



VALUE FORMULARY  
EFFECTIVE OCTOBER 1, 2024

[www.amerihealth.com](http://www.amerihealth.com)

## INFORMATION FOR MEMBERS AND PROVIDERS

The Value Formulary Guide is intended to help members and providers understand prescription drug coverage under the AmeriHealth Value 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 Value 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.

### **Value Formulary tier structure**

The non-preferred tier will usually cost more than the preferred brand tier or generic tier. 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)
- Non-Formulary

**The non-preferred tier on the formulary is generally associated with higher cost-sharing (i.e., at the higher cost to you) than the preferred brand tier or generic tier. Non-formulary drugs are covered when a formulary exception is obtained through the prior authorization process. Please refer to the Procedures that Support Safe Prescribing in the front of the formulary list for details.** Non-formulary drugs are covered when a formulary exception approval has been obtained for which the member will pay the highest, non-specialty level of cost-sharing.

- Generally, if a brand-name drug has a generic equivalent, the brand-name drug is *non-formulary* while the generic equivalent is covered at the generic level of cost-sharing.  
**For example:** Cipro® is the brand drug and is considered non-formulary; 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; brand drugs not listed in the formulary guide are non-formulary.

**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®, 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-C™, Gavilyte-G™, Gavilyte-N™, Gavilyte-HT™ 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: 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-ethynodiol vaginal ring</li> </ul>
<b>Fluoride</b> For children ages 6 months to 16 years. Includes generics strengths <b>up to 0.5mg</b>	<ul style="list-style-type: none"> <li>sodium fluoride 1.1 (0.5f) mg/ml solution</li> <li>sodium fluoride 0.55 (0.25f) mg chewable tab</li> <li>Floritab 0.275 (0.125f) mg/drop solution</li> <li>Floritab 1.1 (0.5f) mg chewable tab</li> </ul>
<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	<ul style="list-style-type: none"> <li>folic acid 400mcg tab</li> <li>folic acid 800mcg tab</li> <li>folic acid 0.8mg capsule</li> <li>(including generic prenatal vitamins with the above listed folic acid dose)</li> </ul>

Category	Product(s) Available at \$0 at the Pharmacy
<b>Tobacco cessation medication</b> For adults ages 18+ years, who use tobacco products and want to quit	varenicline tab bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge nicotine patch 24 hour transdermal Nicotrol® Inhaler Nicotrol® NS Solution
<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	lovastatin 10mg lovastatin 20mg lovastatin 40mg
<b>HIV PrEP</b> Preexposure prophylaxis (PrEP) with effective anti-retroviral therapy for persons who are at high risk of HIV acquisition	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300mg Tenofovir 300mg
<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)	<ul style="list-style-type: none"> <li>- Influenza: Afluria®, Fluzone [Quad]®, Fluzone®, Fluarix®, Flumist®, Flublok®, Fluad®, Flucelvax®, Flulaval®</li> <li>- Pneumococcal: Prevnar 13®, Pneumovax 23®, Prevnar 20™, Vaxneuvance®</li> <li>- Shingles: Shingrix®*</li> <li>- RSV: Arexvy™**, Abrysvo™***</li> </ul> <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**

AmeriHealth utilizes an independent pharmacy benefits management (PBM) company to manage the administration of its prescription drug programs. Our PBM is 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 PBM. 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. AmeriHealth 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 aged 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. AmeriHealth 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, 2024, for one of these medications, the plan would have looked back 30 days to December 2, 2023, 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-ethynodiol (Nuvaring®) = 1 ring per 28 days
  - Ibandronate (Boniva®) 150mg = 1 tablet per 30 days
  - Sumatriptan (Imitrex®) 50mg = 18 tablets per 30 days
  - Diabetic supplies such as blood glucose test strips = 200 strips per 30 days
  - Sildenafil (Viagra®), tadalafil (Cialis® 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®) = 1 tablet per day
  - Oxycodone/acetaminophen (Percocet®) 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 1/1/2024 will be refillable again on or after 1/24/2024
  - A 90 days' supply of a prescription filled on 7/1/2024 will be refillable again on or after 9/7/2024
- **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

AmeriHealth 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:

Active Ingredient			
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.

Active ingredient	Medications impacted (brands and generics)	High cumulative daily dose
Amphetamine	Adzenys ER®[ODT], Dyanavel®, Evekeo® [ODT]	60mg/day
Amphetamine-Dextroamphetamine	Adderall®[IR/XR], Mydayis®	60mg/day
Dextroamphetamine	Dexedrine®, Zenzedi®, ProCentra®, Xelstrym™	60mg/day
Lisdexamfetamine	Vyvanse®	70mg/day
Methamphetamine	Desoxyn®	60mg/day
Dexmethylphenidate	Focalin® [IR/XR]	40mg/day
Methylphenidate	Ritalin® [IR/LA], Daytrana®, Cotempla®, Metadate® [ER/CD], Methylin®, Quillivant® XR, Concerta®, Aptensio XR®, QuilliChew® ER, Jornay PMT™, Adhansia® XR, Relexxii®	72mg/day
Serdexmethylphenidate	Azstarys™	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.amerihealth.com/providers/pharmacy\\_information/index.html](https://www.amerihealth.com/providers/pharmacy_information/index.html) 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.amerihealth.com/providers/pharmacy\\_information/index.html](https://www.amerihealth.com/providers/pharmacy_information/index.html).
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**

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

**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. The forms are available online at: [https://www.amerihealth.com/providers/pharmacy\\_information/index.html](https://www.amerihealth.com/providers/pharmacy_information/index.html).

## **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.\*<sup>+</sup>**

abiraterone	baclofen susp 25mg/5ml	Cimzia®	Ecoza™
Actemra® SC	Bebulin®	clemastine syrup	Edarbi™
Actimmune®	Belbuca™	clindamycin/benzoyl peroxide 1%/5%	Edex®
Adalimu-Adaz Inj	Belviq® [XR]	clobazam	Edluar™
Adalimumab-ADBM Crohns/UC/HS Starter	BeneFIX®	clovique	Elmiron®
Adalimumab-ADBM Psoriasis/Uveitis Starter	Benlysta®	Coagadex®	Eloctate™
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	Benzamycinpak®	colchicine 0.6mg cap	Emflaza™
adapalene pad	benzphetamine	Cometriq™	Emgality® (300mg dose)
Adbry™ Inj	Berinert®	Contrave ER®	Prefilled Pen 100mg/ml
Addyi®	Besremi®	Corifact®	Empaveli™
Adempas®	Betoptic-S®	Corlanor®	Enbrel®
Advate®	Bevespi Aerosphere™	Cosentyx™	Endari™
Adynovate®	bexarotene	Cotellic™	Enspryng™
Afstyla®	Bimzelx®	Cresemba®	Entyvio®
Airsupra® Aerosol	Bonjesta®	Cutivate®	Eohilia™
Ajovy®	bosentan	cyanocobalamin spray	Epclusa®
Akeega™	Bosulif®	cyclobenzaprine ER	Epidiolex®
Alecensa®	Brand prenatal vitamins <sup>1</sup>	Cyltezo® Inj	Eriedge™
Alocril®	Bravelle®	Cystadrops®	Erleada®
Alphanate®	Breeze®2 glucometer	Cystaran™	erlotinib
Alphanine® SD	Brexafemme®	Daklinza™	Ertaczo®
Alprolix™	Briviact®	Daybue	esomeprazole
Alrex®	BromSite®	deferasirox tab/granules	esomeprazole granules
Altabax™	Bronchitol®	deferiprone	Esperoc®
Altuviilio®	Brukinsa™	deflazacort	eszopiclone 3mg
Alunbrig™	buprenorphine patch	dexchlorpheniramine soln	Eucrisa™
Alvaiz™	Bydureon BCise®	Dexcom® Receiver,	everolimus (generic for
Amjevita™	Byetta®	Sensor, Transmitter	Afinitor)
amphetamine (generic Evekeo)	Bylvay™	dexlansoprazole DR	Eversense® E3 Sensor
Angeliq®	Bynfezia Pen™	D.H.E.® 45	Eversense® E3
Apokyn®	Byvalson™	dichlorphenate tab	Transmitter
apomorphine inj	Cabometyx™	diclofenac cap 25mg	Evrysdi™
Aptiom®	Calquence®	diclofenac gel 3%	Exelderm®
Augtyro™	Camzyos™	diclofenac sodium soln	Exkivity™
Austedo® [XR]	Caprelsa®	2%	Fabhalta®
Auvi-Q® 0.15mg, 0.3mg	Carac®	diethylpropion HCL	Factive®
Ayyakit™	Carbatrol®	dihydroergotamine	Fanapt™
azelastine/fluticasone spray	Cardura® XL	Dojolvi™	Farydak®
Azstarys™	carglumic	doxepin tablet	Fasenra®
	Caverject®	doxycycline hyclate tab	febuxostat
	Cayston™	50mg	Feiba®
	Cequa®	doxylamine-pyridoxine	Femring®
	Cerdelga™	droxidopa	fentanyl citrate-OTFC
	Cholbam®	Dupixent®	fentanyl transdermal
	Cibinqo™	Duzallo®	Fetzima™
	Ciclodan®		Filspari™

Filsuvez®	Intrarosa®	Lynparza™	Nubeqa™
Fioricet® with Codeine	Isturisa®	Lytgobi®	Nucala® Soln
Fiorinal® with Codeine	Iwilfin™	Mavenclad Pak®	Nucynta ER®
Firazyr®	Ixinity®	Mavyret™	Nuedexta™
Flector® patch	Jakafi™	Mekinist®	Nulibry™
Fortamet®	Jaypirca™	meloxicam cap	Nuplazid™
Fotivda®	Jesduvroq®	Meloxicam susp	Nurtec™
Freestyle glucometer	Joenja®	Menopur®	Nutropin® (AQ)
Fruzaqla®	Jublia®	Metaxalone	Nuwiq®
Fulyzaq™	Juxtapid™	Metformin 625mg	Nuzyra®
Fuzeon®	Jylamvo®	methadone	Obizur®
gabapentin tab	Jynarque®	Methitest™	Ocaliva™
Gattex®	Kalydeco™	methyltestosterone	Odactra® SL
Gavreto™	Kerendia®	mifepristone	Odomzo®
gefitinib	ketoprofen cap	miglustat	Ofev®
Gilotrif™	Kevzara®	mometasone furoate	Ogsiveo™
Gleevec®	Kineret®	Monoclade-P®	Ojjaara™
Glucagen® Hypokit®	Kisqali™	Monodox®	Olumiant®
Gonal-f®	Klisyri®	Mononine®	Omnitrope®
Grastek®	Koate®-DVI	morphine ER	Omvooh™
Haegarda®	Kogenate® FS	Motegrity™	OneTouch® Glucometers
Harvoni™	Korlym™	Mounjaro®	Ongentys®
Helixate® FS	Koselugo™	Muse®	Onureg®
Hemangeol® Soln	Kovaltry®	Myalept™	Onzetra Xsail™
Hemlibra® Soln	Krazati®	Mycapssa®	Opsumit®
Hemofil® M	Kynamro®	Myfembree®	Opzelura™
Hetlioz® LQ Susp	Kynmobi™	Mytesi™	Oralair®
Horizant™	lansoprazole solutab	naproxen sodium ER	Orencia® SQ
Humate-P®	lapatinib	750mg	Orenitram™
Humira®	Lastacaft®	Natpara®	Orfadin®
Hycamtin®	ledipasvir-sofosbuvir	Nayzilam®	Orgovyx™
hydrocodone ER	lenalidomide	Nerlynx™	Oriahnn®
hydromorphone ER	Lenvima™	Nestabs® One	Orilissa®
Hyftor™	Levemir®	Neupro® Patch	Orkambi™
Hyrimoz® Inj	levothyroxine cap	Nexletol™	Orladeyo®
Ibrance®	Likmez®	Nexlizet™	Orlistat cap
icatibant inj	Litfulo™	Ngenla™ Inj	orphenadrine-asa caffeine
Iclusig™	Livmarli®	Ninlaro®	Orserdu™
Idhifa®	Livtency™	nitisinone	Otezla™
Ilevro®	Lodoco®	Nityr®	Oxaydo®
imatinib mesylate	Lonhala™ Magnair™	Non Preferred Diabetic Meters	Oxbryta™
Imcivree™	Lonsurf®	Norditropin®	oxiconazole nitrate
imiquimod	Lorbrena®	Nourianz™	Oxtellar® XR
Increlex®	Lucemyra™	Novoeight®	oxycodone ER
indomethacin 20mg	luliconazole cream	Novolin® Relion™	Oxycodone/
Ingrezza™	Lumakras™	Novolog® Relion™	acetaminophen Sol
Inlyta®	Lumryz®	Novoseven® RT	5/325mg
Inqovi®	Lupkynis™	Noxafil®	Oxycontin®
Inrebic®	Luzu®		

