM]</b>	NPD	
<i>loteprednol susp</i>	G	
<b>Lumigan</b>	PB	
<b>Maxitrol</b>	NPD	
<i>methazolamide</i>	G	
<b>Miebo Drops</b>	PB	QL
<b>Moxeza</b>	NPD	
<i>moxifloxacin ophthalmic soln</i>	G	
<b>Mydriacyl</b>	NPD	
<i>neomycin/ polymyxin B/ dexamethasone</i>	G	
<b>Neosporin soln</b>	NPD	
<b>Nevanac Susp 0.1%</b>	NPD	PA
<b>Ocufen</b>	NPD	
<b>Ocuflox</b>	NPD	
<i>ofloxacin</i>	G	
<i>olopatadine hcl</i>	G	
<b>Omnipred</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Oxervate soln 200mcg/ml</b>	NPD, SP	PA, QL
<b>Patanol</b>	NPD	
<b>Phospholine Iodide</b>	PB	
<i>pilocarpine</i>	G	
<i>polymyxin B/neo/bacitracin</i>	G	
<i>polymyxin B/neo/gramicidin</i>	G	
<i>polymyxin B/trimethoprim soln</i>	G	
<b>Polytrim</b>	NPD	
<b>Pred-Forte</b>	NPD	PA
<i>prednisolone acetate</i>	G	
<i>prednisolone sodium phosphate</i>	G	
<i>prednisolone/sodium sulfacetamide</i>	G	
<b>Prolensa sol 0.07%</b>	NPD	PA
<i>proparacaine</i>	G	
<b>Rescula</b>	NPD	PA
<b>Restasis Emulsion 0.05% Ophthalmic</b>	NPD	QL
<b>Restasis Multidose</b>	PB	QL
<b>Rhopressa Soln 0.02%</b>	NPD	
<b>Rocklatan Soln 0.02-0.005%</b>	NPD	
<b>Simbrinza Susp 1-0.2%</b>	PB	PA
<i>sulfacetamide</i>	G	
<i>tafluprost soln</i>	G	
<i>timolol ophth</i>	G	
<b>Timoptic</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Timoptic XE</b>	NPD	
<b>Tobradex</b>	NPD	
<i>tobramycin-dexamethasone</i>	G	
<i>tobramycin ophthalmic</i>	LCG	
<b>Tobrex</b>	NPD	
<b>Travatan Z</b>	NPD	
<i>travoprost</i>	G	
<i>trifluridine</i>	G	
<i>trimethoprim sulfate/polymyxin B</i>	G	
<i>trimethoprim tab</i>	G	
<i>tropicamide</i>	LCG	
<b>Trusopt</b>	NPD	
<b>Tyrvaya Sol</b>	NPD	QL
<b>Upneeq Soln</b>	NPD	PA
<b>Verkazia Emu 0.1%</b>	NPD	PA, QL
<b>Vevye Drop 0.1%</b>	NPD	PA, QL
<b>Vigamox</b>	NPD	
<b>Viroptic</b>	NPD	
<b>Vyzulta Soln 0.024% OP</b>	NPD	PA
<b>Xalatan</b>	NPD	
<b>Xdemvy Drops 0.25%</b>	NPD	PA, QL
<b>Xelpros Emulsion 0.005%</b>	NPD	PA
<b>Xiidra</b>	PB	QL
<b>Zerviate Drops 0.24%</b>	NPD	PA
<b>Zioptan</b>	NPD	PA
<b>Zymaxid</b>	NPD	
ALLERGY, COUGH & COLD, LUNG MEDS		
<b>Accolate</b>	NPD	AL
<i>acetylcysteine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Advair Diskus</b>	NPD	PA
<b>Advair HFA</b>	PB	
<b>Aerospan</b>	NPD	PA
<b>AirDuo Digihaler</b>	NPD	PA
<b>AirDuo RespiClick</b>	NPD	PA
<b>Airsupra AER</b>	NPD	PA
<i>albuterol sulfate er</i>	G	
<i>albuterol sulfate nebulizer soln, syrup, tab</i>	G	
<b>Alvesco</b>	NPD	PA
<b>Anoro Ellipta</b>	PB	
<i>arformoterol neb 15/2ml</i>	G	
<b>ArmonAir Digihaler</b>	NPD	PA
<b>ArmonAir RespiClick</b>	NPD	PA
<b>Arnuity Ellipta</b>	PB	
<b>Asmanex</b>	NPD	PA
<b>Asmanex HFA</b>	NPD	PA
<b>Atrovent HFA</b>	PB	
<b>Auvi-Q 0.1mg</b>	NPD	QL, AL
<b>Auvi-Q 0.15mg and 0.3mg</b>	NPD	PA, QL
<i>azelastine nasal spray</i>	G	
<i>azelastine/ fluticasone spray 137-50</i>	G	PA
<b>Beconase AQ</b>	NPD	PA
<i>benzonatate</i>	LCG	
<b>Bevespi Aerosphere</b>	NPD	PA
<i>bosentan</i>	G, SP	PA
<b>Breo Ellipta</b>	PB	
<b>Breyna AER</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Breztri Aerosphere</b>	PB	
<i>bromfed DM</i>	G	
<b>Bronchitol Cap</b>	NPD, SP	PA
<b>Brovana Neb</b>	NPD	
<i>budesonide susp.</i>	G	
<b>Budesonide-formoterol</b>	NPD	PA
<i>carbinoxamine</i>	G	
<b>Carbinoxamin ER Sus</b>	NPD	
<b>Cayston</b>	NPD, SP	PA
<i>cheratussin AC</i>	G	5DS, QL, AL, MME
<i>cheratussin DAC</i>	G	5DS, QL, AL, MME
<b>Clarinox</b>	NPD	PA
<b>Clarinox-D</b>	NPD	PA, AL
<b>Clemastine syrup</b>	NPD	PA
<i>clemastine tab</i>	NPD	
<b>Combivent Respimat</b>	PB	
<i>cromolyn inhalation soln</i>	G	
<i>cyproheptadine</i>	LCG	
<i>dalfampridin ER</i>	G, SP	PA, QL
<b>Daliresp</b>	NPD	
<i>desrx gel 0.05%</i>	G	
<b>Dexchlorpheniramine soln</b>	NPD	PA
<b>Duaklir</b>	NPD	PA
<b>Dulera</b>	NPD	PA
<b>Dymista</b>	NPD	PA
<b>Elixophyllin Elixir</b>	NPD	
<b>Epinephrine pen 0.15mg</b>	PB	QL
<i>epinephrine pen 0.3mg</i>	G	QL
<b>EpiPen</b>	NPD	PA, QL
<b>EpiPen Jr.</b>	NPD	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Esbriet</b>	NPD, SP	PA, LDD
<b>Filspari tab</b>	NPD, SP	QL, PA
<b>Flovent Diskus</b>	NPD	PA
<b>Flovent HFA</b>	NPD	PA (Bypass PA for members 5 years of age and under)
<i>flutisolidide</i>	G	
<b>Flutic/Vilan INH</b>	NPD	PA
<b>Fluticasone HFA AER</b>	NPD	PA (Bypass PA for members 5 years of age and under)
<b>Fluticasone propionate diskus</b>	NPD	PA
<i>fluticasone propionate nasal susp</i>	G	
<b>Fluticasone/ Salmeterol AER</b>	NPD	PA
<i>fluticasone-salmeterol AER powder</i>	G	
<i>formoterol neb 20/2ml</i>	G	
<b>Grastek</b>	NPD	PA
<b>Hycodan Sol 5-1.5mg/5ml</b>	NPD	QL, AL, MME
<b>Hycodan Tab 5-1.5mg</b>	NPD	QL, MME
<b>Hycofenix</b>	NPD	QL, 5DS
<i>hydrocodon-cpm-phenylephrine</i>	G	QL, 5DS, AL, MME
<i>hydrocod-cpm-pseudoephedrine</i>	G	QL, 5DS, AL, MME
<i>hydrocodone bit/homatrop syrup</i>	G	QL, 5DS, AL, MME
<i>hydrocodone-chlorpheniramine susp</i>	G	QL, 5DS, AL, MME
<i>hydromet</i>	G	QL, 5DS, AL, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>hydroxyzine HCL syrup</i>	G	
<i>hydroxyzine HCL tabs</i>	LCG	
<i>hydroxyzine pamoate</i>	G	
<b>HyperSal</b>	NPD	
<b>Incruse Ellipta</b>	NPD	PA
<i>ipratropium-albuterol</i>	G	
<i>ipratropium inhalation soln</i>	G	
<i>ipratropium nasal spray</i>	G	
<b>Isturisa</b>	NPD, SP	QL, PA
<b>Javygtor Pak</b>	NPD, SP	PA
<b>Kitabis Pak</b>	NPD, SP	PA, LDD
<b>Kuvan</b>	NPD, SP	PA
<i>levalbuterol neb</i>	G	
<b>Levalbuterol tartrate HFA</b>	NPD	QL
<b>Lonhala Magnair Soln</b>	NPD	PA
<i>metaproterenol</i>	G	
<i>montelukast sodium</i>	G	
<b>Nucala Soln</b>	PB, SP	PA
<b>Obredon</b>	NPD	QL, 5DS, AL, MME
<b>Odactra SL</b>	NPD	PA
<b>Ofev</b>	NPD, SP	PA
<b>Oralair</b>	NPD	PA
<b>Palforzia cap/ powder</b>	NPD	PA
<b>Perforomist Neb</b>	NPD	
<i>pirfenidone</i>	G, SP	PA
<b>ProAir Digihaler</b>	NPD	PA, QL
<b>ProAir HFA</b>	NPD	QL
<b>ProAir RespiClick</b>	NPD	QL

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<i>promethazine</i>	LCG		<b>Tezspire Inj</b>	PB, SP	PA
<i>promethazine/ codeine</i>	LCG	QL, 5DS, AL, MME	<b>Theo-24</b>	PB	
<i>promethazine/ dextromethorphan</i>	G		<i>theochron</i>	G	
<i>promethazine/ phenylephrine</i>	G		<i>theophylline soln</i>	G	
<b>Proventil HFA</b>	NPD	PA, QL	<i>theophylline extended release</i>	G	
<b>Pulmicort Flexhaler</b>	PB		<b>Thiola [EC]</b>	NPD, SP	
<b>Pulmicort Respules</b>	NPD	PA	<i>tiopronin</i>	G, SP	
<b>Pulmozyme</b>	PB, SP		<b>Tiotropium bromide cap 18mcg</b>	NPD	PA
<b>Qvar</b>	NPD	PA	<b>Tracleer</b>	NPD, SP	PA
<b>Ragwitek</b>	NPD	PA	<b>Trelegy Ellipta</b>	PB	
<b>Rebetol</b>	NPD, SP		<b>Tudorza Pressair</b>	NPD	PA
<b>Rezira</b>	NPD	QL, 5DS, AL, MME	<b>Tussicap</b>	NPD	QL, 5DS, AL, MME
<i>roflumilast</i>	G		<b>Tuxarin ER tabs</b>	NPD	QL, 5DS, AL, MME
<b>Ryclora</b>	NPD	PA	<b>Tuzistra XR</b>	NPD	QL, 5DS, AL, MME
<b>Ryvent</b>	NPD		<b>Utibron Neohaler</b>	NPD	PA
<i>sapropterin pow/ tab</i>	G, SP	PA	<b>Ventolin HFA</b>	NPD	PA, QL
<b>Seebri</b>	NPD	PA	<b>Vistaril</b>	NPD	
<b>Semprex-D</b>	NPD	QL	<b>Vituz</b>	NPD	QL, 5DS, AL, MME
<b>Serevent Diskus</b>	PB		<b>VoSpire ER</b>	NPD	
<b>Singulair</b>	NPD	PA	<b>Winrevair Inj</b>	NPD, SP	PA
<i>sodium chloride inhalation</i>	G		<i>wixela inhub aer</i>	G	
<b>Spiriva</b>	PB		<b>Xhance</b>	NPD	PA
<b>Stiolto Respimat</b>	PB		<b>Xolair Inj</b>	PB, SP	PA
<b>Striverdi Respimat Aer Solution</b>	PB		<b>Xopenex Nebulization Soln</b>	NPD	PA
<b>Symbicort</b>	PB		<b>Xopenex HFA</b>	NPD	PA, QL
<b>Symdeko</b>	NPD, SP	PA	<b>Yupelri Soln</b>	NPD	PA
<b>Symjepi Inj</b>	NPD	QL	<b>Z-Tuss AC</b>	NPD	QL, 5DS, AL, MME
<i>terbutaline sulfate tabs</i>	G		<i>zafirlukast</i>	G	AL
<b>Tessalon Perles</b>	NPD		<i>zileuton ER 600mg</i>	G	PA
			<b>Zutripro</b>	NPD	QL, 5DS, AL, MME
			<b>Zyflo 600mg tab</b>	NPD	PA
			<b>Zyflo CR 600mg</b>	NPD	AL

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<b>URINARY &amp; PROSTATE MEDS</b>		
<b>Accrufer</b>	NPD	PA
<i>alfuzosin</i>	G	
<b>Anaspaz</b>	NPD	
<b>Avodart</b>	NPD	PA, AL
<i>bethanechol</i>	G	
<b>Cardura</b>	NPD	PA
<b>Caverject</b>	PB	PA, QL
<b>Cialis</b>	NPD	PA, QL
<i>darifenacin ER</i>	G	
<b>Detrol</b>	NPD	PA
<b>Detrol LA</b>	NPD	PA
<b>Ditropan XL</b>	NPD	PA
<i>doxazosin mesylate</i>	G	
<i>dutasteride</i>	G	AL
<i>dutasteride/tamsulosin hcl</i>	G	
<b>Duvyzat Sus</b>	NPD, SP	PA
<b>Edex</b>	NPD	PA, QL
<b>ED-Spaz</b>	NPD	
<b>Elmiron</b>	NPD	PA
<b>Enablex</b>	NPD	
<i>finasteride</i>	G	AL
<i>flavoxate</i>	G	
<b>Flomax</b>	NPD	PA
<b>Gelnique Gel</b>	NPD	PA
<b>Gemtesa</b>	NPD	PA
<i>hyoscyamine</i>	LCG	
<i>hyosyne</i>	LCG	
<b>IFE-PG 20</b>	NPD	PA, QL
<b>Jalyn</b>	NPD	PA
<b>Levbid</b>	NPD	
<b>Levitra</b>	NPD	PA, QL
<b>Levsin</b>	NPD	
<i>mirabegron</i>	G	
<b>Muse</b>	PB	PA, QL
<b>Myrbetriq</b>	PB	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Nulev</b>	NPD	
<i>oscimin</i>	LCG	
<i>oxybutynin tab [ER]</i>	G	
<i>oxybutynin sol</i>	G	
<i>oxybutynin syrup</i>	LCG	
<b>Oxytrol Patch</b>	NPD	PA
<i>phenazopyridine</i>	LCG	
<i>potassium citrate ER</i>	G	
<b>Proscar</b>	NPD	AL
<b>Pyridium</b>	NPD	
<b>Rapaflo</b>	NPD	PA
<i>solifenacin</i>	G	
<b>Staxyn</b>	NPD	PA, QL
<b>Stendra</b>	NPD	PA, QL
<b>Symax</b>	NPD	
<i>tamsulosin</i>	G	
<i>terazosin</i>	G	
<i>tolterodine tartrate</i>	G	
<i>tolterodine tartrate LA</i>	G	
<i>tropium chloride</i>	G	
<b>Urecholine</b>	NPD	
<b>Urocit-K</b>	NPD	
<b>Uroxatral</b>	NPD	PA
<i>varденаfil</i>	G	PA, QL
<i>varденаfil ODT</i>	G	PA, QL
<b>Vesicare</b>	NPD	PA
<b>Viagra</b>	NPD	PA, QL