oxymorphone ER	ReliOn®	Sovaldi™	Trulicity®
Oxytrol® Patch	Relyvrio™ Pak	Sprycel®	Truqap™
Ozempic®	Repatha™	Stelara®	Truseltiq™
Palforzia™ cap/powder	Retevmo™	Stivarga®	Tukysa™
Panretin®	Rezdiffrä™	Strensiq™	Turalio™
pantoprazole pak	Revlimid®	Striant®	Tymlos™
Paxil suspension	Rezlidhia™	Sucraïd®	Tyrvaya™
pazopanib	Rezurock™	sumatriptan/naproxen	Tyvaso®
Pegasys®	Riastap®	sunitinib	Ubrelvy™
Pemazyre™	Rinvoq™	Sunosi™	Ukoniq®
penicillamine capsule	Rivfloza™	Sylatron™	Uloric®
Pentasa® 250mg	Rixubis™	Symlin®	Upneeq®
Percocet®	RoxyBond™	Sympazan™ Film	Uptravi®
Pexeva®	15mg, 30mg	Tabrecta™	Utibron™ Neohaler
phendimetrazine tartrate	Rozlytrek™	tadalafil (generic Adcirca)	Valchlor™
Phoslyra®	Rubraca®	Tafinlar®	Valtoco®
Picato®	Ruconest®	Tagrisso™	Vanflyta®
Piqray®	rufinamide	Takhusyro®	vardenafil [ODT]
pirfenidone	Rukobia®	Taltz Autoinjector®	Vecamyl™
Pogo Automatic®	Ruzurgi®	Talzenna®	Velsipity®
Mis Monitor	Rybelsus®	Tasigna®	Venclexta®
Pogo Automatic®	Rydapt®	tasimelteon	Ventavis®
Test Cartridge	Rytary™	tavaborole	Verdeso®
Pomalyst®	sajazir inj	Tavneos®	Veregen®
Praluent®	Sancuso® Patch	Tazverik™	Verquvo®
Pramosone®	sapropterin pow/tab	Technivie™	Verzenio™
Precision Glucometer	Saxenda®	Tegretol® [XR]	Viberzi™
pregabalin ER tab	Scemblix®	Tekturna® (HCT)	Victoza®
Pretomanid®	Sernivo™	temozolomide	Viekira Pak™
Prilosec®	Serostim®	Tepmetko®	vigabatrin pack/tab
Procysbi®	Sevenfact®	Teriparatide® Pen-Injector	vigadronе pack
Profilnine®	Signifor®	620mcg/2.48ml	Vijoice®
Promacta®	sildenafil	Texacort®	Voltaren XR®
Pyrukynd®	Siliq™	Tezspire® Inj	Vonjo™
Qinlock™	Simponi™	Thalomid®	Vonvendi®
Qsymia® ER	Sirturo™	Tirosint®	Vosevi™
Qudexy® XR	Sivextro®	tolvaptan	Vowst®
QuilliChew ER™	Skyclarys™	topiramate ER sprinkle	Voxzogo™
Quillivant XR™	Skytrofa®	Tremfya™	Vtama®
Qulipta™	Skyrizi™	Tresiba®	Vuity™
rabeprazole	Sodium Oxybate Sol (Hikma)	tretinoïn caps	Vusion®
Radicava ORS®	sodium phenylbutyrate	Tretten®	Vyleesi™
Ragwitek™	tab/powder	triamicinolone 0.05%	Vyndamax®
Rasuvo™	sofosbuvir-velpatasvir	ointment	Vyndaqel®
Rebif® Rebiodose®	Sohonos™	Trianex®	Wainua™
Rebinyn®	Somavert®	trientine	Wakix®
Recombinate™	sorafenib	Trikafta™	Wegovy™
Recorlev®	Sotyktu™	Trintellix®	Welireg™
Regranex®		Tritocin™	

Wilate®	Xospata®	Zejula™	Zolinza®
Xalkori®	Xpovio®	Zelboraf®	zolmitriptan spray
Xcopri®	Xpovio® Pak	Zelnorm™	Zolpidem 10mg
Xeljanz® [XR]	Xtampza® XR	Zembrace Symtouch™	Zolpidem ER 12.5mg
Xenazine™	Xtandi®	Zepatier™	Zolpidem SL 3.5mg
Xenical®	Xultophy®	Zepbound™	Zoryve® Cream
Xermelo™	Xuriden™	Zeposia®	Ztalmy®
Xhance™ MIS 93mcg	Xyntha®	Zerviate™	Zurampic®
Xifaxan®	Xywav™	Zilbrysq®	Zydelig®
Xiidra™	yargesa	zileuton ER tab	Zykadia®
Xolair®	Yupelri™	Zokinvy®	Zymfentra™

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

\* 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*.

Brand-name Drug	Starts with UPPERCASE in Bold	Ex: Augmentin
Generic drug	Lowercase italic	Ex: avidoxy

### 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.

Drug Tier	Abbreviation
Generic	G
Non-preferred drug	NPD
Specialty drug	SP
Low-cost generic	LCG
Preferred brand	PB
Non-Formulary	NF
\$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.

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

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>ANTIBIOTICS &amp; OTHER DRUGS USED FOR INFECTION</b>					
<i>abacavir sulfate tab, soln</i>	G		<i>avidoxy</i>	G	
<i>abacavir sulfate/ lamivudine</i>	G		<i>azithromycin</i>	G	
<i>abacavir/ lamivudine/ zidovudine</i>	G		<b>Bactrim, Bactrim DS</b>	NF	
<b>Acticlate</b>	NF	AL	<b>Baraclude</b>	NF	
<i>acyclovir</i>	G		<b>Baxdela</b>	NF	QL
<i>acyclovir cream 5%</i>	G	QL	<b>Benznidazole</b>	NPD	
<i>adefovir dipivoxil</i>	G		<b>Bethkis</b>	NF, SP	
<b>Aemcolo DR</b>	NPD	QL	<b>Biaxin</b>	NF	
<i>albendazole</i>	G		<b>Biktarvy</b>	NPD	
<b>Albenza</b>	NF		<b>Biltricide</b>	NF	
<b>Alinia susp</b>	NPD	QL	<b>Brexafemme</b>	NPD	PA, QL
<b>Alinia tab</b>	NF	QL	<i>cefaclor</i>	G	
<b>Altabax</b>	NPD	PA	<i>cefaclor ER</i>	G	
<b>Amoxicillin 775mg</b>	PB		<i>cefadroxil</i>	LCG	
<i>amoxicillin</i>	G		<i>cefdinir</i>	G	
<i>amoxicillin/ clavulanate</i>	G		<i>cefixime susp/cap</i>	G	
<i>amoxicillin/ clavulanate extended-release</i>	G		<i>ceftibuten</i>	G	
<i>ampicillin</i>	G		<b>Ceftin</b>	NF	
<b>Amzeeq</b>	NF		<i>cefuroxime axetil</i>	G	
<b>Ancobon</b>	NF		<i>cephalexin</i>	G	
<b>Arakoda</b>	NPD		<i>chlorhexidine gluconate soln</i>	G	
<b>Arikayce Susp</b>	NPD, SP	PA	<i>chloroquine phosphate</i>	G	
<i>atazanavir</i>	G		<b>Cimduo</b>	NPD	
<i>atovaquone</i>	G		<b>Cipro</b>	NPD	
<i>atovaquone/ proguanil</i>	G		<b>Cipro XR</b>	NF	
<b>Atripla</b>	NF		<i>ciprofloxacin</i>	LCG	
<b>Augmentin</b>	NF		<i>ciprofloxacin ER tabs</i>	G	
<b>Augmentin XR</b>	NF		<i>clarithromycin</i>	G	
<b>Avelox</b>	NF		<i>clarithromycin ER</i>	G	
			<b>Cleocin</b>	NF	
			<i>clotrimazole troches</i>	G	
			<b>Combivir</b>	NF	
			<b>Complera</b>	PB	
			<b>Cresemba</b>	NPD	PA, QL, Q/T

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Crixivan</b>	PB		<b>Doxycycline monohydrate tab 150mg</b>	NPD	AL
<b>Daklinza</b>	NPD, SP	PA, Q/T, QL	<b>Edurant</b>	PB	
<i>dapsone tablet</i>	G		<b>E.E.S. 400mg tab</b>	NF	
<b>Daraprim Tab</b>	NF, SP		<i>efavirenz</i>	G	
<i>darunavir</i>	G		<i>efavirenz-emtricitab-tenofovir tab</i>	G	
<b>Daxbia</b>	NPD		<i>efavirenz-lamivudine-tenofovir tab</i>	G	
<b>Delstrigo</b>	NPD		<b>Egaten 250mg tablet</b>	NPD	
<i>demeclocycline</i>	G		<i>emtricitabine cap</i>	G	
<b>Descovy</b>	NPD		<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg</i>	G	
<i>dicloxacillin</i>	G		<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300mg</i>	G, ACA	QL
<i>didanosine</i>	G		<b>Emtriva</b>	NF	
<b>Difcid Tab/Susp</b>	NPD	QL	<b>Emverm</b>	NPD	QL
<b>Diflucan</b>	NF		<i>entecavir</i>	G	
<b>Doryx 50mg tablet</b>	NF		<b>Epclusa</b>	PB, SP	PA, Q/T, QL
<b>Doryx 200mg tablet</b>	NF	QL	<b>Epivir HBV Soln</b>	NPD	
<b>Doryx MPC Tab 60mg</b>	NF		<b>Epivir HBV Tab</b>	NF	
<b>Dovato</b>	NPD		<b>Epivir Tab</b>	NF	
<b>Doxycycline DR 40mg</b>	NF		<b>Epzicom</b>	NF	
<b>Doxycycline hyclate DR 80mg</b>	NF		<b>EryPed 400mg/5ml Susp</b>	NF	
<b>Doxycycline hyclate tab 75mg, 150mg</b>	NPD	AL	<b>Ery-Tab</b>	NF	
<b>Doxycycline hyclate tab 50mg</b>	NPD	PA	<b>Erythrocin</b>	NPD	
<b>Doxycycline hyclate tab DR 50mg, 100mg</b>	NPD		<i>erythromycin delayed release</i>	G	
<b>Doxycycline hyclate tab DR 200mg</b>	NPD	QL, QT	<i>erythromycin ethylsuccinate</i>	G	
<i>doxycycline monohydrate cap 50mg, 100mg</i>	G				
<b>Doxycycline monohydrate cap 75mg, 150mg</b>	NPD	AL			

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erythromycin stearate</i>	G		<i>ketoconazole tabs</i>	G	
<i>ethambutol</i>	G		<b>Krintafel</b>	NPD	
<i>etравирине</i>	G		<b>Lamisil Tabs</b>	NF	
<i>famciclovir</i>	G		<i>lamivudine 100mg, 150mg, 300mg tab</i>	G	
<b>Firvanq Soln</b>	NF	AL	<i>lamivudine/zidovudine</i>	G	
<b>Flagyl</b>	NF		<b>Lampit</b>	NPD	
<i>fluconazole suspension</i>	G		<b>Ledipasvir-sofosbuvir tablet 90-400mg</b>	NPD, SP	PA, QL
<i>fluconazole tabs</i>	LCG		<b>Levaquin</b>	NF	
<i>flucytosine</i>	G		<i>levofloxacin tab</i>	LCG	
<b>Flumadine</b>	NF		<b>Lexiva</b>	NF	
<i>fosamprenavir calcium tab</i>	G		<b>Likmez Sus</b>	NPD	PA
<i>fosfomycin pow</i>	G		<i>linezolid</i>	G	QL
<b>Fuzeon</b>	NPD	PA	<b>Livtency</b>	NPD	PA, QL
<b>Gris-PEG</b>	NF		<i>lopinavir/ritonavir</i>	G	
<i>griseofulvin microsize</i>	G		<b>Lymepak</b>	NF	
<i>griseofulvin ultramicrosize</i>	G		<b>Macrodantin</b>	NF	
<b>Harvoni</b>	PB, SP	PA, Q/T, QL	<b>Malarone</b>	NF	
<b>Hepsera</b>	NF, SP		<i>maraviroc tab</i>	G	
<b>Hiprex</b>	NF		<b>Mavyret</b>	PB, SP	PA, Q/T, QL
<b>Humatin</b>	NF		<i>mefloquine</i>	G	
<i>hydroxy-chloroquine</i>	G		<b>Mepron</b>	NF	
<b>Impavido</b>	NPD	Q/T, QL	<i>methenamine hippurate</i>	G	
<b>Intelence</b>	NF		<i>metronidazole</i>	LCG	
<b>Invirase</b>	PB		<b>Minocin</b>	NF	
<b>Isentress</b>	PB		<i>minocycline caps</i>	G	
<i>isoniazid</i>	G		<b>Minocycline ER cap 135mg, 45mg, 90mg</b>	NF	Q/T
<i>itraconazole</i>	G		<i>minocycline ER tablet</i>	G	Q/T
<i>ivermectin</i>	G		<b>Minolira</b>	NF	Q/T
<b>Juluca</b>	NPD		<i>moderiba</i>	G, SP	
<b>Kaletra soln/tabs</b>	NF		<b>Molnupiravir 200mg</b>	NPD	QL, AL
<b>Kalydeco Tabs/ Pack</b>	NPD, SP	PA, LDD			
<b>Keflex</b>	NF				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Mondoxyne NL 75mg cap</b>	NPD	AL	<i>praziquantel</i>	G	
<b>Monurol Pak Granules</b>	NF		<b>Pretomanid</b>	NPD	PA
<b>Moxatag</b>	NPD		<b>Prevymis</b>	NPD, SP	
<i>moxifloxacin hcl</i>	G		<b>Prezista</b>	NF	
<b>Myambutol</b>	NF		<i>pyrimethamin</i>	G, SP	
<b>Mycobutin</b>	NF		<b>Qualaquin</b>	NF	QL
<b>Mytesi</b>	NPD	PA	<i>quinine sulfate</i>	G	QL
<b>Nebupent INH</b>	NF		<b>Relenza</b>	NPD	QL, AL
<i>nevirapine</i>	G		<b>Retrovir</b>	NF	
<i>nevirapine ER</i>	G		<b>Reyataz</b>	NF	
<i>nitazoxanide</i>	G	QL	<i>ribasphere</i>	G, SP	
<i>nitrofurantoin macrocrystals</i>	LCG		<i>ribapak</i>		
<i>nitrofurantoin susp</i>	G	AL	<i>200mg &amp; 400mg/ 400mg &amp; 600mg</i>		
<b>Norvir powder</b>	PB		<i>rifabutin</i>	G	
<b>Norvir tablet</b>	NF		<b>Rifadin</b>	NF	
<b>Noxafil</b>	NF	QL	<i>rifampin</i>	G	
<b>Nuzyra</b>	NPD	PA, QL	<b>Rivfloza Inj</b>	NPD, SP	PA
<b>Onmel</b>	NF		<i>rimantadine</i>	G	
<b>Oracea</b>	NF		<i>ritonavir</i>	G	
<b>Orkambi tablet/ packet</b>	NPD, SP	PA, LDD	<b>Rukobia</b>	NPD	PA
<i>oseltamivir caps/ susp</i>	G	QL	<b>Selzentry</b>	NF	
<b>Paxlovid Tab</b>	PB	QL	<b>Seysara</b>	NF	Q/T
<b>Pegasys</b>	NPD, SP	PA	<b>Sirturo</b>	NPD	PA
<b>PegIntron</b>	NPD, SP		<b>Sitavig</b>	NPD	QL
<i>penicillin v potassium solution</i>	G		<b>Sivextro</b>	NPD	PA, QL
<i>penicillin v potassium tablet</i>	G		<b>Sklice Lot 0.5%</b>	NF	
<i>pentamidine INH</i>	G		<b>Skyclarys cap</b>	NPD, SP	PA
<b>Pifeltro</b>	NPD		<b>Sofosbuvir-velpatasvir tablet 400-100mg</b>	NPD, SP	PA, QL
<b>Plaquenil</b>	NF		<b>Sohonos</b>	NPD, SP	PA
<i>posaconazole</i>	G	QL	<b>Solodyn</b>	NF	QL, Q/T
<i>potassium iodide soln</i>	G		<b>Solosec GRA</b>	NF	
			<b>Sovaldi</b>	NPD, SP	PA, QL, Q/T
			<b>Sovuna Tab</b>	NF	
			<b>Sporanox</b>	NF	
			<b>SSKI Solution</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>stavudine</i>	G		<i>vancomycin</i>	G	
<b>Stribild</b>	PB		<i>vancomycin soln</i>	G	AL
<b>Stromectol</b>	NF		<b>Vemlidy</b>	NPD	
<i>sulfamethoxazole/ tmp</i>	LCG		<b>Vfend</b>	NF	
<b>Sulenca</b>	NPD		<b>Vibramycin</b>	NF	
<b>Suprax Susp 100mg/5ml, 200mg/5ml</b>	NF		<b>Videx EC</b>	NF	
<b>Sustiva</b>	NF		<b>Viekira Pak</b>	NPD, SP	PA, QL, Q/T
<b>Symfi</b>	NF		<b>Viekira XR</b>	NPD, SP	PA, QL, Q/T
<b>Symfi Lo</b>	NF		<b>Viramune suspension</b>	NF	
<b>Syntuza</b>	NPD		<b>Viramune tablet</b>	NF	
<b>Talicia</b>	NPD		<b>Viramune XR</b>	NF	
<b>Tamiflu</b>	NF	QL	<b>Viread</b>	NF	
<b>Targadox</b>	NF		<b>Vivjoa</b>	NF	QL
<b>Technivie</b>	NPD, SP	PA, Q/T, QL	<b>Vocabria</b>	NPD	
<b>Temixys</b>	NPD		<b>voriconazole</b>	G	
<i>tenofovir</i>	G		<b>Vosevi</b>	PB, SP	PA, Q/T, QL
<i>terbinafine tabs</i>	G		<b>Xenleta</b>	NPD	QL
<b>Tetracycline tab</b>	NF		<b>Xepi Cream 0.1%</b>	NF	
<b>Tindamax</b>	NF		<b>Xifaxan 200mg</b>	NPD	QL
<i>tinidazole</i>	G		<b>Xifaxan 550mg</b>	NPD	PA, Q/T, QL
<b>Tivicay PD</b>	NPD		<b>Ximino ER</b>	NF	Q/T
<b>Tobi Nebulization Soln</b>	NF, SP		<b>Xofluza Tab</b>	NPD	QL
<b>Tobi Podhaler Cap</b>	NPD, SP		<b>Xofluza Therapy Pack</b>	NPD	Q/T
<i>tobramycin nebulization soln.</i>	G, SP		<b>Zepatier</b>	NPD, SP	PA, Q/T, QL
<b>Tolsura</b>	NF		<b>Zerit</b>	NF	
<b>Trikafta</b>	NPD, SP	PA	<b>Ziagen</b>	NF	
<b>Triumeq</b>	PB		<i>zidovudine</i>	LCG	
<b>Trizivir</b>	NF		<b>Zithromax</b>	NF	
<b>Truvada</b>	NF		<b>Zmax</b>	NF	
<i>valacyclovir tab</i>	G		<b>Zyvox</b>	NF	QL
<b>Valcyte</b>	NF	AL	<b>CANCER &amp; ORGAN TRANSPLANT DRUGS</b>		
<i>valganciclovir</i>	G	AL	<i>abiraterone</i>	G, SP	PA
<b>Valtrex</b>	NF		<b>Afinitor</b>	NF, SP	
			<b>Akeega</b>	NPD, SP	PA, QL

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Alecensa</b>	NPD, SP	PA	<b>Dapagliflozin propanediol 5mg, 10mg tablet</b>	NF	
<b>Alkeran</b>	NF, SP		<b>Daurismo</b>	NPD, SP	PA
<b>Alunbrig tab/pak</b>	NPD, SP	PA	<b>Deltasone</b>	NPD	
<i>anastrazole</i>	G		<b>Emcyt</b>	NPD	
<b>Arimidex</b>	NF		<b>Eriivedge</b>	NPD, SP	PA
<b>Aromasin</b>	NF		<b>Erleada</b>	NPD, SP	PA
<b>Augtyro</b>	NPD, SP	PA	<i>erlotinib</i>	G, SP	PA
<b>Ayvakit</b>	NPD, SP	PA, QL	<i>etoposide</i>	G, SP	
<b>Azasan</b>	NF		<b>Eulexin</b>	NF	
<i>azathioprine</i>	G		<i>everolimus (generic for Afinitor)</i>	G, SP	PA
<b>Balversa</b>	NPD, SP	PA	<i>everolimus (generic for Zortress)</i>	G	
<b>Benlysta</b>	NPD, SP	PA	<i>exemestane</i>	G	
<b>Besremi Sol</b>	NPD, SP	PA	<b>Exkivity</b>	NPD, SP	PA
<i>bexarotene</i>	G, SP	PA	<b>Fareston</b>	NF	
<i>bicalutamide</i>	G		<b>Farydak</b>	NPD, SP	PA, LDD
<b>Bosulif</b>	NPD, SP	PA	<b>Femara</b>	NF	
<b>Braftovi</b>	NPD, SP	PA	<i>flutamide</i>	G	
<b>Brukinsa</b>	NPD, SP	PA	<b>Fotivda</b>	NPD, SP	PA
<b>Cabometyx</b>	PB, SP	PA	<b>Fruzaqla</b>	NPD, SP	PA
<b>Calquence</b>	NPD, SP	PA	<b>Gavreto</b>	NPD, SP	PA
<i>capecitabine</i>	G, SP		<i>gefitinib</i>	G, SP	PA
<b>Caprelsa</b>	NPD, SP	PA	<b>Gilotrif</b>	NPD, SP	PA
<b>Casodex</b>	NF		<b>Gleevec</b>	NF, SP	
<b>Cellcept</b>	NF		<b>Gleostine</b>	NPD, SP	
<b>Cometriq</b>	NPD, SP	PA	<b>Hexalen</b>	NPD	
<b>Copiktra</b>	NPD, SP	PA	<b>Hycamtin</b>	NPD, SP	PA
<b>Cotellic</b>	NPD, SP	PA, LDD	<b>Hydrea</b>	NF	
<i>cyclophosphamide caps</i>	G		<b>Hyftor Gel 0.2%</b>	NPD	PA
<b>Cyclophosphamide tabs</b>	NPD		<i>hydroxyurea</i>	G	
<i>cyclosporine</i>	G		<b>Ibrance</b>	NPD, SP	PA, LDD
<b>Cytoxan</b>	NPD, SP		<b>Iclusig</b>	NPD, SP	PA
<i>danazol</i>	G		<b>Idhifa</b>	NPD, SP	PA
<b>Danocrine</b>	NPD		<i>imatinib mesylate</i>	G, SP	PA
<b>Dapagliflozin Pro-metformin ER 10-1000mg, 5-1000mg tablet</b>	NF				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Imbruvica</b>	NF, SP		<i>mycophenolic acid</i>	G	
<b>Imuran</b>	NF		<b>Myfortic</b>	NF	
<b>Inlyta</b>	NPD, SP	PA	<b>Myleran</b>	NPD	
<b>Inqovi tab</b>	NPD, SP	PA	<b>Neoral</b>	NPD	
<b>Inrebic</b>	NPD, SP	PA	<b>Nerlynx</b>	NPD, SP	PA
<b>Iressa tab</b>	NF, SP		<b>Nexavar</b>	NF, SP	
<b>Iwilfin</b>	NPD, SP	PA	<b>Nilandron</b>	NF, SP	
<b>Jaypirca tab</b>	NPD, SP	PA	<i>nilutamide</i>	G, SP	
<b>Jylamvo Sol</b>	NPD	PA	<b>Ninlaro</b>	NPD, SP	PA
<b>Kisqali</b>	NPD, SP	PA, LDD	<b>Nubeqa</b>	NPD, SP	PA
<b>Koselugo</b>	NPD, SP	PA	<b>Odomzo</b>	NPD, SP	PA
<b>Krazati</b>	NPD, SP	PA	<b>Ogsiveo</b>	NPD, SP	PA
<i>lapatinib</i>	G, SP	PA	<b>Ojjaara</b>	NPD, SP	PA, QL
<i>lenalidomide</i>	G, SP	PA	<b>Onureg</b>	NPD, SP	PA
<b>Lenvima</b>	NPD, SP	PA, LDD	<b>Orgovyx tab</b>	NPD, SP	PA
<i>letrozole</i>	G		<b>Orserdu tab</b>	NPD, SP	PA
<i>leucovorin calcium</i>	G		<b>Ortikos ER Cap</b>	NF	
<b>Leukeran</b>	PB		<i>pazopanib</i>	G, SP	PA
<i>leuprolide</i>	G, SP		<b>Pemazyre</b>	NPD, SP	PA
<b>Lonsurf</b>	NPD, SP	PA	<b>Piqray</b>	NPD, SP	PA
<b>Lorbrena</b>	NPD, SP	PA	<b>Pomalyst</b>	NPD, SP	PA
<b>Lumakras</b>	NPD, SP	PA	<i>prednisone</i>	LCG	
<b>Lupkynis</b>	NPD, SP	PA, QL	<i>prednisone therapy pack/ solution/ concentrate</i>	G	
<b>Lynparza</b>	PB, SP	PA	<b>Prograf capsule/ packet</b>	NPD	
<b>Lysodren</b>	NPD		<b>Protopic</b>	NF	
<b>Lytgobi</b>	NPD, SP	PA	<b>Purixan</b>	NPD, SP	
<b>Matulane</b>	PB, SP		<b>Qinlock tab</b>	NPD, SP	PA
<b>Mavenclad pak</b>	NPD, SP	PA	<b>Rapamune tab/sol</b>	NF	
<b>Megace</b>	NF		<b>RediTrex Inj</b>	NF	
<i>megestrol acetate</i>	G		<b>Retevmo cap</b>	NPD, SP	PA
<b>Mekinist</b>	NPD, SP	PA	<b>Revlimid</b>	NPD, SP	PA
<b>Mektovi</b>	NPD, SP	PA	<b>Rezlidhia</b>	NPD, SP	PA
<i>melphalan</i>	G, SP		<b>Rozlytrek</b>	NPD, SP	PA
<i>mercaptopurine</i>	G		<b>Rubraca</b>	PB, SP	PA
<b>Mesnex</b>	NPD, SP				
<i>methotrexate tab</i>	G				
<i>mycophenolate</i>	G				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Rydapt</b>	NPD, SP	PA	<b>Verzenio</b>	NPD, SP	PA
<b>Sandimmune</b>	NF		<b>Vitrakvi</b>	NPD, SP	PA
<b>Scemblix</b>	NPD, SP	PA, QL	<b>Vizimpro</b>	NPD, SP	PA
<i>sirolimus tab/soln</i>	G		<b>Vonjo</b>	NPD, SP	PA
<i>sorafenib</i>	G, SP	PA	<b>Votrient</b>	NF, SP	
<b>Sprycel</b>	NPD, SP	PA	<b>Welireg</b>	NPD, SP	PA
<b>Stivarga</b>	PB, SP	PA	<b>Xalkori</b>	NPD, SP	PA
<i>sunitinib</i>	G, SP	PA	<b>Xatmep</b>	NPD	AL
<b>Sutent</b>	NF, SP		<b>Xeloda</b>	NF, SP	
<b>Tabloid</b>	NPD		<b>Xospata</b>	NPD, SP	PA
<b>Tabrecta tab</b>	NPD, SP	PA	<b>Xpovio</b>	NPD, SP	PA
<i>tacrolimus</i>	G		<b>Xpovio Pak</b>	NPD, SP	PA
<b>Tafinlar</b>	NPD, SP	PA	<b>Xtandi</b>	NPD, SP	PA, LDD
<b>Tagrisso</b>	NPD, SP	PA	<b>Yonsa</b>	NPD, SP	PA
<b>Talzenna</b>	NPD, SP	PA	<b>Zejula</b>	PB, SP	PA, LDD
<i>tamoxifen</i>	G		<b>Zelboraf</b>	NPD, SP	PA, LDD
<b>Tarceva</b>	NF, SP		<b>Zolinza</b>	NPD, SP	PA, LDD
<b>Targretin cap</b>	NF, SP		<b>Zortress</b>	NF	
<b>Tasigna</b>	NPD, SP	PA	<b>Zydelig</b>	NPD, SP	PA, LDD
<b>Tazverik 200mg</b>	NPD, SP	PA	<b>Zykadia</b>	NPD, SP	PA, LDD
<b>Temodar</b>	NF, SP		<b>Zytiga</b>	NF, SP	LDD
<i>temozolamide</i>	G, SP	PA	<b>PAIN, NERVOUS SYSTEM, &amp; PSYCH</b>		
<b>Tepmetko</b>	NPD, SP	PA	<b>Abilify</b>	NF	
<b>Thalomid</b>	NPD, SP	PA	<b>Abilify Mycite</b>	NF	
<b>Tibsovo</b>	NPD, SP	PA	<b>Abilify Mycite Maintenance/ Starter Pak</b>	NF	
<i>toremifene</i>	G		<b>Abstral</b>	NF	QL, MME
<i>tretinoin caps</i>	G, SP	PA	<i>acamprosate DR tab</i>	G	
<b>Trexall tab</b>	NPD		<i>acetaminophen w/codeine</i>	LCG	QL, 5DS, AL, MME
<b>Truqap</b>	NPD, SP	PA	<b>Actiq</b>	NF	QL, MME
<b>Truseltiq</b>	NPD, SP	PA	<b>Adderall</b>	NF	QL
<b>Tukysa</b>	NPD, SP	PA	<b>Adderall XR</b>	NF	QL
<b>Turalio</b>	NPD, SP	PA	<b>Adhansia XR Capsule</b>	NF	QL
<b>Tykerb</b>	NF, SP		<b>Adipex-P</b>	NF	R
<b>Ukoniq</b>	NPD, SP	PA			
<b>Valchlor</b>	NPD, SP	PA			
<b>Vanflyta</b>	NPD, SP	PA			
<b>Venclexta</b>	NPD, SP	PA			