### VITAMINS & ELECTROLYTES

<b>Auryxia</b>	NPD	
<b>Brand Prenatal Vitamins</b>	NPD	PA
<b>Buphenyl</b>	NPD, SP	PA
<b>Calciferol</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cyanocobalamin nasal spray</i>	G	PA
<b>Dailyvite w/Zinc &amp; NephlexRx</b>	NPD	
<b>Dojolvi Liq</b>	NPD	PA
<b>Duzallo</b>	NPD	PA
<i>ergocalciferol</i>	G	
<i>fluoritab chew tab</i>	LCG	
<b>Fosrenol</b>	NPD	
<b>Jynarque</b>	NPD, SP	PA
<b>K-Phos</b>	NPD	
<b>K-Tab</b>	NPD	
<i>klor-Con</i>	G	
<i>lanthanum chewable tab</i>	G	
<b>Lokelma PAK</b>	NPD	
<b>Mephyton</b>	NPD	
<i>multivitamin with fluoride drops, tabs</i>	G	
<b>Nascobal</b>	NPD	PA
<b>Nebusal Nebulization Solution</b>	NPD	
<b>Nestabs One</b>	NPD	PA
<b>Phospho-trin tab K500</b>	NPD	
<i>phytonadione tab</i>	G	
<i>potassium bicarbonate/ potassium citrate effervescent</i>	G	
<i>potassium chloride</i>	G	
<b>Pulmosal Nebulization Solution</b>	NPD	
<b>Quflora</b>	NPD	
<b>Royaldee</b>	NPD	PA
<i>sodium fluoride chew tab</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>sodium phenylbutyrate tab</i>	G, SP	PA
<b>SPS Suspension 15GM/60ml</b>	NPD	
<b>Tri-Vi-Flor, Poly-Vi-Flor with and without iron</b>	NPD	

### DIAGNOSTICS & MISCELLANEOUS AGENTS

<b>Alvaiz Tab</b>	NPD, SP	PA
<b>Berinert</b>	NPD, SP	PA
<b>Cablivi Kit</b>	NPD, SP	QL
<i>calcium acetate</i>	G	
<b>Carbaglu</b>	NPD, SP	PA
<i>carglumic</i>	G, SP	PA
<b>Cerdelga</b>	NPD, SP	PA
<b>Chemet</b>	PB	
<b>Chorionic gonadotropin</b>	NPD, SP	
<b>Cinryze</b>	NPD, SP	PA
<i>clovique</i>	G, SP	PA
<b>Cystadane</b>	NPD, SP	
<b>Cystagon</b>	NPD, SP	PA
<i>deferasirox tab/ granules</i>	G	PA
<i>deferiprone tab</i>	G	PA
<b>D-Penammine 125mg tablet</b>	NPD, SP	
<i>dichlorphenate tab</i>	G, SP	PA
<b>Doptelet</b>	NPD, SP	PA
<b>Empaveli Inj</b>	NPD, SP	PA
<b>Exjade</b>	NPD	PA
<b>Fabhalta</b>	NPD, SP	PA
<b>Ferriprox</b>	NPD	PA
<b>Firazyr</b>	NPD, SP	PA, QL
<b>Firdapse</b>	NPD, SP	PA
<b>Galafold</b>	NPD, SP	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ganirelix acetate soln</i>	G, SP	R
<b>Haegarda</b>	NPD, SP	PA
<i>icatibant inj</i>	G, SP	PA
<b>Idelvion</b>	NPD, SP	PA
<b>Jadenu tab/ granules</b>	NPD	PA
<b>Keveyis</b>	NPD, SP	PA
<b>Kionex Sus</b>	NPD	
<b>Metopirone</b>	NPD	
<i>midodrine HCl</i>	G	
<i>miglustat</i>	G, SP	PA
<i>nitisinone</i>	G, SP	PA
<b>Nityr</b>	NPD, SP	PA
<b>Novarel 5000 units</b>	NPD, SP	
<b>Novarel 10000 units</b>	PB, SP	
<b>Nulibry Inj</b>	NPD, SP	PA
<b>Ocaliva</b>	NPD, SP	PA
<b>Opfolda</b>	NPD, SP	
<b>Orfadin</b>	NPD, SP	PA
<b>Orladeyo</b>	NPD, SP	PA
<b>Oxbryta</b>	NPD, SP	PA
<b>Palynziq</b>	NPD, SP	PA
<i>penicillamine capsule</i>	G, SP	PA
<i>penicillamine tablet</i>	G, SP	
<b>PhosLo</b>	NPD	
<b>Phoslyra</b>	NPD	PA
<i>phospha</i>	G	
<b>Pokonza Pow</b>	NPD	PA
<b>Potaba</b>	NPD	
<i>pregnyl</i>	G, SP	
<b>Pyrukynd</b>	NPD, SP	PA
<b>Renagel</b>	NPD	
<b>Renvela</b>	NPD	
<b>Ridaura</b>	NPD, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Rinvoq</b>	PB, SP	PA
<b>Ruconest</b>	NPD, SP	PA
<b>Ruzurgi</b>	NPD, SP	PA
<i>sajazir inj</i>	G, SP	PA, QL
<i>sevelamer carbonate</i>	G	
<b>Strensiq</b>	NPD, SP	PA
<b>Sucraid Solution 8500 unit/ml</b>	NPD, SP	PA
<b>Syprine</b>	NPD, SP	PA
<b>Takhzyro Inj</b>	NPD, SP	PA
<b>Tavalisse</b>	NPD, SP	PA
<b>Tavneos</b>	NPD, SP	PA
<b>Tegsedi</b>	NPD, SP	PA
<i>trientine</i>	G, SP	PA
<b>Velphoro</b>	NPD	PA
<b>V-GO</b>	PB	
<b>Vowst</b>	NPD	PA, QL
<b>Voydeya</b>	NPD, SP	PA
<b>Vumerity</b>	PB, SP	
<b>Xphozah</b>	NPD, SP	PA
<b>Xuriden</b>	NPD, SP	PA
<i>yargesa</i>	G, SP	PA
<b>Zavesca</b>	NPD, SP	PA
<b>Zilbrysq Inj</b>	NPD, SP	PA
<b>Zokinvy</b>	NPD, SP	PA

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## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Telugu:** పట్టణం: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లైతే, మీ కొరకు తెలుగు భాషాసహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) కు కాల్ చేయండి.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

**Persian (Farsi):** توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih kojí' 1-800-275-2583.

**Urdu:** توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscoordinator@1901market.com](mailto:civilrightscoordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Index

## A

- abacavir sulfate tab, soln, **17**
- abacavir sulfate/lamivudine, **17**
- abacavir/lamivudine/zidovudine, **17**
- Abilify, **25**
- Abilify Mycite, **25**
- Abilify Mycite Tab
  - Maintenance/Starter Pak, **25**
- abiraterone, **22**
- Abrilada Inj, **52**
- Absorica, **42**
- Absorica LD, **42**
- Abstral, **25**
- acamprosate DR tab 333mg, **25**
- Acanya, **42**
- acarbose, **47**
- Accolate, **62**
- Accrufer, **66**
- Accupril, **35**
- Accuretic, **35**
- acutane cap, **42**
- acebutolol, **35**
- acetaminophen/codeine, **25**
- acetazolamide ER, **35**
- acetazolamide, **35**
- acetazolamide ER, **35**
- acetylcysteine, **62**
- Aciphex, **52**
- Aciphex Sprinkle, **52**
- acitretin, **42**
- Actemra SC, **55**
- Acticlate, **17**
- Actigall, **52**
- Actimmune, **35**
- Actiq, **25**
- Activella, **58**
- Actonel, **55**
- Actos, **47**
- Acular/Acular LS, **60**
- acyclovir, **17, 42**
- acyclovir 5% cream, **17**
- acyclovir cream/oint, **42**
- Aczone, **42**
- Adalat CC, **35**
- Adalimu-AACF Inj 40/0.8ml, **55**
- Adalimu-AATY Kit, **55**
- Adalimu-Adaz Inj 40/0.4ml (Sandoz), **55**
- Adalimu-RYVK Inj, **55**
- Adalimumab - A Kit 40/0.8ml, **55**
- Adalimumab adbm, **55**
- Adalimumab fkjp, **55**
- Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml, **55**
- Adalimumab-ADBM Crohns/UC/HS Starter, **55**
- Adalimumab-ADBM Psoriasis/Uveitis Starter, **55**
- Adapalene 0.1% lotion, **42**
- adapalene 0.1% soln, **42**
- adapalene 0.3% gel, **42**
- adapalene cream, **42**
- Adapalene pad 0.1%, **42**
- adapalene-benzoyl-peroxide gel, **42**
- Adbry Inj 150mg/ml, **42**
- Adcirca, **35, 41**
- Adderall, **25**
- Adderall XR, **25**
- Addyi, **58**
- adefovir dipivoxil, **17**
- Adempas, **35**
- Adhansia XR Capsule, **25**
- Adipex-P, **25**
- Adlarity Dis, **25**



- Adlyxin, **47**  
Admelog, **47**  
Adthyza tab, **47**  
Advair Diskus, **63**  
Advair HFA, **63**  
Advate, **35**  
Adynovate, **35**  
Adzenys ER Susp, **25**  
Adzenys XR ODT, **25**  
Aemcolo DR, **17**  
Aerospan, **63**  
Afinitor, **22**  
Afrezza, **47**  
Afstyla, **35**  
Agamree Susp, **52**  
Aggrenox, **35**  
Agrim, **35**  
Aimovig, **25**  
AirDuo Digihaler, **63**  
AirDuo RespiClick, **63**  
Airsupra AER, **63**  
Ajovy, **25**  
Akeega, **22**  
Aklief Cream 0.005%, **42**  
Aktipak, **42**  
ala-cort cream, **42**  
Ala-Scalp Lotion, **42**  
albendazole, **17**  
albuterol sulfate er, **63**  
albuterol sulfate nebulizer soln, syrup, tab, **63**  
Alcaine, **60**  
alclometasone cream, ointment, **42**  
Aldactazide, **35**  
Aldactone, **35**  
Aldara, **42**  
Alecensa, **22**  
alendronate, **55**  
alfuzosin, **66**  
Alinia, **17**  
aliskiren, **35**  
Alkeran, **22**  
Alkindi Sprinkle Cap, **47**  
allopurinol, **55**  
Allopurinol 200mg Tab, **55**  
Allzital 25-325mg, **25**  
almotriptan maleate, **25**  
Alocril Soln, **60**  
Alogliptin benz/metformin hcl, **47**  
Alogliptin benz/pioglitazone, **47**  
Alogliptin benzoate, **47**  
Alora, **58**  
alose tron hcl, **55**  
Alphagan P soln, **60**  
Alphanate, **35**  
Alphanine, **35**  
alprazolam, **25**  
alprazolam ER, **25**  
Alprolix, **35**  
Alrex, **60**  
Altabax, **17**  
Altace, **36**  
Altoprev ER, **36**  
Altreno 0.05% lotion, **42**  
Altuviii Inj, **36**  
Alunbrig tab/pak, **22**  
Alvaiz Tab, **67**  
Alvesco, **63**  
amantadine, **25**  
Amaryl, **47**  
Ambien, **25**  
Ambien CR, **25**  
ambrisentan, **36**  
amcinonide, **42**  
Amerge, **25**  
Amicar, **36**  
amiloride, **36**  
amiloride/HCTZ, **36**  
aminocaproic acid, **36**  
amiodarone, **36**  
Amitiza, **52**  
amitriptyline hcl, **25**  
Amjevita Inj, **55**

- amlodipine, **36, 40**  
amlodipine besylate/olmesartan, **36**  
amlodipine/benazepril, **36**  
amlodipine/valsartan, **36**  
amlodipine/valsartan/HCTZ, **36**  
amoxapine, **25**  
Amoxicill-clarithro-lansoprazole, **52**  
amoxicillin, **17**  
Amoxicillin 775mg, **17**  
amoxicillin/clavulanate, **17**  
amoxicillin/clavulanate extended-release, **17**  
amphet/dextr cap er, **25**  
amphetamine aspartate/amphetamine sulfate/dextroamphetamine, **25**  
amphetamine aspartate/amphetamine sulfate/dextroamphetamine ER, **25**  
amphetamine ER, **25**  
Amphetamine ER suspension, **25**  
amphetamine tablet, **25**  
amphetamine tablet (generic Evekeo), **25**  
ampicillin, **17**  
Ampyra, **52**  
Amrix, **55**  
Amzeeq, **17**  
Anafranil, **25**  
anagrelide, **36**  
Anaprox DS, **55**  
Anaspaz, **66**  
anastrozole, **22**  
Ancobon, **17**  
Androderm patch, **47**  
Androgel 1%, **47**  
Androgel 1.62% Packet, Pump, **47**  
Angeliq, **58**  
Annovera Mis, **58**  
Anoro Ellipta, **63**  
Antabuse, **25**  
Antara, **36**  
anthralin, **42**  
Anusol-HC cream, **52**  
Apadaz, **25**  
ApexiCon E, **42**  
Apidra, **47**  
Aplenzin, **25**  
Apo-Varenicline, **25**  
Apokyn Solution Cartridge 30mg/3ml, **25**  
apomorphine inj 30mg/3ml, **25**  
apraclonidine, **60**  
aprepitant, **52**  
Aptensio XR, **25**  
Aptiom, **25**  
Arakoda, **17**  
Arava, **55**  
Arazlo lotion 0.045%, **42**  
Arcalyst, **55**  
arformoterol neb 15/2ml, **63**  
Aricept, **25**  
Arikayce, **17**  
Arimidex, **22**  
aripiprazole, **25**  
Arixtra, **36**  
armodafinil, **25**  
ArmonAir Digihaler, **63**  
ArmonAir RespiClick, **63**  
Armour Thyroid, **47**  
Arnuity Ellipta, **63**  
Aromasin, **22**  
Arthrotec, **55**  
Arymo ER, **26**  
Asacol HD, **52**  
asenapine tab sub, **26**  
Asmanex, **63**  
Asmanex HFA, **63**  
aspirin-dipyridamole er, **36**  
Aspruzyo Spr Gra, **36**  
Atacand, **36**  
Atacand HCT, **36**  
atazanavir, **17**  
Atelvia, **55**  
atenolol, **36**  
atenolol/chlorthalidone, **36**  
Ativan, **26**

atomoxetine, **26**  
Atorvaliq Susp, **36**  
atorvastatin, **36–37**  
atorvastatin/amlodipine, **26**  
atovaquone, **17**  
atovaquone/proguanil, **17**  
Atralin, **42**  
Atripla, **17**  
atropine sulfate, **60**  
Atrovent HFA, **63**  
Aubagio, **26**  
Augmentin, **17**  
Augmentin XR, **17**  
Augtyro, **22**  
aurovela 24 FE 1/20, **58**  
Auryxia, **66**  
Austedo [XR], **26**  
Auvelity, **26**  
Auvi-Q 0.1mg, **63**  
Auvi-Q 0.15mg and 0.3mg, **63**  
Avalide, **36**  
Avapro, **36**  
Aveed Soln 750mg/3ml Intramuscular, **47**  
Avelox, **17**  
avidoxy, **17**  
avita, **42**  
Avodart, **66**  
Avonex, **26**  
Axert, **26**  
Axiron, **47**  
Aygestin, **58**  
Ayvakit, **22**  
Azasan, **22**  
azathioprine, **22**  
azelaic acid gel 15%, **42**  
azelastine, **46, 60, 63**  
azelastine HCL drops, **60**  
azelastine nasal spray, **63**  
azelastine/fluticasone spray 137-50, **63**  
Azelex, **42**  
Azilect, **26**

azithromycin, **17**  
Azopt, **60**  
Azor, **36**  
Azstarys, **26**  
Azulfidine, **52**

## B

bacitracin ophth, **60**  
bacitracin/polymyxin B ophth oint, **60**  
baclofen, **55**  
Baclofen soln, **55**  
baclofen sus 25mg/ml, **55**  
Bactrim, Bactrim DS, **17**  
Bactroban nasal oint, **46**  
Bafiertam DR Cap, **47**  
Balcoltra, **58**  
balsalazide, **52**  
Balversa, **22**  
Banzel, **26**  
Banzel Susp, **26**  
Baqsimi, **47**  
Baraclude, **17**  
Basaglar, **47**  
Baxdela, **17**  
Bebulin, **36**  
Beconase AQ, **63**  
Belbuca, **26**  
Belsomra, **26**  
Belviq [XR], **26**  
benazepril, **36**  
benazepril/HCTZ, **36**  
BeneFIX, **36**  
Benicar, **36**  
Benicar HCT, **36**  
Benlysta, **22**  
Bentyl, **52**  
Benzaclin, **42**  
Benzamycin gel, **42**  
Benzamycinpak, **42**

- Benzhydrocodone-acetaminophen, **26**  
 Benznidazole, **17**  
 benzonatate, **63**  
 benzoyl peroxide/erythromycin, **42**  
 benzphetamine, **26**  
 benztropine, **26**  
 bepotastine, **60**  
 Bepreve, **60**  
 Berinert, **67**  
 beser lotion 0.05%, **42**  
 Besivance, **60**  
 Besremi, **22**  
 Betagan, **60**  
 betaine powder, **47**  
 betamethasone dipropionate, **42**  
 betamethasone valerate, **42**  
 betamethasone/clotrimazole, **42**  
 Betapace AF, **36**  
 Betaseron, **26**  
 betaxolol, **36, 60**  
 bethanechol, **66**  
 Bethkis Neb, **17**  
 Betimol, **60**  
 Betoptic S, **60**  
 Bevespi Aerosphere, **63**  
 Bevyxxa, **36**  
 Bexagliflozin, **47**  
 bexarotene, **22**  
 bexarotene gel, **22**  
 Beyaz, **58**  
 Biacin, **17**  
 bicalutamide, **22**  
 Bidil, **36**  
 Bijuva cap, **58**  
 Biktarvy, **17**  
 Biltricide, **17**  
 bimatoprost, **60**  
 Bimzelx Inj, **42**  
 Binosto, **55**  
 Bismth/metr/cap tetracycline, **52**  
 bisoprolol, **36**  
 bisoprolol/HCTZ, **36**  
 Bleph 10, **60**  
 Blephamide S.O.P. ointment, **60**  
 blisovi 24 FE 1/20, **58**  
 Boniva, **55**  
 Bonjesta, **52**  
 bosentan, **63**  
 Bosulif, **22**  
 Braftovi, **22**  
 Brand Prenatal Vitamins, **66**  
 Bravelle, **58**  
 Breeze2 Glucometer, **47**  
 Breeze2 Test Strips, **47**  
 Brenzavvy, **47**  
 Breo Ellipta, **63**  
 Brevicon, **58**  
 Brexafemme, **17**  
 Breyna AER, **63**  
 Breztri Aerosphere, **63**  
 brimonidine gel 0.33%, **42**  
 brimonidine sol 0.1%, **60**  
 brimonidine tartrate, **60**  
 brimonidine/timolol soln 0.2-0.5%, **60**  
 brinzolamide sus 1%, **60**  
 Brisdelle, **26**  
 Briviact, **26**  
 Briviact soln, **26**  
 bromfed DM, **63**  
 bromfenac drops, **60**  
 bromocriptine mesylate, **26**  
 Bromsite sol 0.075%, **60**  
 Bronchitol Cap, **63**  
 Brovana Neb, **63**  
 Brukinsa, **22**  
 Bryhali lotion 0.01%, **42**  
 budesonide ER tab, **52**  
 budesonide susp., **63**  
 Budesonide-formoterol, **63**  
 bumetanide, **36**  
 Bunavail, **26**  
 Buphenyl, **66**

buprenorphine hcl/naloxone hcl, **26**  
 buprenorphine patch, **26**  
 buprenorphine SL, **26**  
 bupropion, **26**  
 bupropion ER 150mg, **26**  
 Bupropion ER 450mg, **26**  
 bupropion SR, **26**  
 bupropion XL, **26**  
 Buspar, **26**  
 buspirone, **26**  
 Butal/Apap Tab 25-325mg, **26**  
 Butalbital-acetaminophen 50-300mg, **26**  
 butalbital/apap/caffeine, **26**  
 butalbital/apap/caffeine/codeine, **26**  
 butalbital/aspirin/caffeine/codeine, **26**  
 butorphanol tartrate nasal, **26**  
 Butrans, **26**  
 Bydureon, **47**  
 Byetta, **47**  
 Bylvay, **52**  
 Bynfezia Pen, **47**  
 Bystolic, **36**  
 Byvalson, **36**

**C**

Cablivi Kit, **67**  
 Cabometyx, **22**  
 Cabtreo Gel, **42**  
 Caduet, **36**  
 Cafergot, **26**  
 Calan, **36**  
 Calan SR, **36**  
 Calciferol, **66**  
 calcipotriene cream, **42**  
 Calcipotriene foam, **42**  
 calcipotriene-betamethasone dp oint, **42**  
 calcipotriene-betamethasone dp susp, **42**  
 calcitonin-salmon (rDNA origin) nasal spray, **55**  
 calcitonin-salmon inj, **55**

calcitriol capsules, **47**  
 calcitriol ointment, **42**  
 calcium acetate, **67**  
 Calquence, **22**  
 Cambia Packet, **26**  
 Camzyos, **36**  
 Canasa supp, **52**  
 candesartan, **36**  
 candesartan/hydrochlorothiazide, **36**  
 Capcof Syrup, **26**  
 capecitabine, **22**  
 Capex, **42**  
 Caplyta, **26**  
 Caprelsa, **22**  
 captopril, **36**  
 captopril/HCTZ, **36**  
 Carac, **42**  
 Carafate tabs/susp, **52**  
 Carbaglu, **67**  
 carbamazepine, **26**  
 carbamazepine susp, **26**  
 carbamazepine XR, **26**  
 Carbatrol, **26**  
 carbidopa, **26**  
 carbidopa/levodopa, **26**  
 carbidopa/levodopa ER, **26**  
 carbidopa/levodopa ODT, **26**  
 carbidopa/levodopa/entacapone, **26**  
 Carbinoxamin ER Sus, **63**  
 carbinoxamine, **63**  
 Cardizem, **36**  
 Cardizem CD, **36**  
 Cardizem LA, **36**  
 Cardura, **36, 66**  
 carglumic, **67**  
 carisoprodol, **55**  
 carisoprodol-aspirin-codeine, **26**  
 Carnitor, **47**  
 Carospir, **36**  
 carteolol, **60**  
 cartia XT, **36**

- carvedilol, **36**  
carvedilol ER, **36**  
Casodex, **22**  
Cataflam, **27**  
Catapres tablets, **36**  
Catapres-TTS, **36**  
Caverject, **66**  
Cayston, **63**  
cefaclor, **17**  
cefaclor ER, **17**  
cefadroxil, **17**  
cefdinir, **17**  
cefixime susp/cap, **17**  
ceftibuten, **17**  
Ceftin, **17**  
cefuroxime axetil, **17**  
Celebrex, **55**  
celecoxib, **55**  
Celexa, **27**  
Cellcept, **22**  
Celontin, **27**  
Cenestin, **58**  
Centany 2% oint, **42**  
cephalexin, **17**  
Cequa Sol 0.09%, **61**  
Cerdelga, **67**  
Cetraxal, **46**  
cetorelix inj, **58**  
cetorelix kit, **58**  
Cetrotide Kit, **47**  
cevimeline hcl, **46**  
Chantix, **27**  
charlotte 24 chew FE 1/20, **58**  
Chemet, **67**  
Chenodal, **52**  
cheratussin AC, **63**  
cheratussin DAC, **63**  
chlordiazepoxide, **27, 52**  
chlordiazepoxide/clidinium, **52**  
chlorhexidine gluconate soln, **17**  
chloroquine phosphate, **17**  
chlorothiazide, **36**  
chlorpromazine HCl, **27**  
chlorthalidone, **36**  
chlorzoxazone 375mg, 500mg, 750mg, **55**  
Cholbam, **52**  
cholestyramine, **36–37**  
cholestyramine light, **37**  
Chorionic gonadotropin, **67**  
Cialis, **41, 66**  
Cibinqo Tab, **42**  
ciclopirox 0.77% cream, **42**  
ciclopirox 8% solution, **43**  
ciclopirox cream, gel, shampoo, suspension, **43**  
cilostazol, **37**  
Ciloxan Sol, **61**  
Cimduo, **17**  
cimetidine, **52**  
Cimzia, **55**  
cinacalcet, **47**  
Cinryze, **67**  
Cipro, **17**  
Cipro XR, **17**  
Ciprodex, **46**  
ciprofloxacin, **17, 46, 61**  
ciprofloxacin ER tabs, **17**  
ciprofloxacin-dexamethasone otic susp, **46**  
Ciprofloxacin-fluocinolone PF otic soln, **46**  
citalopram, **27**  
Citalopram 30mg Cap, **27**  
Clarinox, **63**  
Clarinox-D, **63**  
clarithromycin, **17**  
clarithromycin ER, **17**  
Clemastine syrup, **63**  
clemastine tab, **63**  
Clenpiq Soln, **52**  
Cleocin, **17, 43, 58**  
Cleocin T, **43**  
Cleocin vaginal, **58**  
Climara patch, **58**  
clind/benz gel 1.2-3.75%, **43**

- Clindagel, **43**  
clindamycin HCL cap, **43**  
clindamycin phosphate sol 1%, **43**  
clindamycin, clindamycin-benzoyl peroxide gel  
[w/pump], **43**  
Clindamycin/ benzoyl peroxide 1-5%, **43**  
clindamycin/tretinoin gel, **43**  
Clindesse Cream, **17**  
clobazam, **27**  
clobazam susp, **27**  
clobetasol cream, ointment, solution, **43**  
Clobex, **43**  
Clocortolone pivalate, **43**  
clodan, **43**  
Cloderm, **43**  
clomiphene citrate, **58**  
clomipramine HCl, **27**  
clonazepam, **27**  
clonidine ER 12 HR tab, **37**  
Clonidine ER 24HR tab, **37**  
clonidine IR tablet, **37**  
clonidine patches, **37**  
clopidogrel, **37**  
clorazepate dipotassium, **27**  
clotrimazole troches, **17**  
clovique, **67**  
clozapine, **27**  
clozapine ODT, **27**  
Clozaril, **27**  
Coagadex, **37**  
codeine tabs, **27**  
coditussin AC liquid, **27**  
Colazal, **52**  
colchicine 0.6mg tab, **55**  
Colchicine Cap 0.6mg, **55**  
colchicine/probenecid, **55**  
Colcrys, **55**  
colesevelam, **37**  
Colestid, **37**  
colestipol HCl, **37**  
Colocort, **52**  
Combigan soln 0.2-0.5%, **61**  
Combivent Respimat, **63**  
Combivir, **17**  
Cometriq, **22**  
Complera, **18**  
Comtan, **27**  
Concerta, **27**  
Condylox, **43**  
Conjupri, **37**  
Contour Glucometer, **47**  
Contour Next Test Strips, **47**  
Contour Test Strips, **47**  
Contrave ER, **27**  
Conzip, **27**  
Copaxone, **27**  
Copiktra, **22**  
Cordran, **43**  
Coreg, **37**  
Coreg CR, **37**  
Corgard, **37**  
Corifact, **37**  
Corlanor, **37**  
cortane B otic drops, **46**  
Cortef, **47**  
Cortisone tab, **47**  
Corzide, **37**  
Cosentyx, **43**  
Cosopt, **61**  
Cosopt PF, **61**  
Cotellic, **22**  
Cotempla XR ODT, **27**  
Coumadin, **37**  
Coxanto, **27**  
Cozaar, **37**  
Creon, **52**  
Cresemba, **18**  
Crestor, **37**  
Crinone Gel 4%, **58**  
Crinone Gel 8%, **58**  
Crixivan, **18**  
cromolyn inhalation soln, **63**

cromolyn ophth, **61**  
 cromolyn sodium solution, **53**  
 Crotan Lotion, **43**  
 Cuprimine, **55**  
 Cutivate, **43**  
 Cuvposa, **55**  
 Cuvrior, **56**  
 cyanocobalamin nasal spray, **67**  
 Cyclessa, **58**  
 cyclobenzaprine, **56**  
 Cyclobenzaprine ER, **56**  
 Cyclogyl, **61**  
 cyclopentolate HCl, **61**  
 cyclophosphamide caps, **22**  
 Cyclophosphamide tabs, **22**  
 cyclosporine, **22, 61**  
 cyclosporine emulsion, **61**  
 Cyltezo Inj, **56**  
 Cymbalta, **27**  
 cyproheptadine, **63**  
 Cystadane, **67**  
 Cystadrops Soln, **61**  
 Cystagon, **67**  
 Cytomel, **47**  
 Cytotec, **53**  
 Cytoxan, **22**

## D

D-Penamine 125mg tablet, **67**  
 D.H.E.45, **27**  
 dabigatran cap, **37**  
 Dailyvite w/Zinc & NephlexRx, **67**  
 Daklinza, **18**  
 dalfampridin ER, **63**  
 Daliresp, **63**  
 danazol, **22, 47**  
 Danocrine, **22**  
 Dantrium, **27, 56**  
 Dantrolene, **27, 56**

dantrolene, **27, 56**  
 Dapagliflozin pro-metformin ER tablet 24 hour  
 10-1000mg, 5-1000mg, **48**  
 Dapagliflozin propanediol tablet 10mg, 5mg,  
**48**  
 Dapsone Gel, **43**  
 dapsone tab, **18**  
 Daraprim Tab, **18**  
 darifenacin ER, **66**  
 Dartisla ODT, **56**  
 darunavir, **18**  
 Daurismo, **22**  
 Daxbia, **18**  
 Daybue Soln, **27**  
 Daypro, **27**  
 Daytrana, **27**  
 Dayvigo, **27**  
 DDAVP, **48**  
 deferasirox tab/granules, **67**  
 deferiprone tab, **67**  
 deflazacort tab/sus, **48**  
 Degludec Flextouch Inj, **48**  
 Delatestryl, **48**  
 Delestrogen Oil Intramuscular, **48**  
 Delstrigo, **18**  
 Deltasone, **22**  
 Delzicol, **53**  
 Demadex, **37**  
 demeclocycline, **18**  
 Demerol, **27**  
 Demser, **48**  
 Denavir, **43**  
 Depakene, **27**  
 Depakote, **27**  
 Depakote ER, **27**  
 Depakote Sprinkle Caps, **27**  
 Depen Titrage, **18**  
 Depo SubqQ Provera, **58**  
 Depo-Estradiol Oil 5mg/ml Intramuscular, **48**  
 Depo-Provera, **58**