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Adlarity Dis</b>	NF	AL	<b>Apo-Varenicline</b>	NPD, ACA	QL
<b>Adzenys ER susp</b>	NF	QL	<b>Aptensio XR</b>	NF	QL
<b>Adzenys XR- ODT</b>	NF	QL	<b>Aptom</b>	NPD	PA
<b>Aimovig</b>	PB	PA	<b>Aricept [ODT]</b>	NF	AL
<b>Ajovy</b>	PB	PA	<i>aripiprazole</i>	G	
<b>Allzital 25- 325mg</b>	NF	QL, 5DS	<i>armodafinil</i>	G	
<i>almotriptan maleate</i>	G	QL, AL	<b>Arymo ER</b>	NF	QL, MME
<i>alprazolam</i>	LCG	AL	<i>asenapine sub</i>	G	
<i>alprazolam ER</i>	G	AL	<b>Ativan</b>	NF	AL
<i>amantadine</i>	G		<i>atomoxetine</i>	G	QL
<b>Ambien</b>	NF	QL	<b>Aubagio</b>	NF, SP	
<b>Ambien CR</b>	NF	QL	<b>Austedo [XR]</b>	NPD, SP	PA
<b>Amerge</b>	NF	QL, AL	<b>Auvelity</b>	NF	
<i>amitriptyline</i>	G		<b>Avonex</b>	PB, SP	QL
<i>amoxapine</i>	G		<b>Axert</b>	NF	QL, AL
<i>amphetamine aspartate/ amphetamine sulfate/dextro-amphetamine</i>	G	QL	<b>Azilect</b>	NF	
<i>amphetamine aspartate/ amphetamine sulfate/dextro-amphetamine ER</i>	G	QL	<b>Azstarys</b>	PB	PA, QL
<b>Amphetamine ER suspension</b>	NF	QL	<b>Banzel Susp</b>	NF	
<i>amphetamine tablet (generic Evekeo)</i>	G	PA, QL	<b>Banzel Tab</b>	NF	
<b>Anafranil</b>	NF		<b>Belbuca</b>	PB	PA, QL, MME
<b>Antabuse</b>	NF		<b>Belsomra</b>	NF	QL
<b>Apadaz</b>	NPD	PA, QL, 5DS, MME	<b>Belviq [XR]</b>	NPD	PA, R
<b>Aplenzin</b>	NF		<b>Benzhydrocodone-acetaminophen</b>	NPD	PA, QL, 5DS, MME
<b>Apokyn Solution Cartridge 30mg/3ml</b>	NF, SP	PA	<i>benzphetamine</i>	LCG	R
<i>apomorphine inj 30mg/3ml</i>	G, SP	PA	<i>benztropine</i>	G	
			<b>Betaseron</b>	PB, SP	QL
			<b>Brisdelle cap</b>	NF	QL
			<b>Briviact suspension</b>	NPD	PA, AL
			<b>Briviact tablet</b>	NPD	PA
			<b>Bromocriptine mesylate</b>	NF	
			<b>Bunavail</b>	NF	QL
			<i>buprenorphine hcl/naloxone hcl</i>	G	QL
			<i>buprenorphine patch</i>	G	PA, QL, MME

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>buprenorphine SL</i>	G	QL	<i>carisoprodol-aspirin-codeine</i>	G	QL, 5DS, AL, MME
<i>bupropion</i>	G		<b>Cataflam</b>	NF	
<i>bupropion ER 150mg</i>	G	QL	<b>Celexa</b>	NF	
<b>Bupropion ER 450mg</b>	NF		<b>Celontin</b>	NF	
<i>bupropion SR</i>	G		<b>Chantix</b>	NF	QL
<i>bupropion XL</i>	G		<i>chlordiazepoxide</i>	G	AL
<i>buspirone</i>	G		<i>chlorpromazine HCl</i>	G	
<b>Butal/Apap Tab 25-325mg</b>	NF	QL, 5DS	<i>citalopram</i>	LCG	
<b>Butalbital-acetaminophen 25-300mg</b>	NF	QL, 5DS	<b>Citalopram 30mg Cap</b>	NF	
<i>butalbital/apap/caffeine</i>	G	QL, 5DS	<i>clobazam</i>	G	PA
<i>butalbital/apap/caffeine/codeine</i>	G	QL, 5DS, AL, MME	<i>clobazam susp</i>	G	PA, AL
<i>butalbital/aspirin/caffeine/codeine</i>	G	QL, 5DS, AL, MME	<i>clomipramine HCl</i>	G	
<i>butorphanol tartrate nasal</i>	G	QL, 5DS, AL, MME	<i>clonazepam</i>	G	
<b>Butrans</b>	NF	QL, MME	<i>clorazepate dipotassium</i>	G	AL
<b>Cafergot</b>	NF		<i>clozapine</i>	G	
<b>Cambia Packet</b>	NF		<i>clozapine ODT</i>	G	QL, 5DS, AL
<b>Capcof Syrup</b>	NPD	QL, 5DS, AL, MME	<b>Clozaril</b>	NF	
<b>Caplyta</b>	NF		<i>codeine tabs</i>	G	QL, 5DS, AL, MME
<i>carbamazepine</i>	G		<i>coditussin AC liquid</i>	G	QL, 5DS, AL, MME
<i>carbamazepine susp</i>	G	AL	<b>Comtan</b>	NF	
<i>carbamazepine XR</i>	G		<b>Concerta</b>	NF	QL
<b>Carbatrol</b>	NPD	PA	<b>Contrave ER</b>	NPD	PA, R
<i>carbidopa</i>	G		<b>Conzip</b>	NF	QL, AL, MME
<i>carbidopa/levodopa</i>	G		<b>Copaxone</b>	NF, SP	QL
<i>carbidopa/levodopa ER</i>	G		<b>Cotempla XR-ODT</b>	NF	QL
<i>carbidopa/levodopa ODT</i>	G		<b>Coxanto</b>	NF	
<i>carbidopa/levodopa/entacapone</i>	G		<b>Cymbalta</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Demerol</b>	NF	QL, 5DS, MME	<i>dihydrocodeine/APAP/caff</i>	G	QL, 5DS, AL, MME
<b>Depakene</b>	NF		<i>dihydrocodeine/aspirin/caffeine</i>	G	QL, 5DS, AL, MME
<b>Depakote</b>	NF		<i>dihydroergotamine inj</i>	G	PA
<b>Depakote ER</b>	NF		<i>dihydroergotamine mesylate nasal spray</i>	G	PA
<b>Depakote Sprinkle Caps</b>	NF		<b>Dilantin chewable tablets</b>	PB	
<i>desipramine</i>	G		<b>Dilauidid</b>	NF	QL, MME, 5DS
<b>Desoxyn</b>	NF	QL	<i>dimethyl fumarate DR cap</i>	G, SP	
<b>Desvenlafaxine ER 24HR</b>	PB		<i>disulfiram</i>	G	
<i>desvenlafaxine succinate ER</i>	G		<i>divalproex sodium</i>	G	
<b>Dexedrine caps</b>	NF	QL	<i>divalproex sodium ER</i>	G	PA, QL
<i>dextroamphetamine ER</i>	G	QL	<i>divalproex sprinkle cap</i>	G	
<i>dextroamphetamine hcl</i>	G	QL	<b>Dolophine</b>	NF	QL, MME
<i>dextroamphetamine</i>	G	QL	<i>donepezil hydrochloride</i>	LCG	AL
<i>dextroamphetamine ER</i>	G	QL	<b>Doral</b>	NF	AL
<b>D.H.E.45</b>	NF		<i>doxepin capsule</i>	G	
<b>Dhivy</b>	NF		<i>doxepin HCL con 10mg/ml</i>	G	
<b>Diacomit</b>	NPD, SP	PA	<i>doxepin tablet</i>	G	PA
<b>Diastat</b>	NPD		<b>Drizalma Sprinkle</b>	NF	
<i>diazepam solution</i>	G		<i>duloxetine</i>	G	
<i>diazepam tabs</i>	LCG		<b>Duragesic patch</b>	NF	QL, MME
<i>diclofenac cap 25mg</i>	G	PA, QL	<b>Dyanavel XR</b>	NF	QL
<b>Diclofenac cap 35mg</b>	NF		<b>Edluar SL tab</b>	NPD	PA, QL
<i>diclofenac potassium</i>	G		<b>Effexor XR</b>	NF	
<i>diclofenac powder</i>	G		<b>Eldepryl</b>	NF	
<i>diclofenac sodium</i>	G		<b>Elepsia XR</b>	NF	
<i>diclofenac sodium gel 1%</i>	G		<i>eletriptan</i>	G	QL, AL
<i>diethylpropion HCL</i>	G	R, PA	<b>Elyxyb</b>	NF	QL
<i>diflunisal</i>	G		<b>Embeda</b>	NPD	QL, MME