- Depo-Testosterone Solution 100mg/ml,  
200mg/ml, **48**
- Derma-Smoothe FS, **43**
- Dermatop, **43**
- Dermotic, **46**
- Descovy, **18**
- desipramine, **27**
- desmopressin acetate, **48**
- Desmopressin Nasal Soln, **48**
- Desogen, **58**
- desogestrel-ethinyl estradiol, **58**
- Desonate, **43**
- desonide gel 0.05%, **43**
- Desowen, **43**
- desoximetasone cream, gel, ointment, **43**
- Desoxyn, **27**
- desrx gel 0.05%, **63**
- Desvenlafaxine ER 24 HR, **27**
- Detrol, **66**
- Detrol LA, **66**
- Dexabliss tab 1.5mg, **48**
- dexamethasone, **48, 61–62**
- dexamethasone ophth, **61**
- dexamethasone tablet 6-day, 10-day, 13-day,  
**48**
- Dexchlorpheniramine soln, **63**
- Dexcom Continuous Glucose Monitor G7, G6,  
G5, G4 Sensors, **48**
- Dexcom Continuous Glucose Monitor Receiver,  
**48**
- Dexcom Continuous Glucose Monitor  
Transmitter, **48**
- Dexedrine, **27**
- Dexilant, **53**
- dexlansoprazole, **53**
- dexlansoprazole DR cap, **53**
- dexmethylphenidate ER, **27**
- dexmethylphenidate hcl, **27**
- Dexpak pak 10-day, 13-day, **48**
- dextroamphetamine, **25, 27**
- dextroamphetamine ER, **27**
- Dhivy, **27**
- Diacomit, **27**
- Diamox Sequels, **61**
- Diastat, **27**
- diazepam rectal gel, **27**
- diazepam solution, **27**
- diazepam tabs, **27**
- diazoxide suspension 50mg/ml, **48**
- Dibenzyline, **37**
- dichlorphenate tab, **67**
- Diclegis, **53**
- diclofenac 3% gel, **43**
- diclofenac cap 25mg, **27**
- Diclofenac cap 35mg, **27**
- Diclofenac epolamine transdermal 1.3%, **56**
- diclofenac potassium, **27, 56**
- diclofenac powder, **27**
- diclofenac sodium, **27, 56**
- diclofenac sodium DR, **56**
- diclofenac sodium ER, **56**
- diclofenac sodium gel 1%, **27**
- diclofenac sodium soln 1.5%, **56**
- diclofenac soln 0.1% ophth, **61**
- diclofenac soln 2%, **56**
- diclofenac/misoprostol, **56**
- dicloxacillin, **18**
- dicyclomine, **53**
- didanosine, **18**
- diethylpropion, **27**
- Differin 0.1% cream, **43**
- Differin 0.1% lotion, **43**
- Differin 0.3% gel, **43**
- Dificid tab/susp, **18**
- Diflorasone diacetate, **43**
- Diflucan, **18, 58**
- Diflucan tab/susp, **18**
- diflunisal, **27**
- difluprednate emu, **61**
- digitek, **37**
- digox, **37**
- digoxin, **37**

- dihydrocodein/APAP/caff, **28**  
dihydrocodeine/aspirin/caffeine, **28**  
dihydroergotamine inj, **28**  
dihydroergotamine nasal spray, **28**  
Dilantin chewable tablets, **28**  
Dilaudid, **28**  
dilt-CD, **37**  
diltiazem HCl, **37**  
diltiazem HCl CD, **37**  
diltiazem HCl ER, **37**  
diltiazem HCl LA, **37**  
diltiazem HCl SR, **37**  
diltzac ER, **37**  
dimethyl fumarate DR cap, **28**  
Diovan, **37**  
Diovan HCT, **37**  
diphenoxylate HCl/atropine, **53**  
Diprolene, Diprolene AF, **43**  
dipyridamole, **37**  
disopyramide, **37**  
disulfiram, **28**  
Ditropan XL, **66**  
divalproex sodium, **28**  
divalproex sodium ER, **28**  
divalproex sprinkle cap, **28**  
Divigel, **58**  
dofetilide, **37**  
Dojolvi Liq, **67**  
Dolophine, **28**  
donepezil hydrochloride, **28**  
Doptelet, **67**  
Doral, **28**  
Doryx 50mg DR tablet, **18**  
Doryx 200mg DR tablet, **18**  
Doryx MPC Tab 60mg, **18**  
dorzolamide HCl 2%, **61**  
dorzolamide-timolol, **61**  
Dovato, **18**  
Dovonex cream, **43**  
doxazosin mesylate, **37, 66**  
doxepin capsule, **28**  
doxepin cream 5%, **43**  
doxepin HCl con 10mg/ml, **28**  
doxepin tablet, **28**  
doxercalciferol, **48**  
Doxycycline DR 40mg, **18**  
doxycycline hyclate cap 50mg, 100mg, **18**  
Doxycycline hyclate DR 80mg, **18**  
Doxycycline hyclate tab 50mg, **18**  
Doxycycline hyclate tab 75mg, 150mg, **18**  
Doxycycline hyclate tab DR 50mg, 100mg, **18**  
Doxycycline hyclate tab DR 75mg, 150mg, **18**  
Doxycycline hyclate tab DR 200mg, **18**  
doxycycline monohydrate 50mg, 75mg, 100mg  
tab, **18**  
doxycycline monohydrate cap 50mg, 100mg,  
**18**  
Doxycycline monohydrate cap 75mg, 150mg,  
**18**  
Doxycycline monohydrate tab 150mg, **18**  
doxylamine-pyridoxine, **53**  
Drizalma Sprinkle, **28**  
dronabinol, **53**  
drospirenone-ethinyl estradiol, **58**  
droxidopa, **37**  
Duac, **43**  
Duaklir, **63**  
Duetact, **48**  
Dulera, **63**  
duloxetine, **28**  
Duobrii Lotion, **43**  
Dupixent, **43**  
Duragesic patch, **28**  
Durezol Emu, **61**  
Durlaza, **37**  
dutasteride, **66**  
dutasteride/tamsulosin hcl, **66**  
Dutoprol, **37**  
Duvyzat Sus, **66**  
Duzallo, **67**  
Dxevo 11-day Pak 1.5mg, **48**  
Dyanavel XR, **28**

Dyazide, **37**  
 Dymista, **63**  
 Dyrenium, **37**

## E

E.E.S., **18**  
 EC-Naprosyn, **56**  
 econazole, **43**  
 Ecoza, **43**  
 ED-Spaz, **66**  
 Edarbi, **37**  
 Edarbyclor, **37**  
 Edecrin, **37**  
 Edex, **66**  
 Edurant, **18**  
 efavirenz, **18**  
 efavirenz-emtricitab-tenofovir tab, **18**  
 efavirenz-lamivudine-tenofovir tab, **18**  
 Effexor XR, **28**  
 Effient, **37**  
 Efudex cream, **43**  
 Egaten 250mg tablet, **18**  
 Eldepryl, **28**  
 Elepsia XR, **28**  
 Elestat, **61**  
 eletriptan, **28**  
 Elidel, **43**  
 Elimite, **43**  
 Eliquis, **37**  
 Elixophyllin Elixir, **63**  
 Elmiron, **66**  
 Elocon, **43**  
 Eloctate, **37**  
 eluryng mis, **58**  
 Elyxyb Sol, **37**  
 Embeda, **28**  
 Emcyt, **22**  
 Emend, **53**  
 Emflaza, **48**

Emgality (300mg Dose) Prefilled Pen 100mg/ml,  
**28**  
 Emgality Prefilled Pen/Auto-Injector 120mg/ml,  
**28**  
 Empaveli Inj, **67**  
 emtricitabine cap, **18**  
 emtricitabine-tenofovir disoproxil fumarate tab  
 100-150mg, 133-200mg, 167-250mg, **18**  
 emtricitabine-tenofovir disoproxil fumarate tab  
 200-300mg, **18**  
 Emtriva, **18**  
 Emverm, **19, 53**  
 Enablex, **66**  
 enalapril, **37**  
 enalapril solution, **37**  
 enalapril/HCTZ, **37**  
 Enbrel, **56**  
 Endari powder, **53**  
 endocet, **28**  
 Endometrin Insert 100mcg Vaginal, **58**  
 enoxaparin, **37**  
 Enspryng Inj, **48**  
 Enstilar, **43**  
 entacapone, **26, 28**  
 Entadfi, **37**  
 entecavir, **19**  
 Entocort EC, **53**  
 Entresto, **37**  
 Entyvio Inj, **56**  
 Eohilia Sus, **48**  
 Epaned Sol 1mg/ml, **37**  
 Epclusa, **19**  
 Epidiolex Soln, **28**  
 Epiduo, **43**  
 Epiduo Forte gel, **43**  
 epinastine HCl, **61**  
 epinephrine pen 0.3mg, **63**  
 Epinephrine pen 0.15mg, **63**  
 EpiPen, **63**  
 EpiPen Jr., **63**  
 Epivir HBV Soln, **19**

- Epivir HBV Tab, **19**  
Epivir Tab, **19**  
eplerenone, **37**  
Eprontia, **28**  
eprosartan, **37**  
Epsolay Cream, **43**  
Epzicom, **19**  
ergocalciferol, **67**  
ergotamine tartrate/caffeine, **28**  
Erivedge, **22**  
Erleada, **22**  
erlotinib, **22**  
Ermeza Soln, **48**  
Ertaczo, **43**  
Ery-Tab, **19**  
Erygel, **43**  
EryPed, **19**  
Erythrocin, **19**  
erythromycin delayed release, **19**  
erythromycin ethylsuccinate, **19**  
erythromycin etyhylsuccinate susp, **61**  
erythromycin gel, soln, swabs, **43**  
erythromycin ophth oint, **61**  
erythromycin stearate, **19**  
Esbriet, **64**  
escitalopram, **28**  
Esgic cap/tab, **28**  
esomeprazole, **53**  
esomeprazole granules, **53**  
Esomeprazole strontium, **53**  
Esperoct, **37**  
estazolam, **28**  
Estrace Cream, **58**  
Estrace Tab, **58**  
estradiol, **48, 58–59**  
estradiol cream 0.1%, **58**  
estradiol transdermal, **58**  
Estring, **58**  
Estrogel Gel, **58**  
estropipate, **58**  
Estrostep FE, **58**  
eszopiclone, **28**  
ethacrynic acid, **37**  
ethambutol, **19**  
ethosuximide, **28**  
etidronate disodium, **56**  
etodolac, **28, 56**  
etoposide, **22**  
etravirine, **19**  
Eucrisa, **43**  
Eulexin, **22**  
Eurax Lotion, **43**  
euthyrox, **48**  
Evekeo [ODT], **28**  
everolimus (generic for Afinitor), **22**  
everolimus (generic for Zortress), **22**  
Eversense E3 Sensor, **48**  
Eversense E3 Transmitter, **48**  
Evista, **58**  
Evoclin, **44**  
Evoxac, **47**  
Evrysdi Soln, **48**  
Evzio, **28**  
Exalgo, **28**  
Exelderm, **44**  
Exelon, **28**  
exemestane, **22**  
Exforge, **37**  
Exforge HCT, **37**  
Exjade, **67**  
Exkivity, **22**  
Exservan Mis, **28**  
Extavia, **28**  
Extina, **44**  
Eysuvis Ophth, **61**  
ezetimibe, **37–38**  
Ezetimibe/Atorvastatin, **37**  
Ezetimibe/Rosuvastatin, **37**  
ezetimibe/simvastatin, **38**  
Ezzalor Sprinkle Cap, **37**

## F

- Fabhalta, **67**  
Fabior, **44**  
famciclovir, **19**  
famotidine 40mg tab, suspension, **53**  
Fanapt, **28**  
Fareston tab, **22**  
Farxiga, **48**  
Farydak, **23**  
Fasenra, **44**  
fayosim tab, **59**  
Fazaclo, **28**  
febuxostat, **56**  
Feiba, **38**  
felbamate, **28**  
Felbatol, **28**  
Feldene, **28, 56**  
felodipine ER, **38**  
Femara, **23**  
Femcon FE, **59**  
FemHRT, **59**  
Femring, **59**  
fenofibrate, **38**  
Fenofibrate Micronized, **38**  
fenofibrate nanocrystallized, **38**  
fenofibric acid, **38**  
Fenoglide, **38**  
Fenoprofen calcium, **28, 56**  
Fenortho, **56**  
fentanyl citrate OTFC, **28**  
Fentanyl citrate tablet, **28**  
fentanyl transdermal, **28**  
Fentora, **28**  
Ferriprox, **67**  
fesoterodine tab ER, **56**  
Fetzima, **28**  
Fexmid, **56**  
Fiasp, **48**  
Fibricor, **38**  
Filspari tab, **64**  
Filsuvez Gel 10%, **44**  
Finacea, **44**  
finasteride, **66**  
fingolimod, **29**  
Fintepla sol, **29**  
finzala chew FE 1/20, **59**  
Fioricet Cap, **29**  
Fioricet with codeine, **29**  
Fiorinal with codeine, **29**  
Firazyr, **67**  
Firdapse, **67**  
Firvanq Soln, **19**  
Flagyl, **19**  
flavoxate, **66**  
flecainide, **38**  
Flector Patch, **56**  
Fleqsuvy Susp 25mg/5ml, **56**  
Flolipid susp, **38**  
Flomax, **66**  
Flovent Diskus, **64**  
Flovent HFA, **64**  
fluconazole suspension, **19**  
fluconazole tabs, **19**  
flucytosine, **19**  
fludrocortisone acetate, **48**  
Flumadine, **19**  
flunisolide, **64**  
fluocinolone acetonide cream, sol, oil, **44**  
fluocinolone acetonide oil, **47**  
fluocinonide gel, **44**  
fluocinonide ointment, **44**  
fluoritab chew tab, **67**  
fluorometholone, **61**  
Fluorouracil cream 0.5%, **44**  
fluorouracil solution 2%, **44**  
fluoxetine, **29, 31**  
fluoxetine 10mg, 20mg, 40mg, **29**  
fluoxetine soln, **29**  
fluphenazine, **29**  
Flurandrenolide cream, lotn, oint, **44**

flurazepam, **29**  
 flurbiprofen, **29, 56, 61**  
 flutamide, **23**  
 Flutic/Vilan INH, **64**  
 Fluticasone HFA AER, **64**  
 fluticasone propionate cream, lotn, oint., **44**  
 Fluticasone propionate diskus, **64**  
 fluticasone propionate nasal susp, **64**  
 fluticasone-salmeterol AER powder, **64**  
 Fluticasone/Salmeterol AER, **64**  
 fluvastatin sodium, **38**  
 fluvoxamine, **29**  
 fluvoxamine ER, **29**  
 FML Liquifilm suspension, **61**  
 Focalin, **29**  
 Focalin XR, **29**  
 Follistim AQ, **59**  
 fondaparinux, **38**  
 ForFivo XL, **29**  
 formoterol neb 20/2ml, **64**  
 Fortamet, **48**  
 Forteo, **48**  
 Fortesta, **48**  
 Fosamax, **56**  
 Fosamax Plus D, **56**  
 fosamprenavir calcium tab, **19**  
 fosfomycin pow, **19**  
 fosinopril, **38**  
 fosinopril/HCTZ, **38**  
 Fosrenol, **67**  
 Fotivda, **23**  
 Fragmin, **38**  
 Freestyle Glucometer, **48**  
 Freestyle InsuLinx Test Strips, **48**  
 FreeStyle Libre Reader, Sensor, Reader Device,  
**49**  
 Freestyle Lite Test Strips, **49**  
 Freestyle Test Strips, **49**  
 Frova, **29**  
 Frovatriptan succinate, **29**  
 Fruzaqla, **23**

Furoscix Kit 80mg/10ml, **38**  
 furosemide solution, **38**  
 furosemide tabs, **38**  
 Fuzeon, **19**  
 Fycompa, **29**

## G

gabapentin, **29**  
 gabapentin soln, **29**  
 gabapentin tab, **29**  
 Gabitril, **29**  
 Galafold, **67**  
 galantamine, **29**  
 galantamine ER, **29**  
 ganirelix acetate soln, **68**  
 Gastrocrom, **53**  
 Gattex, **53**  
 Gavreto, **23**  
 gefitinib, **23**  
 Gelnique Gel, **66**  
 gemfibrozil, **38**  
 Gemmily cap 1/20, **59**  
 Gemtesa, **66**  
 Generess FE, **59**  
 Genotropin, **49**  
 Gentak Oint 0.3% OP, **61**  
 gentamicin ophth, **61**  
 gentamicin topical cream, ointment, **44**  
 Geodon, **29**  
 Gilenya 0.5mg, **29**  
 Gilenya 0.25mg, **29**  
 Gilotrif, **23**  
 Gimoti Spray, **53**  
 glatiramer acetate, **29**  
 glatopa, **29**  
 Gleevec, **23**  
 Gleostine, **23**  
 glimepiride, **49, 51**  
 glipizide ER, **49**

glipizide tab, **49**  
 glipizide XL, **49**  
 Gloperba Soln, **56**  
 Glucagen Inj Hypokit, **49**  
 glucagon emergency kit (generic), **49**  
 Glucagon Emergency Kit (Lilly), **49**  
 Glucophage, **49–50**  
 Glucophage XR, **49–50**  
 Glucotrol XL, **49**  
 Glucovance, **49**  
 glyburide, **49–50**  
 glyburide micronized, **49**  
 glycopyrrolate oral solution 1mg/5ml, **56**  
 glycopyrrolate tab, **56**  
 Glynase, **49**  
 Glyset, **49**  
 Glyxambi, **49**  
 Gocovri, **29**  
 Golytely solution reconstituted 227.1gm, **53**  
 Golytely solution reconstituted 236gm, **53**  
 Gonal-f, **59**  
 Gralise Mis, **29**  
 granisetron, **53**  
 Grastek, **64**  
 Gris-PEG, **19**  
 griseofulvin microsize, **19**  
 griseofulvin ultramicrosize, **19**  
 guaifenesin-codeine soln 10mg/5ml, **29**  
 guanfacine, **29, 38**  
 guanfacine ER, **29**  
 Gvoke HypoPen, **49**  
 Gvoke PFS inj, **49**

## H

Hadlima Inj, **56**  
 Haegarda, **68**  
 hailey 1.5/30, **59**  
 hailey 24 FE 1/20, **59**  
 halcinonide cream 0.1%, **44**

Halcion, **29**  
 halobetasol AER 0.05%, **44**  
 halobetasol propionate, **44**  
 Halobetasol propionate foam 0.05%, **44**  
 Halog, **44**  
 haloperidol, **29**  
 Harvoni, **19**  
 Hectorol, **49**  
 Helixate FS, **38**  
 Hemady, **49**  
 Hemangeol Soln, **38**  
 Hemlibra Soln, **38**  
 Hemmorex-HC Supp, **53**  
 Hemofil M, **38**  
 Hepsara, **19**  
 Hetlioz Cap, **29**  
 Hetlioz LQ Susp, **29**  
 Hexalen, **23**  
 Hiprex, **19**  
 Homatropaire sol 5% OP, **61**  
 homatropine ophthalmic, **61**  
 Horizant, **29**  
 Hulio Inj, **56**  
 Humalog, **49**  
 Humate-P, **38**  
 Humatin, **19**  
 Humatrope, **49**  
 Humira (2 Pen) Pen-Injector Kit 40mg/0.4ml,  
 80mg/0.8ml, **56**  
 Humira (2 Syringe) Prefilled Syringe Kit  
 10mg/0.1ml, 20mg/0.2ml, **56**  
 Humira (2 Syringe) Prefilled Syringe Kit  
 40mg/04ml, **56**  
 Humira Prefilled Syringe Kit 40MG/0.8ML, **56**  
 Humira-CD/UC/HS Starter Pen-Injector Kit, **56**  
 Humira-Ped UC Starter Pen-Injector Kit, **56**  
 Humira-Ps/UV/Adol HS Starter Pen-Injector Kit,  
**56**  
 Humira-Psoriasis/Uveit Starter Pen-Injector Kit,  
**56**  
 Humulin, **49**

---

Humulin R U-500 (Concentrated and KwikPen),

**49**

Hycamtin, **23**

Hycodan Sol 5-1.5mg/5ml, **64**

Hycodan Tab 5-1.5mg, **64**

Hycofenix, **64**

hydralazine, **38**

Hydrea, **23**

hydrochlorothiazide, **36, 38, 41**

hydrocod-cpm-pseudoephedrine, **64**

hydrocodon-cpm-phenylephrine, **64**

hydrocodone bit/homatrop syrup, **64**

hydrocodone ER, **29**

hydrocodone-chlorpheniramine susp, **64**

hydrocodone-homatropine tab, **29**

hydrocodone/acetaminophen, **29**

hydrocortisone, **44, 47, 49, 53**

hydrocortisone 2.5%, **44**

hydrocortisone butyrate 0.1%, **44**

hydrocortisone butyrate/emoll, **44**

hydrocortisone cream, **53**

hydrocortisone lot 0.1%, **44**

hydrocortisone retention enema, **53**

hydrocortisone supp, **44**

hydrocortisone valerate 0.2%, **44**

hydrocortisone/lidocaine HCl, **44**

hydromet, **64**

hydromorphone ER, **29**

hydromorphone IR, **29**

hydroxychloroquine, **19**

hydroxyurea, **23**

hydroxyzine HCL syrup, **64**

hydroxyzine HCl tabs, **64**

hydroxyzine pamoate, **64**

Hyftor Gel 0.2%, **23**

hyoscyamine, **66**

hyosyne, **66**

HyperSal, **64**

Hyrimoz Auto-Injector/Prefilled Syringe, **56**

Hysingla ER, **29**

Hyzaar, **38**

## I

ibandronate, **57**

Ibrance, **23**

Ibsrela, **53**

Ibudone, **29**

ibuprofen, **29, 32, 57**

ibuprofen/hydrocodone, **29**

icatibant inj, **68**

Iclusig, **23**

icosapent cap, **38**

Idacio Inj, **57**

Idelvion, **68**

Idhifa, **23**

IFE-PG 20, **66**

Ilevro Susp 0.3%, **61**

imatinib mesylate, **23**

Imbruvica, **23**

Imcivree Inj 10mg/ml, **29**

imipramine, **29**

imiquimod cream, **44**

Imiquimod Cream 3.75% Pump, **44**

Imitrex, **29**

Impavido, **19**

Impeklo Lotion 0.05%, **44**

Impoyz Cream 0.025%, **44**

Imuran, **23**

Imvexxy, **59**

Inbrija, **29**

Increlex, **49**

Incruse Ellipta, **64**

indapamide, **38**

Inderal LA, **38**

Indocin Suppository, **29**

Indocin susp, **29**

indomethacin, **57**

Indomethacin 20mg capsule, **57**

indomethacin SR, **57**

indomethacin sus 25mg/5ml, **57**

Ingrezza, **29**



Inlyta, **23**  
 InnoPran XL, **38**  
 Inpefa, **38**  
 Inqovi tab, **23**  
 Inrebic, **23**  
 Inspra, **38**  
 Insulin aspart inj, **49**  
 Insulin aspart protamin inj flexpen, **49**  
 Insulin Degludec Inj, **49**  
 Insulin Glargine, **49**  
 Insulin lispro 100 units/ml, **49**  
 Insulin lispro inj junior, **49**  
 Insulin lispro inj protamin, **49**  
 Intelence, **19**  
 Intermezzo, **29**  
 Intrarosa, **59**  
 Intuniv, **29**  
 Invega ER tablet, **29**  
 Inveltys Susp 1%, **61**  
 Invirase, **19**  
 Invokamet [XR], **49**  
 Invokana, **49**  
 Iopidine, **61**  
 ipratropium inhalation soln, **64**  
 ipratropium nasal spray, **64**  
 ipratropium-albuterol, **64**  
 Iqirvo, **53**  
 irbesartan, **38**  
 irbesartan hydrochlorothiazide, **38**  
 Iressa tab, **23**  
 Isentress, **19**  
 isometheptene/dichloralphenazone/apap, **29**  
 isoniazid, **19**  
 Isopto Carpine, **61**  
 Isordil Titradoses Tabs, **38**  
 isosorb dinitrate-hydralazine, **38**  
 isosorbide dinitrate, **38**  
 isosorbide dinitrate ER, **38**  
 isosorbide mononitrate, **38**  
 isosorbide mononitrate ER, **38**  
 isotretinoin, **44**

isradipine, **38**  
 Istalol Drops, **61**  
 Isturisa, **64**  
 itraconazole, **19**  
 ivermectin, **19**  
 Iwilfin, **23**  
 Ixinity, **38**  
 Iyuzeh Drops 0.005%, **61**

**J**

Jadenu tab/granules, **68**  
 Jakafi, **29**  
 Jalyn, **66**  
 jantoven, **38**  
 Janumet, **49**  
 Janumet XR, **49**  
 Januvia, **49**  
 Jardiance, **49**  
 Jatenzo, **49**  
 Javygtor Pak, **64**  
 Jaypirca tab, **23**  
 Jentaduetto tablet, **49**  
 Jentaduetto XR, **49**  
 Jesduvroq, **38**  
 Jivi, **38**  
 Joenja, **57**  
 Jornay PM Capsule, **29**  
 joyeaux, **59**  
 Jublia, **44**  
 Juluca, **19**  
 junel FE 24 tab, **59**  
 Juxtapid, **38**  
 Jylamvo Soln, **23**  
 Jynarque, **67**

**K**

K-Phos, **67**  
K-Tab, **67**  
Kadian ER, **29**  
kaitlib FE chew, **59**  
Kaletra Tabs/Soln, **19**  
Kalydeco Tabs/Pack, **19**  
Kaspargo, **38**  
Kapvay, **29**  
Katerzia Susp, **38**  
Kazano tablet, **49**  
Keflex, **19**  
Kenalog Spray, **44**  
Keppra, **30**  
Keppra XR, **30**  
Kerendia, **38**  
Kerydin, **44**  
Kesimpta Inj, **49**  
ketoconazole cream, **44**  
ketoconazole shampoo, **44**  
ketoconazole tab, **19**  
ketoprofen, **30, 57**  
Ketoprofen 25mg cap, **57**  
ketoprofen ER, **57**  
ketorolac, **30, 57, 61**  
ketorolac oph soln, **61**  
Ketorolac sol tromethamine, **57**  
Keveyis, **68**  
Kevzara, **57**  
Khedezla, **30**  
Kineret, **57**  
Kionex Sus, **68**  
Kisqali, **23**  
Kitabis Pak, **64**  
Klaron, **44**  
Klisyri Oint 1%, **44**  
Klonopin, **30**  
klor-Con, **67**  
Kloxxado Liq, **30**  
Koate-DVI, **38**  
Kogenate FS, **38**  
Kombiglyze XR, **49**

Konvomep Soln, **53**  
Korlym tablet, **49**  
Koselugo, **23**  
Kovaltry Sol, **38**  
Krazati, **23**  
Krintafel, **19**  
Kristalose Pak, **53**  
Kuvan, **64**  
Kynamro, **38**  
Kynmobi Kit Titration, **30**  
Kynmobi Mis, **30**  
Kyzatrex, **49**

## L

labetalol HCl, **38**  
lacosamide, **30**  
Lactulose pak, **53**  
lactulose soln, **53**  
Lamictal, **30**  
Lamictal ODT, **30**  
Lamictal XR, **30**  
Lamisil Tabs, **19**  
lamivudine tab 100mg, 150mg, 300mg, **19**  
lamivudine/zidovudine, **19**  
lamotrigine, **30**  
lamotrigine ER, **30**  
lamotrigine ODT, **30**  
lamotrigine ODT kit, **30**  
Lampit tab, **19**  
Lanoxin, **38**  
lansoprazole cap, **53**  
lansoprazole solutab, **53**  
lanthanum chewable tab, **67**  
Lantus, **49**  
lapatinib, **23**  
Lasix, **38**  
Lastacaft, **61**  
latanoprost, **61**  
Latuda, **30**

- layolis FE chew, **59**  
Lazanda, **30**  
Ledipasvir-sofosbuvir tablet 90-400mg, **19**  
leena tab, **59**  
leflunomide, **57**  
lenalidomide, **23**  
Lenvima, **23**  
Lescol XL, **38**  
Letairis, **38**  
letrozole, **23**  
leucovorin calcium, **23**  
Leukeran, **23**  
leuprolide, **23**  
levabuterol neb, **64**  
Levalbuterol tartrate HFA, **64**  
Levamlodipine, **38**  
Levaquin, **19**  
Levbid, **66**  
Levemir, **49**  
levetiracetam, **30**  
levetiracetam ER, **30**  
Levitra, **66**  
levo-T tab, **49**  
levobunolol, **61**  
levocarnitine, **49**  
levofloxacin ophth soln, **61**  
levofloxacin tab, **19**  
levonorgestrel-ethinyl estradiol, **59**  
levonorgestrel/my way/next dose, **59**  
levorphanol, **30**  
Levothyroxine cap, **49**  
levothyroxine tab, **49**  
levoxyl, **49**  
Levsin, **66**  
Lexapro, **30**  
Lexette Foam 0.05%, **44**  
Lexiva, **19**  
Lialda, **53**  
Libervant Mis, **30**  
Librax, **30**  
Licart Dis 1.3%, **30**  
lidocaine patch 5%, **44**  
lidocaine solution, gel, ointment, **44**  
Lidoderm, **44**  
Likmez Susp, **19**  
Lilly Glucagon Emergency Kit, **50**  
linezolid, **19**  
Linzess, **53**  
liothyronine, **50**  
Lipitor, **38**  
Lipofen, **38**  
Liqrev Susp, **39**  
Liraglutide Inj, **50**  
lisdexamfetamine cap/chew, **30**  
lisinopril, **39**  
lisinopril/HCTZ, **39**  
Litfulo, **44**  
lithium carbonate, **30**  
lithium carbonate ER, **30**  
Lithobid, **30**  
Livalo, **39**  
Livmarli Sol, **53**  
Liventcity, **19**  
Lo Loestrin FE, **59**  
Locoid, **44**  
Locoid Lipocream, **44**  
Lodine, **30**  
Lodoco, **57**  
Lodosyn, **30**  
Loestrin, **59**  
Lokelma PAK, **67**  
Lomaira, **30**  
Lomotil, **53**  
Lonhala Magnair Soln, **64**  
Lonsurf, **23**  
loperamide, **53**  
Lopid, **39**  
lopinavir/ritonavir, **19**  
Lopressor HCT, **39**  
Loprox, **44**  
lorazaepam concentrate, **30**  
lorazepam, **30**

Lorbrena, **23**  
Loreev XR, **30**  
Lortab, **30**  
lortab elixir, **30**  
Lorzone, **57**  
losartan, **39**  
losartan-HCTZ, **39**  
Loseasonique, **59**  
Lotemax [SM], **61**  
Lotensin, **39**  
loteprednol susp, **61**  
Lotrel, **39**  
Lotrisone, **44**  
Lotronex, **57**  
lovastatin, **39**  
Lovaza, **39**  
Lovenox, **39**  
loxapine, **30**  
lubiprostone cap, **53**  
Lucemyra, **30**  
Luliconazole cream, **19**  
Lumakras, **23**  
Lumigan, **61**  
Lumryz Pak, **30**  
Lunesta, **30**  
Lupkynis, **23**  
lurasidone tab, **30**  
Luxiq, **44**  
Luzu, **44**  
Lybalvi, **30**  
lyllana Dis, **59**  
Lymepak, **19**  
Lynparza, **23**  
Lyrica Cap, **30**  
Lyrica CR, **30**  
Lyrica soln, **30**  
Lysodren, **23**  
Lysteda, **59**  
Lytgobi, **23**  
Lyumjev Inj/Pen, **50**  
Lyvispah Gra, **57**

## M

m-clear wc soln, **30**  
Macrochantin, **19**  
Malarone, **19**  
malathion lotion, **44**  
maprotiline, **30**  
maraviroc tab, **20**  
Marinol, **53**  
Matulane, **23**  
Mavenclad pak, **23**  
Mavyret, **20**  
Maxalt, Maxalt-MLT, **30**  
Maxitrol, **61**  
Maxzide, **39**  
Mayzent tablet, starter pak, **30**  
meclizine, **53**  
meclofenamate, **30, 57**  
Medrol, **50**  
medroxyprogesterone acetate suspension IM, **59**  
medroxyprogesterone acetate tab, **59**  
Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors, **50**  
Medtronic Continuous Glucose Monitor Guardian Transmitter, **50**  
Medtronic Continuous Glucose Monitor Receiver, **50**  
mefloquine, **20**  
Megace, **23**  
megestrol, **23**  
megestrol acetate, **23**  
Mekinist, **23**  
Mektovi, **23**  
melodetta chew 24 FE, **59**  
meloxicam cap, **57**  
Meloxicam susp, **57**  
meloxicam tab, **57**  
melphalan, **23**  
memantine, **30**