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Emgality (300mg Dose) Prefilled Pen 100mg/ml</b>	PB	PA, QL	<b>Fioricet</b>	NF	QL, 5DS
<b>Emgality Prefilled Pen/Auto-Injector 120mg/ml</b>	NF		<b>Fioricet with codeine</b>	NF	QL, AL, 5DS, MME
<i>endocet</i>	G	QL, 5DS, MME	<b>Fiorinal with codeine</b>	NF	QL, AL, 5DS, MME
<i>entacapone</i>	G		<i>fluoxetine</i>	G	QL (Weekly Only)
<b>Epidiolex Soln</b>	NPD	PA	<i>fluoxetine 10mg, 20mg, 40mg</i>	LCG	
<b>Epronzia soln</b>	NF		<i>fluoxetine soln</i>	G	AL
<i>ergotamine tartrate/caffeine</i>	G		<i>fluphenazine</i>	G	
<i>escitalopram</i>	LCG		<i>flurazepam</i>	G	QL, AL
<b>Esgic cap/tab</b>	NF	QL, 5DS	<i>flurbiprofen</i>	G	
<i>estazolam</i>	G	QL, AL	<i>fluvoxamine</i>	G	
<i>eszopiclone</i>	G	PA, QL (3mg only)	<i>fluvoxamine ER</i>	G	
<i>ethosuximide</i>	G		<b>Focalin</b>	NF	QL
<i>etodolac</i>	G		<b>Focalin XR</b>	NF	QL
<b>Evekeo [ODT]</b>	NF	QL	<b>ForFivo XL</b>	NF	
<b>Evzio</b>	NF	QL	<b>Frova</b>	NF	QL, AL
<b>Exalgo ER</b>	NF	QL, MME	<b>Frovatriptan succinate</b>	NPD	QL, AL
<b>Exelon</b>	NF	AL	<b>Fycompa</b>	NPD	
<b>Exservan Mis</b>	NPD		<i> gabapentin</i>	G	
<b>Extavia</b>	NF, SP	QL	<i> gabapentin soln</i>	G	AL
<b>Fanapt</b>	NPD	PA	<i> gabapentin tab</i>	G	PA
<b>Fazaclo</b>	NPD		<b>Gabitril</b>	NF	
<i>felbamate</i>	G		<i> galantamine</i>	G	AL
<b>Felbatol</b>	NF		<i> galantamine ER</i>	G	AL
<b>Feldene</b>	NF		<b>Geodon</b>	NF	
<i>fenoprofen calcium</i>	G		<b>Gilenya</b>	NF, SP	
<i>fentanyl citrate OTFC</i>	G	PA, QL, MME	<i> glatiramer acetate</i>	G, SP	QL
<b>Fentanyl citrate tablet</b>	NF	QL, MME	<i> glatopa</i>	G, SP	QL
<b>Fentora</b>	NF	QL, MME	<b>Gcovri</b>	NF	
<b>Fetzima</b>	NPD	PA	<b>Gralise Mis</b>	NF	
<i>fingolimod</i>	G, SP		<i> guaifenesin-codeine soln 10mg/5ml</i>	LCG	QL, AL, 5DS, MME
<b>Fintepla sol</b>	NF		<i> guanfacine ER</i>	G	QL
			<b>Halcion</b>	NF	QL, AL
			<i> haloperidol</i>	G	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hetlioz Cap</b>	NF, SP	QL	<b>Kloxxado Liq</b>	PB, ACA	QL
<b>Hetlioz LQ Susp</b>	NPD, SP	PA	<b>Kynmobi Kit Titration</b>	NPD, SP	PA
<b>Horizant</b>	NPD	PA	<b>Kynmobi Mis lacosamide</b>	NPD, SP G	PA, QL
<i>hydrocodone/ acetaminophen</i>	G	QL, 5DS, AL, MME	<b>Lamictal</b>	NF	
<i>hydrocodone- homatropine</i>	G	QL, 5DS, AL, MME	<b>Lamictal ODT</b>	NF	
<i>hydrocodone ER</i>	G	PA, QL, MME	<b>Lamictal XR</b>	NF	
<i>hydromorphone ER</i>	G	PA, QL, MME	<i>lamotrigine</i>	G	
<i>hydromorphone IR</i>	G	QL, 5DS, MME	<i>lamotrigine ER</i>	G	
<b>Hysingla ER</b>	NF	QL, MME	<i>lamotrigine ODT</i>	G	
<b>Ibudone</b>	NF	QL, 5DS, MME, AL	<b>Latuda</b>	NF	
<i>ibuprofen/ hydrocodone</i>	G	QL, 5DS, MME, AL	<b>Lazanda</b>	NF	QL, MME
<b>Imcivree 10mg/ml Inj</b>	NPD, SP	PA	<i>levetiracetam</i>	G	
<i>imipramine</i>	G		<i>levetiracetam ER</i>	G	
<b>Imitrex</b>	NF	AL, QL	<i>levorphanol</i>	G	QL, 5DS, MME
<b>Inbrija</b>	NPD, SP	PA	<b>Lexapro</b>	NF	
<b>Indocin Suppository</b>	NF		<b>Librax</b>	NF	
<b>Indocin susp</b>	NPD	AL	<i>lisdexamfetamine cap/chew</i>	G	QL
<b>Ingrezza</b>	NPD, SP	PA	<i>lithium carbonate</i>	G	
<b>Intermezzo</b>	NF	QL	<i>lithium carbonate ER</i>	G	
<b>Intuniv</b>	NF	QL	<b>Lodine</b>	NF	
<b>Invega ER tablet</b>	NF		<b>Lodosyn</b>	NF	
<i>isomethheptene/ dichloral- phenazone/apap</i>	G		<b>Lomaira</b>	NPD	R
<b>Jakafi</b>	NPD, SP	PA, LDD	<i>lorazepam</i>	LCG	AL
<b>Jornay PM Capsule</b>	NF	QL	<i>lorazepam concentrate</i>	G	AL
<b>Kadian ER</b>	NF	QL, MME	<b>Loreev XR</b>	NF	
<b>Kapvay</b>	NF	QL	<b>Lortab</b>	NF	QL, 5DS, AL
<b>Keppra</b>	NF		<i>lortab elixir</i>	LCG	QL, MME
<b>Keppra XR</b>	NF		<i>loxapine</i>	G	
<i>ketorolac</i>	G		<b>Lumryz Pak</b>	NPD, SP	PA, QL
<b>Khedezl</b>	NF		<b>Lunesta</b>	NF	QL
<b>Klonopin</b>	NF		<i>lurasidone tab</i>	G	
			<b>Lybalvi</b>	NF	
			<b>Lyrica</b>	NF	
			<b>Lyrica CR</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Lyrica soln</b>	NF	AL	<i>molindone hcl</i>	G	
<i>maprotiline</i>	G		<b>MorphaBond ER</b>	NF	QL, MME
<b>Maxalt, Maxalt-MLT</b>	NF	AL, QL	<i>morphine IR</i>	G	QL, 5DS, MME
<b>Mayzent tablet, starter pak</b>	NPD, SP		<i>morphine sulfate ER</i>	G	PA, QL, MME
<b>m-clear WC soln</b>	NPD	AL, QL, 5DS, MME	<i>morphine suppositories</i>	G	QL, 5DS, MME
<i>meclofenamate</i>	G		<b>Motpoly XR</b>	NF	
<i>memantine</i>	G	AL	<b>MS Contin</b>	NF	QL, MME
<i>memantine ER</i>	G	AL	<b>Mydayis</b>	NF	QL
<i>meperidine HCl</i>	G	QL, 5DS, MME	<b>Mysoline</b>	NF	
<i>meprobamate</i>	G		<i>nabumetone</i>	G	
<b>Mestinon syrup</b>	NF	AL	<b>Nalfon</b>	NF	
<b>Mestinon tablet</b>	NF		<b>Nalocet</b>	NF	QL, 5DS, MME
<i>methadone</i>	G	PA, QL, MME	<b>Naloxone injection 2mg</b>	NPD	QL
<b>Methadose concentrate [SF]</b>	NF	QL, MME	<i>naloxone spray</i>	G	QL
<b>Methamphetamine</b>	NPD	QL	<i>naltrexone 50mg</i>	G	
<i>methocarbamol 500mg, 750mg</i>	LCG		<b>Namenda [XR]</b>	NF	AL
<i>methsuximide</i>	G		<b>Namzaric</b>	NF	AL
<b>Methylin</b>	NF	QL	<i>naratriptan</i>	G	QL, AL
<i>methylphenidate</i>	G	QL	<b>Narcan 4mg/ actuation spray</b>	PB	QL
<i>methylphenidate ER</i>	G	QL	<b>Nardil</b>	NF	
<i>methylphenidate ER (CD)</i>	G	QL	<b>Nayzilam</b>	NPD	PA, QL
<i>methylphenidate ER (LA)</i>	G	QL	<i>nefazodone</i>	G	
<b>Methylphenidate ER (XR)</b>	NF	QL	<b>Neupro Patch</b>	NPD	PA
<i>methylphenidate pad</i>	G	QL	<b>Neurontin</b>	NF	
<b>Midrin</b>	NPD		<b>Neurontin soln</b>	NF	AL
<b>Migranal</b>	NF		<i>ninjacof-XG liquid</i>	G	QL, AL, 5DS, MME
<b>Mirapex</b>	NF		<b>Norpramin</b>	NF	
<b>Mirapex ER</b>	NF		<i>nortriptyline</i>	G	
<i>mirtazapine</i>	G		<i>nortriptyline soln</i>	G	AL
<i>modafinil</i>	G		<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 ODT</b>	PB	PA, QL, AL

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Nuvigil</b>	NF		<b>OxyContin</b>	NF	QL, MME
<i>olanzapine</i>	G		<i>oxymorphone ER</i>	G	PA, QL, MME
<i>olanzapine ODT</i>	LCG		<i>oxymorphone IR</i>	G	QL, 5DS, MME
<i>olanzapine/ fluoxetine hcl</i>	G		<b>Ozobax Soln</b>	NF	
<b>Onfi</b>	NF		<i>paliperidone ER tablet</i>	G	
<b>Onfi susp</b>	NF	AL	<b>Pamelor</b>	NF	
<b>Ongentys</b>	NPD	PA	<b>Parlodel</b>	NF	
<b>Onzentra Xsail</b>	NPD	PA, QL, AL	<b>Parnate</b>	NF	
<b>Opana</b>	NF	QL, 5DS, MME	<i>paroxetine</i>	G	
<b>Opana ER</b>	NF	QL, MME	<i>paroxetine ER</i>	G	
<b>Opvee Spray</b>	NPD	QL	<i>paroxetine susp</i>	G	
<b>Orap</b>	NF		<b>Paxil CR</b>	NF	
<b>Osmolex ER</b>	NF		<b>Paxil suspension</b>	NPD	PA
<i>oxaprozin</i>	G		<b>Paxil tablet</b>	NF	
<b>Oxaydo</b>	NPD	PA, QL, 5DS, MME	<i>pentazocine-naloxone</i>	G	QL, 5DS, MME
<i>oxazepam</i>	G	AL	<b>Percocet</b>	NF	QL, 5DS, MME
<i>oxcarbazepine susp</i>	G	AL	<i>perphenazine</i>	G	
<i>oxcarbazepine tab</i>	G		<b>Pexeva</b>	NPD	PA
<b>Oxtellar XR</b>	NPD	PA	<i>phendimetrazine tartrate</i>	G	PA, R
<b>Oxycodone ER tablet</b>	NF	QL, MME	<i>phenelzine</i>	G	
<i>oxycodone IR</i>	G	QL, 5DS, MME	<i>phenobarbital</i>	G	
<i>oxycodone/ acetaminophen</i>	G	QL, 5DS, MME	<i>phentermine hcl</i>	LCG	R
<b>Oxycodone/ acetaminophen sol 10/300mg</b>	NF	QL, 5DS, MME	<b>Phentyk</b>	NPD	
<b>Oxycodone acetaminophen 7.5/300mg</b>	NF	QL, 5DS, MME	<i>phenytoin</i>	G	
<b>Oxycodone/ acetaminophen Sol 5/325mg</b>	NPD	PA, QL, 5DS, MME	<i>pimozide</i>	G	
<b>Oxycodone/APAP 2.5-300mg, 5-300mg, 10-300mg tab</b>	NF	QL, 5DS, MME	<i>piroxicam</i>	G	
<i>oxycodone/aspirin</i>	G	QL, 5DS, MME	<b>Plegridy</b>	PB, SP	QL
<i>oxycodone/ ibuprofen</i>	G	QL, 5DS, MME	<b>Ponvory</b>	NF, SP	
			<i>pramipexole</i>	G	
			<i>pramipexole ER</i>	G	
			<i>pregabalin</i>	G	
			<i>pregabalin ER tab</i>	G	PA
			<i>pregabalin soln</i>	G	AL
			<i>primidone</i>	G	
			<b>Primlev</b>	NF	QL, 5DS, MME