- memantine ER, **30**  
Menest, **59**  
Menopur, **59**  
meperidine HCl, **30**  
Mephyton, **67**  
meprobamate, **30**  
Mepron, **20**  
mercaptopurine, **23**  
mesalamine, **53**  
mesalamine DR, **53**  
mesalamine rectal susp, **53**  
Mesnex, **23**  
Mestinon [ER] Tab, **30**  
Mestinon syrup, **30**  
Metadate CD, **30**  
metaproterenol, **64**  
Metaxalone, **57**  
metformin, **47–48, 50**  
Metformin 625mg, **50**  
metformin ER (generic for Glucophage XR), **50**  
metformin HCL 500mg/5ml soln, **50**  
Metformin HCL ER (OSM), **50**  
metformin/glyburide, **50**  
methadone, **30**  
methadone HCL concentrate, **30**  
methadone HCL sol, **30**  
Methadose concentrate [SF], **30**  
Methamphetamine, **30**  
methazolamide, **61**  
methenamine hippurate, **20**  
methimazole, **50**  
Methitest Tab, **50**  
Methylphenidate ER (XR), **31**  
methocarbamol 500mg, 750mg, **30**  
methotrexate tab, **23**  
methoxsalen, **45**  
methsuximide, **31**  
methyldopa, **39**  
Methylin, **31**  
methylphenidate, **31**  
methylphenidate ER, **31**  
methylphenidate ER (CD), **31**  
methylphenidate ER (LA), **31**  
methylphenidate pad, **31**  
methylprednisolone, **50**  
methylprednisolone therapy pak, **50**  
methyltestosterone, **50**  
metoclopramide, **53**  
Metoclopramide odt, **53**  
metolazone, **39**  
Metopirone, **68**  
metoprolol succinate, **39**  
metoprolol tartrate, **39**  
metoprolol tartrate/HCT, **39**  
MetroCream, **45**  
MetroGel, **45, 59**  
Metrogel vaginal, **59**  
MetroLotion, **45**  
metronidazole, **20, 45, 59**  
metronidazole cream, lotion, gel, **45**  
metronidazole vaginal gel, **59**  
metyrosine, **50**  
Mevacor, **39**  
mexiletine HCl, **39**  
Miacalcin, **57**  
mibelas 24 chew FE, **59**  
Micardis, **39**  
Micardis HCT, **39**  
Miconazole-zinc ointment, **45**  
microgestin 24 FE 1/20, **59**  
Microzide, **39**  
midodrine HCl, **68**  
Midrin, **31**  
Miebo Drops, **61**  
mifepristone, **50**  
miglitol, **50**  
miglustat, **68**  
Migranal, **31**  
Millipred, **50**  
Minastrin 24 FE, **59**  
Minipress, **39**  
minitran, **39**

Minivelle, **59**  
Minocin, **20**  
minocycline caps, **20**  
Minocycline ER cap 135mg, 45mg, and 90mg,  
**20**  
minocycline ER tablet, **20**  
minocycline tablet, **20**  
Minolira, **20**  
minoxidil, **39**  
mirabegron, **66**  
Mirapex, **31**  
Mirapex ER, **31**  
Mircette, **59**  
mirtazapine, **31**  
Mirvaso, **45**  
misoprostol, **53, 56**  
Mitigare, **57**  
Mobic, **57**  
modafinil, **31**  
moderiba, **20**  
moexipril, **39**  
moexipril/HCTZ, **39**  
molindone hcl, **31**  
Molnupiravir 200mg, **20**  
mometasone cream, ointment, solution, **45**  
mometasone furoate nasal spray, **47**  
Mondoxyne NL 75mg cap, **20**  
Monoclate-P, **39**  
Mononine, **39**  
montelukast sodium, **64**  
Monurol Pak Granules, **20**  
MorphaBond ER, **31**  
morphine IR, **31**  
morphine sulfate ER, **31**  
morphine suppositories, **31**  
Motegrity tab, **53**  
Motpoly XR, **31**  
Mounjaro Inj, **50**  
Movantik, **53**  
MoviPrep Solution Reconstituted 100gm Oral,  
**53**

Moxatag, **20**  
Moxeza, **61**  
moxifloxacin hcl, **20**  
moxifloxacin ophthalmic soln, **61**  
MS Contin, **31**  
Mulpleta, **39**  
Multaq, **39**  
multivitamin with fluoride drops, tabs, **67**  
mupirocin cream, ointment, **45**  
Muse, **66**  
Myalept, **50**  
Myambutol, **20**  
Mycapssa cap, **50**  
Mycobutin, **20**  
mycophenolate, **23**  
mycophenolic acid, **23**  
Mydayis, **31**  
Mydriacyl, **61**  
Myfembree, **59**  
Myfortic, **23**  
Myhibbin Sus, **23**  
Myleran, **23**  
Myrbetriq, **66**  
Mysoline, **31**  
Mytesi, **20**

## N

nabumetone, **31, 57**  
nadolol, **39**  
nadolol-bendroflumethiazide, **39**  
naftifine cream, gel, **45**  
Naftin, **45**  
Nalfon, **31, 57**  
Nalocet, **31**  
Naloxone Injection 2mg, **31**  
naloxone spray, **31**  
naltrexone 50mg, **31**  
Namenda [XR], **31**  
Namzaric, **31**

- Naprelan, **57**  
Naprosyn, **56–57**  
Naprosyn susp, **57**  
naproxen sodium, **57**  
naproxen sodium DR, **57**  
naproxen sodium ER, **57**  
naproxen sodium ER 750mg, **57**  
naproxen sodium susp, **57**  
naratriptan, **31**  
Narcan 4mg/actuation spray, **31**  
Nardil, **31**  
Nascobal, **67**  
Nasonex, **47**  
Natazia, **59**  
nateglinide, **50**  
Natesto, **50**  
Natpara, **50**  
Natroba, **45**  
Nature-Throid, **50**  
Nayzilam, **31**  
nebivolol, **39**  
Nebupent INH, **20**  
Nebusal Nebulization Solution, **67**  
nefazodone, **31**  
neomycin/polymyxin B/dexamethasone, **61**  
neomycin/polymyxin/hydrocortisone, **47**  
Neoral, **23–24**  
Neosporin soln, **61**  
Nerlynx, **23**  
Nesina tablet, **50**  
Nestabs One, **67**  
Neupro Patch, **31**  
Neurontin, **31**  
Neurontin soln, **31**  
Nevanac Susp 0.1%, **61**  
nevirapine, **20**  
nevirapine ER, **20**  
Nexavar, **23**  
Nexiclon XR, **39**  
Nexium capsule, **53**  
Nexium packets, **53**  
Nexletol, **39**  
Nexlizet, **39**  
Nextstellis, **59**  
Ngenla Inj, **50**  
niacin ER, **39**  
Niaspan ER, **39**  
nicardipine, **39**  
nifedical XL, **39**  
nifedipine, **39**  
nifedipine ER, **39**  
Nilandron, **23**  
nilutamide, **23**  
nimodipine, **39**  
ninjacof-XG liquid, **31**  
Ninlaro, **23**  
nisoldipine ER, **39**  
nitazoxanide, **20**  
nitisinone, **68**  
Nitro-Bid, **39**  
Nitro-Dur, **39**  
nitro-time cap, **39**  
Nitro-Time CR Cap, **39**  
nitrofurantoin macrocrystals, **20**  
Nitrofurantoin susp, **20**  
nitroglycerin ER, **39**  
nitroglycerin oint 0.4%, **39**  
nitroglycerin patches, **39**  
nitroglycerin SL, **39**  
nitroglycerin spray, **39**  
Nitrolingual Spray, **39**  
Nitromist, **39**  
Nitrostat SL, **39**  
Nityr, **68**  
nizatidine cap, **53**  
nizatidine solution, **53**  
Nizoral shampoo, **45**  
Nocdurna SL, **39**  
Noctiva Emulsion, **50**  
Non Preferred Diabetic Meters, **50**  
Norditropin, **50**  
nore/eth/fer chew 0.4mg-35mcg, **59**

norethin-ethynil-fer cap 1/20, **59**  
norethindrone, **59**  
norethindrone acetate, **59**  
norethindrone-ethinyl estradiol, **59**  
norethindrone-mestranol, **59**  
Norgesic Forte Tab, **57**  
Norgesic Tab, **57**  
norgestimate-ethinyl estradiol, **59**  
norgestrel-ethinyl estradiol, **59**  
Noritate, **45**  
Norliqva Soln, **39**  
Norpace, **39**  
Norpramin, **31**  
Northera, **39**  
nortriptyline, **31**  
nortriptyline soln, **31**  
Norvasc, **39**  
Norvir powder, **20**  
Norvir tablet, **20**  
Nourianz, **31**  
Novarel 5000 units, **68**  
Novarel 10000 units, **68**  
Novoeight, **39**  
Novolin, **50**  
Novolin R, **50**  
Novolin Relion, **50**  
Novolog, **50**  
Novolog Relion, **50**  
NovoSeven RT, **39**  
Noxafil, **20**  
NP thyroid, **50**  
Nubeqa, **23**  
Nucala Soln, **64**  
Nucynta, **31**  
Nucynta ER, **31**  
Nulev, **66**  
Nulibry Inj, **68**  
Nulytely, **53**  
Nuplazid, **31**  
Nurtec chw 75mg ODT, **31**  
Nutropin AQ, **50**

Nuvaring, **59**  
Nuversa gel, **20**  
Nuvigil, **31**  
Nuwiq, **40**  
Nuzyra, **20**  
Nymalize Sol, **40**  
nystatin suspension, **45**  
nystatin/triamcinolone cream, ointment, **45**

## O

OB Complete, **59**  
Obizur, **40**  
Obredon, **64**  
Ocaliva, **68**  
Ocufen, **61**  
Ocuflox, **61**  
Odactra SL, **64**  
Odomzo, **23**  
Ofev, **64**  
ofloxacin, **47, 61**  
ofloxacin otic, **47**  
Ogsiveo, **23**  
Ojemda Tab/Sus, **23**  
Ojjaara, **23**  
olanzapine, **31**  
olanzapine ODT, **31**  
olanzapine/fluoxetine hcl, **31**  
olmesartan medoxomil, **40**  
olmesartan/amlodipine/hctz, **40**  
olmesartan/hctz, **40**  
olopatadine, **47, 61**  
olopatadine hcl, **61**  
Olpruva Pak, **54**  
Olumiant, **57**  
Olux [E], **45**  
Omeclamox-Pak, **54**  
omega-3 acid ethyl esters, **40**  
omeprazole, **54**  
Omnaris, **47**



- Omnipod 5 Pack, **50**  
 Omnipod Dash 5 Pack, **50**  
 Omnipod Dash System, **50**  
 Omnipod Go Kit, **50**  
 Omnipod Starter Kit, **50**  
 Omnipred, **61**  
 Omnitrope, **50**  
 Omvoh Inj, **57**  
 ondansetron HCl, **54**  
 One Touch Glucometers, **50**  
 One Touch Test Strips, **51**  
 Onexton, **45**  
 Onfi, **31**  
 Onfi Susp, **31**  
 Ongentys, **31**  
 Onglyza, **51**  
 Onmel, **20**  
 Onureg, **23**  
 Onzetra Xsail, **31**  
 Opana, **31**  
 Opana ER, **31**  
 Opfolda, **68**  
 Opsumit, **40**  
 Opsynvi, **40**  
 Opvee Spray, **31**  
 Opzelura Cream, **45**  
 Oracea, **20**  
 Oralair, **64**  
 Orap, **31**  
 Orapred ODT, **51**  
 Orenicia, **57**  
 Orenitram, **40**  
 Orfadin, **68**  
 Orgovyx, **23**  
 Oriahnn cap, **59**  
 Orilissa, **51**  
 Orkambi tablet/packet, **20**  
 Orladeyo, **68**  
 Orlistat Cap, **54**  
 Ormalvi Tab, **40**  
 orphenadrine ER, **57**  
 Orphenadrine-asa-caffeine, **57**  
 Orphengesic Forte Tab, **57**  
 Orserdu tab, **24**  
 Ortho Cyclen, **59**  
 Ortho Micronor, **59**  
 Ortho Novum, **59**  
 Ortho Tri-Cyclen, **59**  
 Ortho Tri-Cyclen Lo, **59**  
 Ortikos ER Cap, **24**  
 oscimin, **66**  
 oseltamivir caps/soln, **20**  
 Oseni, **51**  
 Osmolex ER, **31**  
 Osmoprep tab, **54**  
 Otezla, **57**  
 Otrexup, **57**  
 Ovide, **45**  
 Ovidrel, **59**  
 Oxandrin, **51**  
 oxandrolone, **51**  
 oxaprozin, **31, 57**  
 Oxaprozin 300mg cap, **31**  
 oxaprozin 600mg tab, **31**  
 Oxaydo, **31**  
 oxazepam, **32**  
 Oxbryta, **68**  
 oxcarbazepine susp, **32**  
 oxcarbazepine tab, **32**  
 Oxervate soln 200mcg/ml, **62**  
 Oxiconazole nitrate, **45**  
 Oxistat, **45**  
 Oxsoralen Ultra, **45**  
 Oxtellar XR, **32**  
 oxybutynin sol, **66**  
 oxybutynin syrup, **66**  
 oxybutynin tab [ER], **66**  
 Oxycodone ER tablet, **32**  
 oxycodone IR, **32**  
 Oxycodone/acetaminophen, **32**  
 oxycodone/acetaminophen, **32**

Oxycodone/APAP 2.5-300mg, 5-300mg,  
 10-300mg tab, **32**  
 oxycodone/aspirin, **32**  
 oxycodone/ibuprofen, **32**  
 OxyContin, **32**  
 oxymorphone ER, **32**  
 oxymorphone IR, **32**  
 Oxytrol Patch, **66**  
 Ozempic, **51**  
 Ozobax Soln, **57**

**P**

pacerone, **40**  
 Palforzia cap/powder, **64**  
 paliperidone er tablet, **32**  
 Palynziq, **68**  
 Pamelor, **32**  
 Pancreaze, **54**  
 pancrelipase EC/SA, **54**  
 Pandel, **45**  
 Panretin Gel, **45**  
 pantoprazole, **54**  
 pantoprazole pak, **54**  
 paricalcitol, **51**  
 Parlodel, **32**  
 Parnate, **32**  
 paroxetine, **32**  
 paroxetine ER, **32**  
 Patanase, **47**  
 Patanol, **62**  
 Paxil CR, **32**  
 Paxil Tab/Susp, **32**  
 Paxlovid Tab, **20**  
 pazopanib, **24**  
 Pediapred Sol, **51**  
 PEG 3350 & electrolytes, **54**  
 peg-kcl-nacl-nasulf-na asc-c soln reconstituted,  
**54**  
 Peg-Prep, **54**

Pegasys, **20**  
 PegIntron, **20**  
 Pemazyre, **24**  
 penciclovir cream, **45**  
 penicillamine capsule, **68**  
 penicillamine tablet, **68**  
 penicillin v potassium solution, **20**  
 penicillin v potassium tablet, **20**  
 Penlac, **45**  
 Pennsaid, **57**  
 pentamidine INH, **20**  
 Pentasa 250mg, **54**  
 Pentasa 500mg, **54**  
 pentazocine-naloxone, **32**  
 pentoxifylline ER, **40**  
 Pepcid tabs, suspension, **54**  
 Percocet, **32**  
 Perforomist Neb, **64**  
 perindopril, **40**  
 permethrin, **45**  
 perphenazine, **32**  
 Persantine, **40**  
 Pertzye, **54**  
 Pexeva, **32**  
 Pheburane Mis 483/gm, **54**  
 phenazopyridine, **66**  
 phendimetrazine tartrate, **32**  
 phenelzine, **32**  
 phenobarbital, **32**  
 phenoxybenzamine hcl, **40**  
 phentermine hcl, **32**  
 Phenytek, **32**  
 phenytoin, **32**  
 PhosLo, **68**  
 Phoslyra, **68**  
 phospho, **68**  
 Phospho-trin tab K500, **67**  
 Phospholine Iodide, **62**  
 phytonadione tab, **67**  
 Pifeltro, **20**  
 pilocarpine, **47, 62**

- pilocarpine HCl, **47**  
pimecrolimus cre 1%, **45**  
pimozide, **32**  
pindolol ER, **40**  
pioglitazone, **47, 51**  
pioglitazone/glimepiride, **51**  
Piqray, **24**  
pirfenidone, **64**  
piroxicam, **32, 57**  
pitavastatin, **40**  
Plan B One-Step, **60**  
Plaquenil, **20**  
Plavix, **40**  
Plegridy, **32**  
Plenvu Soln, **54**  
podofilox soln/gel, **45**  
Pogo Automatic Mis Monitor, **51**  
Pogo Automatic Test Cartridge, **51**  
Pokonza Pow, **68**  
polymyxin B/neo/bacitracin, **62**  
polymyxin B/neo/gramicidin, **62**  
polymyxin B/trimethoprim soln, **62**  
Polytrim, **62**  
Pomalyst, **24**  
Ponvory, **32**  
posaconazole, **20**  
Potaba, **68**  
potassium bicarbonate/potassium citrate  
effervescent, **67**  
potassium chloride, **67**  
potassium citrate ER, **66**  
potassium iodide soln, **20**  
Pradaxa, **40**  
Pradaxa Pak, **40**  
Praluent, **40**  
pramipexole, **32**  
pramipexole ER, **32**  
Pramosone cream/lotion, **45**  
Prandin, **51**  
prasugrel, **40**  
Pravachol, **40**  
pravastatin, **40**  
praziquantel, **20**  
prazosin, **40**  
Precision Glucometer, **51**  
Precision XTRA Test Strips, **51**  
Precose, **51**  
Pred-Forte, **62**  
prednicarbate ointment, **45**  
prednisolone, **51, 62**  
prednisolone acetate, **62**  
prednisolone sodium phosphate, **62**  
prednisolone/sodium sulfacetamide, **62**  
prednisone, **24**  
prednisone therapy pack/solution/concentrate,  
**24**  
pregabalin cap, **32**  
pregabalin ER tab, **32**  
pregabalin soln, **32**  
pregnyl, **68**  
Prelone, **51**  
Premarin, **60**  
Premarin vaginal cream, **60**  
Premphase, **60**  
Prempro, **60**  
Pretomanid, **20**  
Prevacid caps, **54**  
Prevacid SoluTab, **54**  
prevalite, **40**  
Prevymis, **20**  
Prezista, **20**  
prilocaine/lidocaine, **45**  
Prilosec packets, **54**  
primidone, **32**  
Primlev, **32**  
Prinivil, **40**  
Pristiq, **32**  
ProAir Digihaler, **64**  
ProAir HFA, **64**  
ProAir RespiClick, **64**  
probenecid, **55, 57**  
Procardia, **40**

Procardia XL, **40**  
 Procentra 1mg/ml, **32**  
 prochlorperazine suppository, **54**  
 prochlorperazine tabs, **54**  
 Proctocort Supp 30mg, **45**  
 Proctofoam HC, **45**  
 Procysbi, **51**  
 Profilnine, **40**  
 progesterone, micronized, **60**  
 Proglycem Susp, **51**  
 Prograf cap/packets, **24**  
 Prolate Sol 10/300mg, **32**  
 Prolate tab, **32**  
 Prolensa sol 0.07%, **62**  
 Promacta, **40**  
 promethazine, **65**  
 promethazine/codeine, **65**  
 promethazine/dextromethorphan, **65**  
 promethazine/phenylephrine, **65**  
 promethegan supp, **32**  
 Prometrium, **60**  
 propafenone, **40**  
 propafenone ER, **40**  
 proparacaine, **62**  
 propranolol, **40**  
 propranolol ER, **40**  
 propranolol/HCTZ, **40**  
 propylthiouracil, **51**  
 Proscar, **66**  
 Protonix, **54**  
 Protonix packets, **54**  
 Protopic, **24**  
 Proventil HFA, **65**  
 Provera, **58, 60**  
 Provigil, **32**  
 Prozac, **32**  
 Prudoxin cream 5%, **45**  
 Pulmicort Flexhaler, **65**  
 Pulmicort Respules, **65**  
 Pulmosal Nebulization Solution, **67**  
 Pulmozyme, **65**

Purixan, **24**  
 Pylera, **54**  
 Pyridium, **66**  
 pyridostigmine, **32**  
 pyridostigmine soln, **32**  
 pyrimethamin, **20**  
 Pyrukynd, **68**

## Q

Qbrexelis, **40**  
 Qbrexza Pad 2.4%, **45**  
 Qdolo Soln 5mg/ml, **32**  
 Qelbree, **32**  
 Qinlock tab, **24**  
 Qmiiz ODT, **32**  
 Qnasl, **47**  
 Qsymia ER, **32**  
 Qtern, **51**  
 Quaalatin, **20**  
 Quartette, **60**  
 quazepam, **32**  
 Qudexy XR, **32**  
 Questran Light, **40**  
 Questran Packet/Powder, **40**  
 quetiapine fumarate [ER], **32**  
 Quflora, **67**  
 Quillichew ER, **33**  
 Quillivant XR, **33**  
 quinapril, **40**  
 quinapril/HCTZ, **40**  
 quinine sulfate, **20**  
 Qulipta, **33**  
 Quviviq, **33**  
 Qvar, **65**

## R

- rabeprazole DR tab 20mg, **54**  
Rabeprazole Sprinkle Cap 10mg, **54**  
Radicava ORS Susp, **33**  
Ragwitek, **65**  
raloxifene, **57, 60**  
raloxifene hcl, **57**  
ramelteon, **33**  
ramipril, **40**  
Ranexa, **40**  
ranitidine 300mg, **54**  
ranolazine tab ER, **40**  
Rapaflo, **66**  
Rapamune 1mg/ml Sol, **24**  
Rapamune tab, **24**  
rasagiline, **33**  
Rasuvo, **57**  
Ravicti, **54**  
Rayaldee, **67**  
Rayos, **51**  
Razadyne, **33**  
Razadyne ER, **33**  
Rebetol, **65**  
Rebif Rebidose, **33**  
Rebinyn Soln, **40**  
Recombinate, **40**  
Recorlev 150mg Tab, **54**  
Rectiv Oint, **40**  
RediTrex Inj, **24**  
Regimex, **33**  
Reglan, **54**  
Regranex gel, **51**  
Relafen, **33**  
Relafen DS, **33**  
Relenza, **20**  
Relexxii, **33**  
Relistor, **54**  
Relpax, **33**  
Reltone, **54**  
Relyvrio Pak, **33**  
Remeron, **33**  
Remeron SolTab, **33**  
Renagel, **68**  
Renvela, **68**  
repaglinide, **51**  
Repatha, **40**  
Requip, **33**  
Requip XL, **33**  
Rescula, **62**  
Restasis Emulsion 0.05% Ophthalmic, **62**  
Restasis Multidose, **62**  
Restoril, **33**  
Retevmo cap, **24**  
Retin-A, **45**  
Retin-A Micro, **45**  
Retrovir, **20**  
Revatio, **40**  
Revlimid, **24**  
Rextovy Spray, **33**  
Rexulti, **33**  
Reyataz, **20**  
Reyvow, **33**  
Rezdiffra Tab, **51**  
Rezira, **65**  
Rezlidhia, **24**  
Rezurock, **20**  
Rezvoglar Inj, **51**  
Rhofade 1% cream, **45**  
Rhopressa Soln 0.02%, **62**  
Riastap, **40**  
ribasphere ribapak 200mg & 400mg/400mg &  
600mg, **20**  
ribavirin, **47**  
Ridaura, **68**  
rifabutin, **20**  
Rifadin, **20**  
rifampin, **20**  
Rilutek, **33**  
riluzole, **33**  
rimantadine, **21**  
Rinvoq, **68**  
Riomet [ER] solution/suspension 500mg/5ml,  
**51**

risedronate, **57**  
risedronate DR, **57**  
Risperdal, **33**  
risperidone, **33**  
Ritalin LA, **33**  
Ritalin Tab, **33**  
ritonavir, **19, 21**  
rivastigmine, **33**  
Rivfloza Inj, **21**  
Rixubis, **40**  
rizatriptan benzoate, **33**  
Robaxin, **33, 57**  
Rocaltrol capsules, **51**  
Rocklatan Soln 0.02-0.005%, **62**  
roflumilast, **65**  
ropinirole, **33**  
ropinirole ER, **33**  
rosuvastatin, **37, 40**  
Roszet, **40**  
Roxicodone, **33**  
Roxybond, **33**  
Rozerem, **33**  
Rozlytrek, **24**  
Rubraca, **24**  
Ruconest, **68**  
rufinamide susp 40mg/ml, **33**  
rufinamide tab, **33**  
Rukobia, **21**  
Ruzurgi, **68**  
Ryaltris Spray 665-25mcg/act, **47**  
Rybelsus, **51**  
Ryclora, **65**  
Rydapt, **24**  
Rytary, **33**  
Rythmol, **40**  
Rythmol SR, **40**  
Ryvent, **65**

## S

Sabril, **33**  
Safyral, **60**  
Saizen, **51**  
sajazir inj, **68**  
Salagen, **47**  
salsalate tab, **57**  
Samsca, **40**  
Sancuso Patch, **54**  
Sandimmune, Neoral, **24**  
Saphris, **33**  
sapropterin pow/tab, **65**  
saxagliptin, **51**  
saxagliptin-metformin, **51**  
Saxenda, **33**  
Scemblix, **24**  
scopolamine patch, **54**  
Seasonique, **60**  
Secuado Patch, **33**  
Seebri, **65**  
Seglentis 56-44mg Tab, **33**  
Segluromet, **51**  
selegiline HCl, **33**  
selenium sulfide shampoo/lotion, **45**  
Selzentry, **21**  
Semglee Inj 100U/ml, **51**  
Semprex-D, **65**  
Sensipar, **51**  
Serevent Diskus, **65**  
Sernivo, **45**  
Seroquel, **33**  
Seroquel XR, **33**  
Serostim, **51**  
sertraline, **33**  
Sertraline Caps 150mg, 200mg, **33**  
sevelamer carbonate, **68**  
Sevenfact Inj, **40**  
Seysara, **21**  
SFRowasa enema, **54**

- Signifor, **51**  
Siklos, **24**  
sildenafil citrate 20mg tab, 10mg/ml susp, **40**  
sildenafil citrate 25mg, 50mg, 100mg, **40**  
Silenor, **33**  
Siliq, **45**  
silodosin, **57**  
Silvadene, **45**  
silver sulfadiazine, **45**  
Simbrinza Susp 1-0.2%, **62**  
Simlandi Kit/Inj, **57**  
Simponi, **57**  
simvastatin, **38, 40**  
Simvastatin susp, **40**  
Sinemet, **33**  
Sinemet CR, **33**  
Singulair, **65**  
sirolimus tab/soln, **24**  
Sirturo, **21**  
Sitagliptin, **51**  
Sitagliptin-Metformin, **51**  
Sitavig, **21**  
Sivextro, **21**  
Skelaxin, **57**  
Sklice Lot 0.5%, **21**  
Skyclarys cap, **21**  
Skyrizi Inj, **45**  
Skytrofa, **51**  
Slynd, **60**  
Soaanz, **40**  
sodium chloride inhalation, **65**  
sodium fluoride chew tab, **67**  
Sodium Oxybate Sol (Hikma), **33**  
sodium phenylbutyrate tab, **67**  
sodium sulfacetamide suspension, **45**  
sodium/potassium sol magnesium, **54**  
Sofosbuvir-velpatasvir tablet 400-100mg, **21**  
Sogroya Inj, **51**  
Sohonos, **21**  
Solaraze, **45**  
solifenacin, **66**  
Soliqua, **51**  
Solodyn, **21**  
Solosec GRA, **21**  
Soma, **57**  
Somavert, **51**  
Sonata, **33**  
Soolantra, **45**  
sorafenib, **24**  
Soriatane, **45**  
Sorilux Foam, **45**  
sotalol HCl, **40**  
Sotyktu, **57**  
Sotylize soln, **40**  
Sovaldi, **21**  
Sovuna Tab, **21**  
Spevigo Inj, **45**  
spinosad, **45**  
Spiriva, **65**  
spironolactone, **40–41**  
spironolactone/HCTZ, **41**  
Sporanox, **21**  
Spritam Oral Disintegrating Tab, **33**  
Sprix Nasal Spray, **33**  
Sprycel, **24**  
SPS Suspension 15GM/60ml, **67**  
SSD cream, **45**  
SSKI Solution, **21**  
Stalevo, **33**  
Starlix, **51**  
stavudine, **21**  
Staxyn, **66**  
Steglatro, **51**  
Steglujan, **51**  
Stelara, **57**  
Stendra, **66**  
Stimate, **41**  
Stiolto Respimat, **65**  
Stivarga, **24**  
Strattera, **33**  
Strensiq, **68**  
Striant buccal system, **51**

Stribild, **21**  
Striverdi Respimat Aer Solution, **65**  
Stromectol, **21**  
Suboxone Sublingual Film, **33**  
Subsys, **33**  
Sucraid Solution 8500 unit/ml, **68**  
sucralfate tabs, **54**  
Suflave Sol, **54**  
Sular, **41**  
Sulconazole cream/solution, **45**  
sulfacetamide, **45, 62**  
sulfamethoxazole/tmp, **21**  
Sulfamylon, **46**  
sulfasalazine, **54**  
sulindac, **33, 57**  
sumatriptan, **33**  
sumatriptan/naproxen, **33**  
sunitinib, **24**  
Sunlenca, **21**  
Sunosi, **33**  
Suprax Susp 100mg/5ml, 200mg/5ml, **21**  
Suprep Bowel Prep Kit, **54**  
Sustiva, **21**  
Sutab, **54**  
Sutent, **24**  
Sylatron, **34**  
Symax, **66**  
Symbicort, **65**  
Symbyax, **34**  
Symdeko, **65**  
Symfi, **21**  
Symfi-Lo, **21**  
Symjepi Inj, **65**  
Symlin, **51**  
Sympazan Film, **34**  
Symproic, **54**  
Symtuza, **21**  
Synalar, **46**  
Synarel, **60**  
Syndros, **54**  
Synjardy, **51**

Synjardy XR, **51**  
Synthroid, **51**  
Syprine, **68**

## T

Tabloid, **24**  
Tabrecta tab, **24**  
Taclonex, **46**  
tacrolimus, **24**  
tadalafil (generic Adcirca), **41**  
tadalafil (generic Cialis), **41**  
Tadliq Susp, **41**  
Tafinlar, **24**  
tafluprost soln, **62**  
Tagrisso, **24**  
Takhzyro Inj, **68**  
Talicia, **21**  
Taltz Autoinjector, **46**  
Talzenna, **24**  
Tamiflu, **21**  
tamoxifen 10mg, **24**  
tamsulosin, **66**  
Tanzeum, **51**  
Tapazole, **51**  
Tarceva, **24**  
Targadox, **21**  
Targretin cap, **24**  
Targretin gel, **46**  
tarina 24 FE tab, **60**  
Tarka, **41**  
Tarpeyo, **54**  
Tascenso ODT, **34**  
Tasigna, **24**  
tasimelteon, **34**  
Tasmar, **34**  
tavaborole soln 5%, **46**  
Tavalisse, **68**  
Tavneos, **68**  
Taytulla, **60**