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Pristiq</b>	NF		<b>Remeron SolTab</b>	NF	
<b>Procentra 1mg/ml</b>	NF	QL	<b>Requip</b>	NF	
<b>Prolate Sol 10/300mg</b>	NF	QL, 5DS, MME	<b>Requip XL</b>	NF	
<b>Prolate tab</b>	NF	QL, 5DS, MME	<b>Restoril</b>	NF	AL
<i>promethegan supp</i>	G		<b>Rexulti</b>	NPD	
<b>Provigil</b>	NF		<b>Reyvow</b>	NF	QL, AL
<b>Prozac</b>	NF		<b>Rilutek</b>	NF	
<i>pyridostigmine soln</i>	G	AL	<i>riluzole</i>	G	
<i>pyridostigmine tab</i>	G		<b>Risperdal, Risperdal M-Tab</b>	NF	
<b>Qdolo Sol 5mg/ml</b>	NF	QL, AL	<i>risperidone</i>	LCG	
<b>Qelbree ER</b>	NF	QL	<b>Ritalin LA</b>	NF	QL
<b>Qmiiz ODT</b>	NF		<b>Ritalin Tab</b>	NF	QL
<b>Qsymia ER</b>	NPD	PA, R	<i>rivastigmine</i>	G	AL
<i>quazepam</i>	G	AL	<i>rizatriptan benzoate</i>	G	QL, AL
<b>Qudexy XR</b>	NPD	PA	<b>Robaxin</b>	NF	
<i>quetiapine fumarate [ER]</i>	G		<i>ropinirole</i>	G	
<b>Quillichew ER</b>	NPD	PA, QL	<i>ropinirole ER</i>	G	
<b>Quillivant XR</b>	NPD	PA, QL	<b>Roxicodone</b>	NF	QL, 5DS, MME
<b>Qulipta</b>	PB	PA, QL	<b>Roxybond 15mg, 30mg</b>	NPD	PA, QL, 5DS, MME
<b>Radicava ORS Susp</b>	PB, SP	PA	<b>Roxybond 5mg</b>	NF	QL, 5DS, MME
<b>Quviviq</b>	NF	QL	<b>Rozerem</b>	NF	QL
<i>ramelteon</i>	G	QL	<i>rufinamide susp 40mg/ml</i>	G	PA
<i>rasagiline</i>	G		<i>rufinamide tab</i>	G	PA
<b>Razadyne</b>	NF	AL	<b>Rytary</b>	NPD	PA
<b>Razadyne ER</b>	NF	AL	<b>Sabril tablet/ packet</b>	NF, SP	
<b>Rebif Rebidose</b>	NPD, SP	PA, QL	<b>Saphris</b>	NF	
<b>Regimex</b>	NF	R	<b>Saxenda</b>	NPD	PA, R
<b>Relafen</b>	NF		<b>Secuado Patch</b>	NF	
<b>Relafen DS</b>	NF		<b>Seglentis 56-44mg Tab</b>	NF	QL
<b>Relexxii</b>	NF	QL	<i>selegiline HCl</i>	G	
<b>Relpax</b>	NF	QL, AL	<b>Seroquel</b>	NF	
<b>Relyvrio Pak</b>	NPD, SP	PA	<b>Seroquel XR</b>	NF	
<b>Remeron</b>	NF		<i>sertraline</i>	LCG	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Sertraline Cap</b>	NF		<b>Tivorbex</b>	NF	
<b>Silenor</b>	NF		<b>Tofranil</b>	NF	
<i>silodosin</i>	G		<i>tolcapone</i>	G	
<b>Sinemet</b>	NF		<i>tolmetin sodium</i>	G	
<b>Sinemet CR</b>	NF		<b>Topamax</b>	NF	
<b>Sodium Oxybate Sol (Hikma)</b>	NPD, SP	PA, QL	<b>Topamax Sprinkle Capsules</b>	NF	
<b>Sonata</b>	NF	QL	<i>topiramate</i>	G	
<b>Spritam Oral Disintegrating Tab</b>	NF		<i>topiramate ER cap</i>	G	
<b>Sprix Nasal Spray</b>	NF	QL	<i>topiramate sprinkle cap</i>	G	PA
<b>Stalevo</b>	NF		<b>Tosymra Nasal Solution</b>	NF	QL, AL
<b>Strattera</b>	NF	QL	<i>tramadol</i>	LCG	QL, AL, MME
<b>Suboxone Sublingual Film</b>	NF	QL	<b>Tramadol ER cap</b>	NF	QL, AL, MME
<b>Subsys</b>	NF	QL, MME	<i>tramadol ER (biphasic) tablet</i>	G	QL, AL, MME
<i>sulindac</i>	G		<i>tramadol ER tablet</i>	G	QL, AL, MME
<i>sumatriptan</i>	G	QL, AL	<b>Tramadol soln 5mg/ml</b>	NF	QL, AL, MME
<i>sumatriptan/ naproxen</i>	G	PA, QL	<i>tramadol/ acetaminophen</i>	G	QL, AL, MME
<b>Sunosi</b>	PB	PA	<b>Tranxene T</b>	NF	AL
<b>Sylatron</b>	NPD, SP	PA	<i>tranylcypromine sulfate</i>	G	
<b>Symbax</b>	NF		<i>trazodone</i>	G	
<b>Sympazan Film</b>	NPD	PA	<b>Treximet</b>	NF	QL, AL
<b>Tascenso ODT</b>	NF, SP		<b>Trezix</b>	NF	
<i>tasimelteon</i>	G, SP	PA, QL	<i>triazolam</i>	G	QL, AL
<b>Tasmar</b>	NF		<i>trifluoperazine</i>	G	
<b>Tecfidera</b>	NF, SP	LDD	<i>trihexyphenidyl</i>	LCG	
<b>Tegretol susp</b>	NPD	PA, AL	<b>Trileptal Susp</b>	NF	AL
<b>Tegretol [XR]</b>	NPD	PA	<b>Trileptal Tab</b>	NF	
<i>temazepam</i>	G	QL, AL	<i>trimipramine</i>	G	
<i>teriflunomide</i>	G, SP		<b>Trintellix</b>	NPD	PA
<i>tetrabenazine</i>	G, SP	PA	<b>Trokendi XR</b>	NF	
<i>thioridazine</i>	G		<b>Trudhesa AER</b>	NF	QL
<i>thiothixene</i>	G				
<i>tiagabine hcl</i>	G				
<b>Tiglutik Susp</b>	PB				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>trymine CG liquid</i>	G	AL, QL, 5DS, MME	<b>Xtampza ER</b>	PB	PA, QL, MME
<b>Tylenol w/Codeine</b>	NF	QL, 5DS, AL, MME	<b>Xyrem</b>	NF, SP	QL
<b>Ubrelvy</b>	PB	PA, QL, AL	<b>Xywav Soln</b>	NPD, SP	PA, QL
<b>Ultracet</b>	NF	QL, AL, MME	<i>zaleplon</i>	G	QL
<b>Ultram</b>	NF	QL, AL, MME	<b>Zarontin</b>	NF	
<b>Valium</b>	NF		<b>Zavzpret Nasal Soln</b>	NF	QL, AL
<i>valproic acid</i>	G		<b>Zebutal</b>	NF	QL, 5DS
<b>Valtoco</b>	NPD	PA, QL	<b>Zembrace Symtouch</b>	NPD	PA, QL
<b>Vanatol S/LQ</b>	NPD	PA, QL, 5DS	<b>Zenzedi</b>	NF	QL
<i>varenicline</i>	G, ACA	QL	<b>Zepbound Inj</b>	NPD	PA, R
<i>varenicline Pak</i>	G, ACA		<b>Zimhi Soln</b>	NPD	QL
<i>venlafaxine</i>	G		<i>ziprasidone</i>	G	
<i>venlafaxine ER</i>	G		<b>Zohydro ER</b>	NF	QL, MME
<b>Venlafaxine Tab 112.5mg</b>	NF		<i>zolmitriptan</i>	G	QL, AL
<b>Veozah</b>	NF		<i>zolmitriptan spray</i>	G	PA, QL, AL
<i>vigabatrin</i>	G, SP	PA	<b>Zoloft</b>	NF	
<i>vigadron</i>	G, SP	PA	<i>zolpidem tartrate</i>	LCG	PA, QL (10mg only)
<b>Vimpat solution</b>	NF		<b>Zolpidem Tartrate Cap 7.5mg</b>	NF	QL
<b>Vimpat tablet</b>	NF		<i>zolpidem tartrate ER</i>	G	PA, QL (12.5mg only)
<b>Virtussin AC w/ ALC liquid</b>	NPD	QL, 5DS, MME	<i>zolpidem tartrate SL</i>	G	PA, QL (3.5mg only)
<b>Vivlodex</b>	NF		<b>Zolpimid</b>	NF	QL
<b>Vraylar</b>	NPD		<b>Zomig</b>	NF	QL, AL
<b>Vyvanse</b>	NF	QL	<b>Zonegran</b>	NF	
<b>Wainua Inj</b>	NPD, SP	PA	<b>Zonisade Susp</b>	NF	
<b>Wakix</b>	NPD, SP	PA, QL	<i>zonisamide</i>	G	
<b>Wellbutrin SR</b>	NF		<b>Zorvolex</b>	NF	
<b>Wellbutrin XL</b>	NF		<b>Ztalmy Susp</b>	NPD, SP	PA
<b>Xadago</b>	NF		<b>Zubsolv</b>	PB	QL
<b>Xanax</b>	NF	AL	<b>Zurzuvae</b>	NPD	QL
<b>Xanax XR</b>	NF	AL	<b>Zyban</b>	NF	QL
<b>Xcopri pak/tab</b>	NPD	PA	<b>Zyprexa</b>	NF	
<b>Xelstrym Pad</b>	NF	QL	<b>Zyprexa Zydis</b>	NF	
<b>Xenazine</b>	NF				
<b>Xodol, Norco</b>	NF	QL, 5DS, AL, MME			

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>HEART, BLOOD PRESSURE, &amp; CHOLESTEROL</b>					
<b>Accupril</b>	NF		<i>amlodipine/ valsartan/HCTZ</i>	G	
<b>Accuretic</b>	NF		<i>anagrelide</i>	G	
<i>acebutolol</i>	G		<b>Antara</b>	NPD	
<i>acetazolamide</i>	G		<b>Arixtra</b>	NF	
<i>acetazolamide ER</i>	G		<i>aspirin-dipyridamole er</i>	G	
<b>Actimmune</b>	NPD, SP	PA	<b>Aspruzyo Spr Gra</b>	NF	
<b>Adalat CC</b>	NF		<b>Atacand</b>	NF	
<b>Adcirca</b>	NF, SP		<b>Atacand HCT</b>	NF	
<b>Adempas</b>	PB, SP	PA	<i>atenolol</i>	LCG	
<b>Advate</b>	PB, SP	PA	<i>atenolol/ chlorthalidone</i>	G	
<b>Adynovate</b>	NPD, SP	PA	<b>Atorvaliq Soln</b>	NF	AL
<b>Afstyla</b>	NPD, SP	PA	<i>atorvastatin</i>	LCG	
<b>Aggrenox</b>	NF		<i>atorvastatin/ amlodipine</i>	G	
<b>Agrylin</b>	NF		<b>Avalide</b>	NF	
<b>Aldactazide</b>	NF		<b>Avapro</b>	NF	
<b>Aldactone</b>	NF		<b>Azor</b>	NF	
<i>aliskiren</i>	G		<b>Bebulin</b>	NPD, SP	PA
<b>Alphanate</b>	PB, SP	PA	<i>benazepril</i>	G	
<b>AlphaNine</b>	NPD, SP	PA	<i>benazepril/HCTZ</i>	G	
<b>Alprolix</b>	NPD, SP	PA	<b>BeneFIX</b>	PB, SP	PA
<b>Altace</b>	NF		<b>Benicar</b>	NF	
<b>Altoprev ER</b>	NF		<b>Benicar HCT</b>	NF	
<b>Altuviiio Inj</b>	NPD, SP	PA	<b>Betapace AF</b>	NF	
<i>ambrisentan</i>	G, SP	PA	<i>betaxolol</i>	G	
<b>Amicar</b>	NF		<b>Bevyxxa</b>	NPD	QL
<i>amiloride</i>	G		<b>Bidil</b>	NF	
<i>amiloride/HCTZ</i>	G		<i>bisoprolol</i>	G	
<i>aminocaproic acid</i>	G		<i>bisoprolol/HCTZ</i>	G	
<i>amiodarone</i>	G		<i>bumetanide</i>	G	
<i>amlodipine</i>	LCG		<b>Bystolic</b>	NF	
<i>amlodipine besylate/ olmesartan</i>	G		<b>Byvalson</b>	NPD	PA
<i>amlodipine/ benazepril</i>	G		<b>Caduet</b>	NF	
<i>amlodipine/ valsartan</i>	G		<b>Calan</b>	NF	
			<b>Calan SR</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Camzyos</b>	NPD, SP	PA, QL	<b>Corzide</b>	NF	
<i>candesartan</i>	G		<b>Coumadin</b>	PB	
<i>candesartan/ hydrochlorothiazide</i>	G		<b>Cozaar</b>	NF	
<i>captopril</i>	G		<b>Crestor</b>	NF	
<i>captopril/HCTZ</i>	G		<i>dabigatran cap</i>	G	
<b>Cardizem</b>	NF		<b>Demadex</b>	NF	
<b>Cardizem CD</b>	NF		<b>Dibenzyline</b>	NF	
<b>Cardizem LA</b>	NF		<i>digitek</i>	G	
<b>Carospir</b>	NF		<i>digox</i>	G	
<i>cartia XT</i>	G		<i>digoxin</i>	G	
<i>carvedilol</i>	LCG		<i>dilt-CD</i>	LCG	
<i>carvedilol ER</i>	G		<i>diltiazem HCl</i>	G	
<b>Catapres tablets</b>	NF		<i>diltiazem HCl CD</i>	G	
<b>Catapres-TTS</b>	NF		<i>diltiazem HCl ER</i>	G	
<i>chlorothiazide</i>	G		<i>diltiazem HCl LA</i>	G	
<i>chlorthalidone</i>	G		<i>diltiazem HCl SR</i>	G	
<i>cholestyramine</i>	G		<i>diltzac ER</i>	LCG	
<i>cholestyramine light</i>	G		<b>Diovan</b>	NF	
<i>cilostazol</i>	G		<b>Diovan HCT</b>	NF	
<i>clonidine ER 12 HR tab</i>	G		<i>dipyridamole</i>	G	
<b>Clonidine ER 24HR tab</b>	NF		<i>disopyramide</i>	G	
<i>clonidine IR tablet</i>	LCG		<i>dofetilide</i>	G	
<i>clonidine patches</i>	G		<i>doxazosin mesylate</i>	G	
<i>clopidogrel</i>	G		<i>droxidopa</i>	G, SP	PA
<b>Coagadex</b>	NPD, SP	PA	<b>Durlaza</b>	NF	
<i>colesevelam</i>	G		<b>Dutoprol</b>	NPD	
<b>Colestid</b>	NF		<b>Dyazide</b>	NF	
<i>colestipol HCl</i>	G		<b>Dyrenium</b>	NF	
<b>Conjupri</b>	NF		<b>Edarbi</b>	NPD	PA
<b>Coreg</b>	NF		<b>Edarbyclor</b>	NF	
<b>Coreg CR</b>	NF		<b>Edecrin</b>	NF	
<b>Corgard</b>	NF		<b>Effient</b>	NF	
<b>Corifact</b>	NPD, SP	PA	<b>Eliquis</b>	PB	
<b>Corlanor</b>	NPD	PA	<b>Eloctate</b>	NPD, SP	PA
			<i>enalapril</i>	G	
			<i>enalapril/HCTZ</i>	G	
			<i>enalapril solution</i>	G	AL

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>enoxaparin</i>	G		<i>furosemide solution</i>	LCG	
<b>Entadfi</b>	NF	QL	<i>furosemide tabs</i>	LCG	
<b>Entresto</b>	PB	QL	<i>gemfibrozil</i>	G	
<b>Epaned Sol 1mg/ml</b>	NF	AL	<i>guanfacine</i>	G	
<i>eplerenone</i>	G		<b>Helixate FS</b>	NPD, SP	PA
<i>eprosartan</i>	G		<b>Hemangeol Soln</b>	NPD	PA
<b>Esperoct</b>	NPD, SP	PA	<b>Hemlibra Soln</b>	NPD, SP	PA
<i>ethacrynic acid</i>	G		<b>Hemofil M</b>	NPD, SP	PA
<b>Exforge</b>	NF		<b>Humate-P</b>	PB, SP	PA
<b>Exforge HCT</b>	NF		<i>hydralazine</i>	G	
<i>ezetimibe</i>	G		<i>hydrochlorothiazide</i>	LCG	
<b>Ezetimibe/ atorvastatin</b>	NF		<b>Hyzaar</b>	NF	
<b>Ezetimibe/ rosuvastatin</b>	NF		<i>icosapent cap</i>	G	
<i>ezetimibe/ simvastatin</i>	G		<b>IFE-PG20 Inj</b>	NF	QL
<b>Ezzalor Sprinkle Cap</b>	NF		<i>indapamide</i>	G	
<b>Feiba</b>	NPD, SP	PA	<b>Inderal LA</b>	NF	
<i>felodipine ER</i>	G		<b>InnoPran XL</b>	NF	
<i>fenofibrate</i>	G		<b>Inpefa</b>	NF	
<b>Fenofibrate micronized cap 30mg, 90mg</b>	NPD		<b>Inspira</b>	NF	
<i>fenofibrate nanocrystallized</i>	G		<i>irbesartan</i>	G	
<i>fenofibric acid</i>	G		<i>irbesartan hydrochlorothiazide</i>	G	
<b>Fenoglide</b>	NF		<b>Isordil Titradose Tabs</b>	NF	
<b>Fibrincor</b>	NF		<i>isosorb dinitrate-hydralazine</i>	G	
<i>flecainide</i>	G		<i>isosorbide dinitrate</i>	G	
<b>Flolipid susp</b>	NF	AL	<i>isosorbide dinitrate ER</i>	G	
<i>fluvastatin sodium</i>	G		<i>isosorbide mononitrate</i>	G	
<i>fondaparinux</i>	G		<i>isosorbide mononitrate ER</i>	G	
<i>fosinopril</i>	G		<i>isradipine</i>	G	
<i>fosinopril/HCTZ</i>	G		<b>Ixinity</b>	NPD, SP	PA
<b>Fragmin</b>	NPD		<i>jantoven</i>	G	
<b>Furoscic Kit 80mg/10ml</b>	NF				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Jesduvroq</b>	NPD, SP	PA	<i>metolazone</i>	G	
<b>Jivi</b>	NPD, SP	PA	<i>metoprolol succinate</i>	G	
<b>Juxtapid</b>	NPD, SP	PA	<i>metoprolol tartrate</i>	LCG	
<b>Kapspargo</b>	NF		<i>metoprolol tartrate/HCT</i>	G	
<b>Katerzia Susp</b>	NF	AL	<b>Mevacor</b>	NF	
<b>Kerendia</b>	NPD	PA	<i>mexiletine HCl</i>	G	
<b>Koate-DVI</b>	PB, SP	PA	<b>Micardis</b>	NF	
<b>Kogenate FS</b>	PB, SP	PA	<b>Micardis HCT</b>	NF	
<b>Kovaltry</b>	PB, SP	PA	<b>Microzide</b>	NF	
<b>Kynamro</b>	NF, SP		<b>Minipress</b>	NF	
<i>labetalol HCl</i>	G		<i>minitran</i>	G	
<b>Lanoxin 62.5mcg, 187.5mcg tablets</b>	NF		<i>minoxidil</i>	G	
<b>Lanoxin 125mcg and 250mcg tablets</b>	NF		<i>moexipril</i>	G	
<b>Lasix</b>	NF		<i>moexipril/HCTZ</i>	G	
<b>Lescol XL</b>	NF		<b>Monoclate-P</b>	NPD, SP	PA
<b>Letairis</b>	NF, SP		<b>Mononine</b>	PB, SP	PA
<b>Levamlodipine</b>	NF		<b>Mulpleta</b>	NPD, SP	PA
<b>Lipitor</b>	NF		<b>Multaq</b>	PB	
<b>Lipofen</b>	NF		<i>nadolol</i>	G	
<b>Liqrev Susp</b>	NF, SP		<i>nadolol-bendroflume thiazide</i>	G	
<i>lisinopril</i>	LCG		<i>nebivolol</i>	G	
<i>lisinopril/HCTZ</i>	LCG		<b>Nexilon XR</b>	NF	
<b>Livalo</b>	NF		<b>Nexletol</b>	PB	PA
<b>Lopid</b>	NF		<b>Nexlizet</b>	PB	PA
<b>Lopressor HCT</b>	NF		<i>niacin ER</i>	G	
<i>losartan</i>	LCG		<b>Niaspan ER</b>	NF	
<i>losartan-HCTZ</i>	G		<i>nicardipine</i>	G	
<b>Lotensin</b>	NF		<i>nifedical XL</i>	G	
<b>Lotrel</b>	NF		<i>nifedipine</i>	G	
<i>lovastatin</i>	ACA		<i>nifedipine ER</i>	G	
<b>Lovaza</b>	NF		<i>nimodipine</i>	G	
<b>Lovenox</b>	NF		<i>nisoldipine ER</i>	G	
<b>Maxzide</b>	NF		<b>Nitro-Bid</b>	PB	
<i>methyldopa</i>	G		<b>Nitro-Dur</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitro-time cap</i>	G		<i>phenoxybenzamine</i>	G	PA
<b>Nitro-Time CR Cap</b>	NF		<i>pindolol ER</i>	G	
<i>nitroglycerin ER</i>	LCG		<i>pitavastatin</i>	G	
<i>nitroglycerin oint 0.4%</i>	G		<b>Plavix</b>	NF	
<i>nitroglycerin patches</i>	G		<b>Pradaxa</b>	PB	
<i>nitroglycerin SL</i>	G		<b>Pradaxa Pak</b>	NF	
<i>nitroglycerin spray</i>	G		<b>Praluent</b>	NPD	PA
<b>Nitrolingual Spray</b>	NF		<i>prasugrel</i>	G	
<b>Nitromist</b>	NPD		<b>Pravachol</b>	NF	
<b>Nitrostat SL</b>	NF		<i>pravastatin</i>	G	
<b>Nocdurna SL</b>	NF		<i>prazosin</i>	G	
<b>Norliqva Soln</b>	NF	AL	<i>prevalite</i>	G	
<b>Norpace</b>	NF		<b>Prinivil</b>	NF	
<b>Northera</b>	NF, SP		<b>Procardia</b>	NF	
<b>Norvasc</b>	NF		<b>Procardia XL</b>	NF	
<b>Novoeight</b>	PB, SP	PA	<b>Profilnine</b>	NPD, SP	PA
<b>NovoSeven RT</b>	NPD, SP	PA	<b>Promacta</b>	NPD, SP	PA
<b>Nuwiq</b>	PB, SP	PA	<i>propafenone</i>	G	
<b>Nymalize Sol</b>	NPD		<i>propafenone SR</i>	G	
<b>Obizur</b>	NPD, SP	PA	<i>propranolol</i>	G	
<i>olmesartan medoxomil</i>	G		<i>propranolol ER</i>	G	
<i>olmesartan/amlodipine/hctz</i>	G		<i>propranolol/HCTZ</i>	G	
<i>olmesartan/hctz</i>	G		<b>Qbrelis</b>	NF	AL
<i>omega-3 acid ethyl esters</i>	G		<b>Qestran</b>	NF	
<b>Opsumit</b>	PB, SP	PA	<b>Qestran Light</b>	NF	
<b>Orenitram</b>	NPD, SP	PA	<i>quinapril HCl</i>	G	
<b>Ormalvi Tab</b>	NF		<i>quinapril/HCTZ</i>	G	
<i>pacerone</i>	G		<i>ramipril</i>	G	
<i>pentoxifylline ER</i>	G		<b>Ranexa</b>	NF	
<i>perindopril</i>	G		<i>ranolazine</i>	G	
<b>Persantine</b>	NPD		<b>Rebinyn Soln</b>	NPD, SP	PA
			<b>Recombinate</b>	PB, SP	PA
			<b>Rectiv</b>	NPD	
			<b>Repatha</b>	PB	PA
			<b>Revatio</b>	NF, SP	
			<b>Riastap</b>	NPD, SP	PA
			<b>Rixubis</b>	NPD, SP	PA

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rosuvastatin</i>	G	
<b>Roszet</b>	NF	
<b>Rythmol SR</b>	NF	
<b>Samsca</b>	NF, SP	LDL
<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>	NF	AL
<b>Skytrofa Inf</b>	NPD, SP	PA
<b>Soaanz</b>	NF	
<b>Sogroya Inj</b>	NF, SP	
<i>sotalol HCl</i>	G	
<b>Sotylyze</b>	NPD	
<i>spironolactone</i>	G	
<i>spironolactone/ HCTZ</i>	G	
<b>Stimate</b>	NF	
<b>Sular</b>	NF	
<b>Tadliq Susp</b>	NF, SP	
<b>Tarka</b>	NF	
<i>taztia XT</i>	G	
<b>Tekturna</b>	NF	
<b>Tekturna HCT</b>	NPD	PA
<i>telmisartan</i>	G	
<i>telmisartan- amlodipine</i>	G	
<i>telmisartan/ hydrochloro- thiazide</i>	G	
<b>Tenoretic</b>	NF	
<b>Tenormin</b>	NF	
<b>Thalitone</b>	NF	
<i>tiadylt ER</i>	G	
<b>Tiazac</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>ticlopidine HCl</i>	G	
<b>Tikosyn</b>	NF	
<i>timolol</i>	G	
<i>tolvaptan 15mg, 30mg tab</i>	G, SP	PA
<b>Toprol XL</b>	NF	
<i>torsemide</i>	G	
<i>trandolapril</i>	G	
<i>trandolapril/ verapamil ER</i>	G	
<b>Tretten</b>	NPD, SP	PA
<i>triamterene/HCTZ</i>	G	
<i>triamterene cap</i>	G	
<b>Tribenzor</b>	NF	
<b>Tricor</b>	NF	
<b>Trilipix</b>	NF	
<b>Twynsta</b>	NF	
<b>Tyvaso</b>	NPD, SP	PA
<b>Uptravi</b>	NPD, SP	PA
<i>valsartan</i>	G	
<b>Valsartan Soln</b>	NF	AL
<i>valsartan/ hydrochloro- thiazide</i>	G	
<b>Vascepa</b>	NF	
<b>Vaseretic</b>	NF	
<b>Vasotec</b>	NF	
<i>vecamyl</i>	G	PA
<b>Ventavis</b>	NPD, SP	PA
<b>Verelan ER, PM</b>	NF	
<i>verapamil HCl</i>	G	
<i>verapamil HCl ER</i>	G	
<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>Vyndaquel, Vyndamax</b>	NPD, SP	PA
<b>Vytorin</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>warfarin</i>	G	
<b>Welchol</b>	NF	
<b>Wilate</b>	PB, SP	PA
<b>Xarelto</b>	PB	
<b>Xyntha</b>	PB, SP	PA
<b>Zestoretic</b>	NF	
<b>Zestril</b>	NF	
<b>Zetia</b>	NF	
<b>Ziac</b>	NF	
<b>Zocor</b>	NF	
<b>Zypitamag</b>	NF	

## SKIN MEDICATIONS

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Aldara</b>	NF	
<b>Altreno lotion 0.05%</b>	NF	AL
<i>amcinonide</i>	G	
<b>Apexicon E</b>	NF	
<b>Arazlo lotion 0.045%</b>	NF	AL
<b>Atralin</b>	NF	AL
<i>avita</i>	G	AL
<b>Azelex</b>	NF	
<i>azelaic acid gel 15%</i>	G	
<b>Benzaclin</b>	NF	
<b>Benzamycin gel</b>	NF	
<b>Benzamycinpak</b>	NPD	PA
<i>benzoyl peroxide/erythromycin</i>	G	
<i>beser 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>	NF	
<b>Cabtreo Gel</b>	NF	
<i>calcipotriene cream</i>	G	
<b>Calcipotriene foam</b>	NF	
<i>calcipotriene-betamethasone dp oint</i>	G	
<i>calcipotriene-betamethasone dp susp</i>	G	
<i>calcitriol ointment</i>	G	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Capex</b>	NF		<b>Derma-Smoothe FS</b>	NF	
<b>Carac</b>	NPD	PA	<b>Dermatop</b>	NF	
<b>Centany ointment 2%</b>	NF		<b>Desonate</b>	NF	
<b>Cibinquo Tab</b>	PB, SP	PA	<i>desonide gel 0.05%</i>	G	
<i>ciclopirox 0.77% cream</i>	G		<b>Desowen</b>	NF	
<i>ciclopirox 8% solution</i>	G		<i>desoximetasone cream, gel, ointment</i>	G	
<i>ciclopirox cream, gel, shampoo, suspension</i>	G		<i>desrx gel 0.05%</i>	G	
<b>Cleocin T</b>	NF		<i>diclofenac sodium gel 3%</i>	G	PA
<b>Clindagel</b>	NF		<b>Differin 0.1% cream</b>	NF	AL
<i>clindamycin, clindamycin cream, clindamycin-benzoyl peroxide gel [w/pump]</i>	G		<b>Differin 0.1% lotion</b>	NF	AL
<b>Clindamycin/benzoyl peroxide 1-5%</b>	NF		<b>Differin 0.3% gel</b>	NF	AL
<i>clindamycin/tretinoin gel</i>	G	AL	<b>Diflorasone diacetate</b>	NPD	PA
<i>clobetasol cream, ointment, solution</i>	G		<b>Diprolene, Diprolene AF</b>	NF	
<b>Clobex</b>	NF		<b>Dovonex cream</b>	NF	
<b>Clocortolone pivalate</b>	NPD	PA	<i>doxepin cream 5%</i>	G	QL
<i>clodan</i>	G		<b>Duac</b>	NF	
<b>Cloderm</b>	NF		<b>Duobrii Lotion</b>	NF	
<b>Condylox</b>	NF		<b>Dupixent</b>	PB, SP	PA
<b>Cordran</b>	NF		<i>econazole</i>	G	
<b>Cosentyx</b>	NPD, SP	PA	<b>Ecoza</b>	NPD	PA
<b>Crotan</b>	NPD		<b>Efudex cream</b>	NF, SP	
<b>Cutivate</b>	NF		<b>Elidel</b>	NF	
<b>Cystaran Soln 0.44%</b>	NPD, SP	PA, QL	<b>Elimite</b>	NF	
<i>dapsone gel 5%</i>	G	AL	<b>Elocon</b>	NF	
<i>dapsone gel 7.5%</i>	G	AL	<b>Enstilar</b>	NPD	
<b>Denavir</b>	NF	QL	<b>Epiduo</b>	NF	AL
			<b>Epiduo Forte gel</b>	NPD	AL
			<b>Epsolay</b>	NF	
			<b>Ertaczo</b>	NPD	PA
			<b>Erygel</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>erythromycin gel, soln, swabs</i>	G		<i>hydrocortisone butyrate/emoll</i>	G	
<b>Eucrisa</b>	PB	PA	<i>hydrocortisone lot 0.1%</i>	G	
<b>Eurax</b>	NF		<i>hydrocortisone supp</i>	G	
<b>Evoclin</b>	NF		<i>hydrocortisone valerate 0.2%</i>	G	
<b>Exelderm</b>	NPD	PA	<i>hydrocortisone/ lidocaine HCl</i>	G	
<b>Extina</b>	NF		<i>imiquimod cream</i>	G	PA
<b>Fabior</b>	NF	AL	<b>Imiquimod Cream 3.75% Pump</b>	NF	
<b>Fasenra</b>	PB, SP	PA	<b>Impeklo Lotion</b>	NF	
<b>Filsuvez Gel 10%</b>	NPD, SP	PA	<b>Impoyz cream 0.025%</b>	NF	
<b>Finacea</b>	NF		<i>isotretinoin</i>	G	
<i>fluocinolone acetonide cream, soln, oil</i>	G		<b>Jublia</b>	NPD	PA
<i>fluocinonide gel</i>	LCG		<b>Kenalog Spray</b>	NF	
<i>fluocinonide ointment</i>	LCG		<b>Kerydin</b>	NF	
<b>Fluorouracil cream 0.5%</b>	PB		<i>ketoconazole cream</i>	G	
<i>fluorouracil solution 2%</i>	G, SP		<i>ketoconazole shampoo</i>	G	
<b>Flurandrenolide cream, lotn, oint</b>	NPD	PA	<b>Klaron</b>	NF	
<i>fluticasone propionate cream, lotn, oint</i>	G		<b>Klisyri Oint 1%</b>	NPD	PA
<i>gentamicin topical cream, ointment</i>	G		<b>Lexette Foam</b>	NF	
<i>halcinonide cream 0.1%</i>	G		<i>lidocaine</i>	G	
<i>halobetasol AER 0.05%</i>	G		<i>lidocaine solution</i>	G	
<i>halobetasol propionate</i>	G		<b>Lidoderm</b>	NF	
<b>Halobetasol propionate foam 0.05%</b>	NF		<b>Litfulo</b>	NPD, SP	PA
<b>Halog</b>	NF		<b>Locoid</b>	NF	
<i>hydrocortisone 2.5%</i>	G		<b>Locoid Lipocream</b>	NF	
<i>hydrocortisone butyrate 0.1%</i>	G		<b>Loprox</b>	NF	
			<b>Lotrisone</b>	NF	
			<b>Luliconazole cream</b>	NPD	PA
			<b>Luxiq</b>	NF	
			<b>Luzu</b>	NPD	PA