- Tazarotene AER 0.1%, **46**  
tazarotene gel, **46**  
Tazorac cream/gel, **46**  
taztia XT, **41**  
Tazverik 200mg, **24**  
Tecfidera, **34**  
Technivie, **21**  
Tegretol [XR], **34**  
Tegretol susp, **34**  
Tegsedi, **68**  
Tekturna/Tekturna HCT, **41**  
telmisartan, **41**  
telmisartan-amlodipine, **41**  
telmisartan/hydrochlorothiazide, **41**  
temazepam, **34**  
Temixys, **21**  
Temodar, **24**  
Temovate, **46**  
temozolomide, **24**  
tenofovir, **21**  
Tenoretic, **41**  
Tenormin, **41**  
Tepmetko, **24**  
terazosin, **66**  
terbinafine tabs, **21**  
terbutaline sulfate tabs, **65**  
terconazole cream, **60**  
teriflunomid, **34**  
Teriparatide 620mcg/2.48ml inj, **51**  
Tessalon Perles, **65**  
Testim Gel, **51**  
testosterone cypionate solution 100mg/ml,  
200mg/ml intramuscular, **51**  
Testosterone Cypionate Solution 200mg/ml  
Injection, **52**  
testosterone enanthate inj 200mg/ml, **52**  
testosterone gel 1%, 1.62%, **52**  
testosterone gel 10mg/act (2%), **52**  
testosterone solution 30mg/act, **52**  
tetrabenazine, **34**  
Tetracycline tab, **21**  
Texacort soln, **46**  
Tezspire Inj, **65**  
Thalitone, **41**  
Thalomid, **24**  
Theo-24, **65**  
theochron, **65**  
theophylline extended release, **65**  
theophylline soln, **65**  
thioguanine, **24**  
Thiola [EC], **65**  
thioridazine, **34**  
thiothixene, **34**  
Thyquidity Soln, **52**  
tiadylt ER, **41**  
tiagabine hcl, **34**  
Tiazac, **41**  
Tibsovo, **24**  
ticlopidine HCl, **41**  
Tigan, **54**  
Tiglutik Susp, **34**  
Tikosyn, **41**  
tilia FE tab, **60**  
timolol maleate tab, **41**  
timolol ophth, **62**  
Timoptic, **62**  
Timoptic XE, **62**  
Tindamax, **21**  
tinidazole, **21**  
tiopronin, **65**  
Tiotropium bromide cap 18mcg, **65**  
Tirosint, **52**  
Tivicay PD, **21**  
Tivorbex, **34**  
tizanidine, **57**  
Tlando, **52**  
Tobi Neb Solution, **21**  
Tobi Podhaler Cap, **21**  
Tobradex, **62**  
tobramycin ophthalmic, **62**  
tobramycin-dexamethasone, **62**  
Tobrex, **62**

- Tofranil, **34**  
tolbutamide, **52**  
tolcapone, **34**  
tolmetin, **34, 58**  
tolmetin sodium, **34**  
Tolsura, **21**  
tolterodine tartrate, **66**  
tolterodine tartrate LA, **66**  
tolvaptan 15mg, 30mg tab, **41**  
Topamax, **34**  
Topamax Sprinkle Capsules, **34**  
Topicort, **46**  
topiramate, **34**  
topiramate ER cap, **34**  
topiramate sprinkle cap, **34**  
Toprol XL, **41**  
toremifene tab, **24**  
torsemide, **41**  
Tosymra Nasal Solution, **34**  
Toujeo Solostar, **52**  
Toviaz, **58**  
Tracleer, **41, 65**  
Tradjenta tablet, **52**  
tramadol, **34**  
tramadol ER (biphasic) tablet, **34**  
Tramadol ER cap, **34**  
tramadol ER tablet, **34**  
Tramadol soln 5mg/ml, **34**  
tramadol/acetaminophen, **34**  
trandolapril, **41**  
trandolapril/verapamil ER, **41**  
Transderm-Scop patch, **54**  
Tranxene T, **34**  
tranycypromine sulfate, **34**  
Travatan Z, **62**  
travoprost, **62**  
trazodone, **34**  
Trelegy Ellipta, **65**  
Tremfya, **46**  
Tresiba, **52**  
tretinoin caps, **24**  
tretinoin gel, cream, **46**  
Tretinoin microspheres gel, **46**  
Tretten, **41**  
Trexall tab, **24**  
Treximet, **34**  
Trezix, **34**  
tri-legest FE, **60**  
Tri-norinyl, **60**  
Tri-Vi-Flor, Poly-Vi-Flor with and without iron, **67**  
triamcinolone acetonide, **46**  
Triamcinolone oint 0.05%, **46**  
triamterene cap, **41**  
triamterene/HCTZ, **41**  
Trianex, **46**  
triazolam, **34**  
Tribenzor, **41**  
Tricor, **41**  
Tridacaine/Tridacaine II Pad 5%, **46**  
triderm cream, **46**  
trientine, **68**  
trifluoperazine, **34**  
trifluridine, **62**  
trihexyphenidyl, **34**  
Trijardy XR, **52**  
Trikafta, **21**  
Trikafta Pak, **21**  
Trileptal Susp, **34**  
Trileptal Tab, **34**  
Trilipix, **41**  
trimethobenzamide, **54**  
trimethoprim sulfate/polymyxin B, **62**  
trimethoprim tab, **62**  
trimipramine, **34**  
Trintellix, **34**  
Tritocin oint 0.05%, **46**  
Triumeq, **21**  
Trizivir, **21**  
Trokendi XR, **34**  
tropicamide, **62**  
trospium chloride, **66**

Trudhesa AER, **34**  
 Trulance, **54**  
 Trulicity, **52**  
 Truqap, **24**  
 Truseltiq, **24**  
 Trusopt, **62**  
 Truvada, **21**  
 trymine CG liquid, **34**  
 Tudorza Pressair, **65**  
 Tukysa, **24**  
 Turalio, **24**  
 Tussicap, **65**  
 Tuxarin ER tabs, **65**  
 Tuzistra XR, **65**  
 Twirla Dis, **60**  
 Twyneo 0.1-3% Cream, **46**  
 Twynsta, **41**  
 Tyblume, **60**  
 tydemi tab, **60**  
 Tyenne, **46**  
 Tykerb, **24**  
 Tylenol w/Codeine, **34**  
 Tymlos, **52**  
 Tyrvaya Sol, **62**  
 Tyvaso, **41**

## U

Ubrelvy, **34**  
 Uceris, **52**  
 Ukoniq, **24**  
 Uloric, **58**  
 Ultracet, **34**  
 Ultram, **34**  
 Ultravate, **46**  
 unithroid, **52**  
 Upneeq Soln, **62**  
 Upravi, **41**  
 Urecholine, **66**  
 Urocit-K, **66**

Uroxatral, **66**  
 Urso 250 Tab, **54**  
 Urso Forte Tab, **54**  
 Ursodiol Cap, **54**  
 ursodiol tab, **54**  
 Utibron Neohaler, **65**

## V

V-GO, **68**  
 Vagifem, **60**  
 valacyclovir tab, **21**  
 Valchlor, **24**  
 Valcyte Soln, **21**  
 Valcyte Tab, **21**  
 valganciclovir soln, **21**  
 valganciclovir tab, **21**  
 Valium, **34**  
 valproic acid, **34**  
 valsartan, **36, 41**  
 Valsartan Soln, **41**  
 valsartan/hydrochlorothiazide, **41**  
 Valtoco, **34**  
 Valtrex, **21**  
 Vanatol S/LQ, **34**  
 vancomycin, **21**  
 vancomycin soln, **21**  
 Vandazole, **60**  
 Vanflyta, **24**  
 vardenafil, **66**  
 vardenafil ODT, **66**  
 varenicline, **25, 34**  
 varenicline pak, **34**  
 Varubi, **54**  
 Vascepa, **41**  
 Vaseretic, **41**  
 Vasotec, **41**  
 VCF Vaginal Gel 4%, **60**  
 vecamyl, **41**  
 Vectical, **46**

Velphoro, **68**  
 Velsipity, **58**  
 Veltin, **46**  
 Vemlidy, **21**  
 Venclexta, **24**  
 venlafaxine, **34**  
 venlafaxine ER, **34**  
 Venlafaxine Tab 112.5mg, **34**  
 Ventavis, **41**  
 Ventolin HFA, **65**  
 Veozah, **34**  
 verapamil HCl, **41**  
 verapamil HCl ER, **41**  
 Verdeso, **46**  
 Veregen Oint, **46**  
 Verelan ER, PM, **41**  
 Veripred soln 20mg/5ml, **52**  
 Verkazia Emu 0.1%, **62**  
 Verquvo, **41**  
 Verzenio, **24**  
 Vesicare, **66**  
 Vevye Drop 0.1%, **62**  
 Vfend, **21**  
 Viagra, **66**  
 Viberzi, **54**  
 Vibramycin, **21**  
 Victoza, **52**  
 Videx EC, **21**  
 Viekira Pak, **21**  
 Viekira XR, **21**  
 vigabatrin, **34**  
 vigadrone, **34**  
 Vigamox, **62**  
 Viibryd, **58**  
 Vijoice, **41**  
 vilazodone, **58**  
 Vimpat tab, soln, **34**  
 Viokace, **54**  
 Viramune, **21**  
 Viramune XR, **21**  
 Virazole, **47**

Viread, **21**  
 Viroptic, **62**  
 Virtussin AC w/ALC liquid, **35**  
 Vistaril, **65**  
 Vitrakvi, **24**  
 Vituz, **65**  
 Vivelle Dot, **60**  
 Vivjoa, **21**  
 Vivlodex, **35**  
 Vizimpro, **24**  
 Vocabria, **21**  
 Vogelxo, **52**  
 Voltaren Gel, **58**  
 Vonjo, **24**  
 Vonvendi, **41**  
 Voquezna Pak, **55**  
 Voquezna Tabs, **55**  
 voriconazole, **22**  
 Vosevi, **22**  
 VoSpire ER, **65**  
 Votrient, **24**  
 Vowst, **68**  
 Voxzogo, **41**  
 Voydeya, **68**  
 Vraylar, **35**  
 Vtama Cream, **46**  
 Vuity, **47**  
 Vumerity, **68**  
 Vusion, **46**  
 Vyleesi, **60**  
 Vyndaqel, Vyndamax, **41**  
 Vytorin, **41**  
 Vyvanse, **35**  
 Vyzulta Soln 0.024% OP, **62**

**W**

Wainua Inj, **35**  
 Wakix, **35**  
 warfarin, **41**

Wegovy Inj, **52**  
 Welchol, **41**  
 Welireg, **24**  
 Wellbutrin SR, **35**  
 Wellbutrin XL, **35**  
 Westhroid, **52**  
 Wilate, **41**  
 Winlevi Cream 1%, **46**  
 Winrevair Inj, **65**  
 wixela inhub aer, **65**  
 WP Thyroid, **52**  
 wymzya Fe tablet chewable, **60**  
 Wyzora Cream, **46**

## X

Xaciato Gel, **46**  
 Xadago, **35**  
 Xalatan, **62**  
 Xalkori, **24**  
 Xanax, **35**  
 Xanax XR, **35**  
 Xarelto, **41**  
 Xatmep, **24**  
 Xcopri pak/tab, **35**  
 Xdemvy Drops 0.25%, **62**  
 Xeljanz [XR], **58**  
 Xeloda, **24**  
 Xelpros Emulsion 0.005%, **62**  
 Xelstrym Pad, **35**  
 Xenazine, **35**  
 Xenical, **55**  
 Xenleta, **22**  
 Xepi Cream 1%, **22**  
 Xerese Cream, **46**  
 Xermelo, **55**  
 Xhance, **47, 65**  
 Xifaxan 200mg, **22**  
 Xifaxan 550mg, **22**  
 Xigduo XR, **52**

Xiidra, **62**  
 Ximino ER, **22**  
 Xodol, Norco, **35**  
 Xofluza Tab, **22**  
 Xofluza therapy pack, **22**  
 Xolair Inj, **65**  
 Xolegel, **46**  
 Xolremdi, **41**  
 Xopenex HFA, **65**  
 Xopenex Nebulization Soln, **65**  
 Xospata, **24**  
 Xphozah, **68**  
 Xpovio Pak, **24**  
 Xtampza ER, **35**  
 Xtandi, **25**  
 xulane, **60**  
 Xultophy, **52**  
 Xuriden, **68**  
 Xyntha, **41**  
 Xyosted Soln, **52**  
 Xyrem, **35**  
 Xywav Soln, **35**

## Y

yargesa, **68**  
 Yasmin, **60**  
 YAZ, **60**  
 Yonsa, **25**  
 Yuflyma 2pen Kit 40/0.4ml, **58**  
 Yuflyma 2Syr Kit 40/0.4ml, **58**  
 Yuflyma Kit 20/0.2ml, **58**  
 Yupelri Soln, **65**  
 Yusimry Soln, **58**  
 yuvafem, **60**

## Z

- Z-Tuss AC, **65**  
Zafemy DIS, **60**  
zafirlukast, **65**  
zaleplon, **35**  
Zanaflex, **58**  
Zantac, **55**  
Zarontin, **35**  
Zavesca, **68**  
Zavzpret Nasal Soln, **35**  
Zcort 7-day tab, **52**  
Zebutal Cap 50-325-40mg, **35**  
Zegalogue Inj, **52**  
Zegerid packets, **55**  
Zejula, **25**  
Zelboraf, **25**  
Zelnorm, **55**  
Zembrace Symtouch, **35**  
Zemplar, **52**  
Zenpep, **55**  
Zenzedi, **35**  
Zepatier, **22**  
Zepbound Inj, **52**  
Zeposia, **58**  
Zerit, **22**  
Zerviate Drops 0.24%, **62**  
Zestoretic, **41**  
Zestril, **41**  
Zetia, **41**  
Zetonna, **47**  
Ziac, **41**  
Ziagen, **22**  
Ziana, **46**  
zidovudine, **17, 19, 22**  
Zilbrysq Inj, **68**  
zileuton ER 600mg, **65**  
Zilxi Aer, **46**  
Zimhi Soln, **35**  
Zioptan, **62**  
ziprasidone, **35**  
Zipsor, **58**  
Zithromax, **22**  
Zituvio, **52**  
Zmax, **22**  
Zocor, **41**  
Zofran, **55**  
Zohydro ER, **35**  
Zokinvy, **68**  
Zolinza, **25**  
zolmitriptan, **35**  
zolmitriptan spray, **35**  
Zoloft, **35**  
zolpidem tartrate, **35**  
Zolpidem Tartrate Cap, **35**  
zolpidem tartrate ER, **35**  
zolpidem tartrate SL, **35**  
Zomacton, **52**  
Zomig, **35**  
Zonalon cream 5%, **46**  
Zonegran, **35**  
Zonisade Susp, **35**  
zonisamide, **35**  
Zorbtive, **55**  
Zortress, **22, 25**  
Zorvolex, **35**  
Zoryve Cream/Foam, **46**  
Zovirax, **22, 46**  
Zovirax cream, **46**  
Zovirax oint, **46**  
Ztalmy Susp, **35**  
Ztlido Patch, **46**  
Zubsolv, **35**  
Zuplenz, **55**  
Zurampic 200mg, **58**  
Zurzuvae, **35**  
Zutripro, **65**  
Zyban, **35**  
Zyclara Cream, **46**  
Zyclara Pump, **46**  
Zydelig, **25**  
Zyflo 600mg tab, **65**  
Zyflo CR 600mg, **65**  
Zykadia, **25**

Zyloprim, **58**  
Zymaxid, **62**  
Zymfentra Inj, **55**  
Zypitamag, **41**  
Zyprexa, **35**  
Zyprexa Zydis, **35**  
Zytiga, **25**  
Zyvox, **22**

# Independence

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