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>malathion lotion</i>	G		<i>podofilox gel 0.5</i>	G	
<i>methoxsalen</i>	G		<i>podofilox soln</i>	G	
<b>MetroCream</b>	NF		<b>Pramosone cream/lotion</b>	NPD	PA
<b>MetroGel</b>	NF		<i>prednicarbate ointment</i>	G	
<b>MetroLotion</b>	NF		<i>prilocaine/ lidocaine</i>	G	
<i>metronidazole cream, lotion, gel</i>	G		<b>Proctofoam HC</b>	PB	
<b>Miconazole-zinc ointment</b>	NPD	PA	<b>Prudoxin cream 5%</b>	NF	QL
<b>Mirvaso</b>	PB		<b>Qbrexza Pad 2.4%</b>	NPD	PA, QL
<i>mometasone cream, ointment, solution</i>	LCG		<b>Retin-A</b>	NF	AL
<i>mupirocin cream, ointment</i>	G		<b>Retin-A Micro 0.04%, 0.1%</b>	NF	AL
<i>naftifine cream/gel</i>	G		<b>Retin-A Micro 0.08%</b>	NF	AL
<b>Naftin</b>	NF		<b>Rhofade 1% cream</b>	NPD	PA
<b>Natroba</b>	NF		<i>selenium sulfide shampoo/lotion</i>	G	
<b>Nizoral shampoo</b>	NF		<b>Sernivo</b>	NPD	PA
<b>Noritate</b>	NF		<b>Siliq</b>	NPD, SP	PA
<i>nystatin/ triamcinolone cream, ointment</i>	LCG		<b>Silvadene</b>	NF	
<i>nystatin suspension</i>	G		<i>silver sulfadiazine</i>	LCG	
<b>Olux [E]</b>	NF		<b>Skyrizi Inj</b>	PB, SP	PA
<b>Onexton</b>	NF		<i>sodium sulfacetamide suspension</i>	G	
<b>Opzelura Cream</b>	PB	PA, QL	<b>Solaraze</b>	NF	
<b>Ovide</b>	NF		<b>Soolantra</b>	PB	
<b>Oxiconazole nitrate</b>	NPD	PA	<b>Soriatane</b>	NF	
<b>Oxistat</b>	NF		<b>Sorilux Foam</b>	NF	
<b>Oxsoralen Ultra</b>	NF		<i>spinosad</i>	G	
<b>Pandel</b>	NF		<i>SSD cream 1%</i>	LCG	
<b>Panretin Gel</b>	NPD	PA	<b>Sulconazole cream/solution</b>	NPD	PA
<i>penciclovir cream 1%</i>	G	QL	<b>Sulfamylon</b>	NPD	
<b>Penlac</b>	NF		<b>Synalar</b>	NF	
<i>permethrin</i>	G		<b>Taclonex</b>	NPD	
<i>pimecrolimus cre 1%</i>	G				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Taltz Autoinjector</b>	NPD, SP	PA
<b>Targretin gel</b>	NF, SP	
<i>tavaborole sol 5%</i>	G	PA
<b>Tazarotene AER 0.1%</b>	NF	AL
<i>tazarotene cream 0.1%</i>	G	AL
<i>tazarotene gel</i>	G	AL
<b>Tazorac cream/gel</b>	NF	AL
<b>Temovate</b>	NF	
<b>Texacort soln</b>	NPD	PA
<b>Tobradex ointment</b>	NPD	
<b>Topicort cream/ointment</b>	NF	
<b>Topicort spray</b>	NF	
<b>Tremfya</b>	PB, SP	PA
<i>tretinoi gel, cream</i>	G	AL
<b>Tretinoi microspheres gel</b>	NPD	AL
<i>triamicinolone acetonide</i>	G	
<b>Triamecinolone oint 0.05%</b>	NPD	PA
<b>Trianex</b>	NPD	PA
<i>triderm cream</i>	LCG	
<b>Tritocin oint 0.05%</b>	NPD	PA
<b>Twyneo 0.1-3% Cream</b>	NF	AL
<b>Ultravate</b>	NF	
<b>Vectical</b>	NF	
<b>Veltin</b>	NF	AL
<b>Verdeso</b>	NPD	PA
<b>Veregen Oint</b>	NPD	PA, QL
<b>Vtama Cream</b>	NPD	PA
<b>Vusion</b>	NPD	PA
<b>Winlevi Cream 1%</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Wynzora Cream</b>	NPD	
<b>Xaciato Gel</b>	NPD	
<b>Xerese Cream</b>	NF	
<b>Xolegel</b>	NF	
<b>Ziana</b>	NF	AL
<b>Zilxi Aer</b>	NF	
<b>Zonalon cream 5%</b>	NPD	QL
<b>Zoryve Cream</b>	NPD	PA
<b>Zoryve Foam</b>	NF	
<b>Zovirax cream</b>	NF	QL
<b>Zovirax oint</b>	NF	
<b>Ztido Pad 1.8%</b>	NF	QL
<b>Zyclara Cream/Pump</b>	NF	
<b>EAR, NOSE, THROAT MEDICATIONS</b>		
<i>acetasol HC, acetic acid HC otic</i>	G	
<b>Astepro</b>	NF	
<i>azelaistine</i>	G	
<b>Bactroban nasal oint</b>	PB	
<b>Cetraxal</b>	NF	
<i>cevimeline hcl</i>	G	
<b>Ciprodex</b>	NF	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin-dexamethasone otic sus</i>	G	
<b>Ciprofloxacin-fluocinolone PF otic soln</b>	NF	
<i>cortane B otic drops</i>	G	
<b>Dermotic</b>	NF	
<b>Evoxac</b>	NF	
<i>fluocinolone acetonide oil</i>	G	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

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

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

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Apidra</b>	PB	QL
<b>Armour Thyroid</b>	NPD	
<b>Aveed Soln 750mg/3ml Intramuscular</b>	NF	
<b>Axiron</b>	NF	
<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>	NF	
<b>Breeze2 Glucometer</b>	PB	PA, QL
<b>Breeze2 Test Strips</b>	NF	QL
<b>Brenzavvy</b>	NF	
<b>Bydureon</b>	PB	PA
<b>Byetta</b>	PB	PA
<b>Bynfezia Pen</b>	NPD, SP	PA
<i>calcitriol capsules</i>	G	
<b>Carnitor</b>	NF	
<b>Cetrotide Kit</b>	NF, SP	R
<i>cinacalcet</i>	G	
<b>Contour Glucometers</b>	PB	QL
<b>Contour Next Test Strips</b>	PB	QL
<b>Contour Test Strips</b>	PB	QL
<b>Cortef</b>	NF	
<b>Cortisone tab</b>	NPD	
<b>Cytomel</b>	NPD	
<i>danazol</i>	G	
<b>DDAVP</b>	NF	
<i>deflazacort tab</i>	G, SP	PA
<b>Degludec Flextouch Inj</b>	NF	QL
<b>Delatesteryl</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Delestrogen Oil Intramuscular</b>	NF		<i>euthyrox</i>	G	
<b>Demser</b>	NPD		<b>Eversense E3 Sensor</b>	NPD	PA, QL
<b>Depo-Estradiol Oil 5mg/ml Intramuscular</b>	NF		<b>Eversense E3 Transmitter</b>	NPD	PA, QL
<b>Depo-Testosterone Solution 100mg/ml, 200mg/ml</b>	NF		<b>Farxiga</b>	PB	
<i>desmopressin acetate</i>	G		<b>Fiasp</b>	PB	QL
<b>Desmopressin Nasal Soln</b>	NF		<i>fludrocortisone acetate</i>	G	
<b>Dexabliss</b>	NF		<b>Fortamet</b>	NF	
<i>dexamethasone</i>	G		<b>Forsteo</b>	NF, SP	Q/T
<i>dexamethasone pak, 6-day, 10-day, 13-day</i>	G		<b>Fortesta</b>	NF	
<b>Dexcom Continuous Glucose Monitor Receiver</b>	PB	PA, QL	<b>Freestyle Glucometer</b>	PB	PA, QL
<b>Dexcom Continuous Glucose Monitor Transmitter</b>	PB	PA, QL	<b>Freestyle InsuLinx Test Strips</b>	NF	QL
<b>Dexcom Continuous Glucose Monitor G7, G6, G5, G4 Sensors</b>	PB	PA, QL	<b>FreeStyle Libre Reader, Sensor, Reader Device</b>	NF	QL
<b>Dexpak pak</b>	NF		<b>Freestyle Lite Test Strips</b>	NF	QL
<i>diazoxide suspension 50mg/ml</i>	G		<b>Freestyle Test Strips</b>	NF	QL
<i>doxercalciferol</i>	G		<b>Genotropin</b>	NF, SP	
<b>Duetact</b>	NF		<i>glimepiride</i>	G	
<b>Dxevo 11-Day Therapy Pack 1.5mg</b>	NF		<i>glipizide ER</i>	G	
<b>Emflaza</b>	NPD, SP	PA	<i>glipizide tab</i>	LCG	
<i>estradiol valerate oil intramuscular</i>	G		<i>glipizide XL</i>	G	
			<b>Glucagen Hypokit</b>	NF	
			<i>glucagon emergency kit (generic)</i>	G	
			<b>Glucagon Emergency Kit (Lilly)</b>	NF	
			<b>Glucophage</b>	NF	
			<b>Glucophage XR</b>	NF	
			<b>Glucotrol</b>	NF	
			<b>Glucotrol XL</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Glucovance</b>	NF		<b>Jentadueto tablet</b>	PB	
<i>glyburide</i>	G		<b>Jentadueto XR</b>	PB	
<i>glyburide micronized</i>	G		<b>Kazano tablet</b>	NF	
<b>Glynase</b>	NF		<b>Kombiglyze XR</b>	NF	
<b>Glyset</b>	NF		<b>Korlym tablet</b>	NPD, SP	PA
<b>Glyxambi</b>	PB		<b>Kyzatrex</b>	NF	
<b>Gvoke HypoPen</b>	NF	AL	<b>Lantus</b>	PB	QL
<b>Gvoke PFS inj</b>	NF	AL	<b>Levemir</b>	NF	QL, AL
<b>Hectorol</b>	NF		<i>levocarnitine</i>	G	
<b>Hemady</b>	NF		<b>Levothyroxine cap</b>	NPD	PA
<b>Humalog</b>	PB	QL	<i>levothyroxine tab</i>	G	
<b>Humatropे</b>	NF, SP		<i>levo-T tab</i>	G	
<b>Humulin</b>	PB	QL	<i>levoxyl</i>	G	
<b>Humulin R U-500 (Concentrated and KwikPen)</b>	PB	QL	<i>liothyronine</i>	G	
<i>hydrocortisone</i>	G		<b>Lyumjev Inj/Pen</b>	PB	QL
<b>Increlex</b>	NPD, SP	PA, LDD	<b>Medrol</b>	NF	
<b>Insulin aspart inj</b>	NF	QL	<b>Medtronic Continuous Glucose Monitor Receiver</b>	NPD	PA, QL
<b>Insulin aspart protamin inj flexpen</b>	NF	QL	<b>Medtronic Continuous Glucose Monitor Guardian Transmitter</b>	NPD	PA, QL
<b>Insulin Degludec Inj</b>	NF	QL	<b>Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors</b>	NPD	PA, QL
<b>Insulin Glargine</b>	NF	QL	<i>metformin</i>	G	
<b>Insulin lispro</b>	PB	QL	<b>Metformin 625mg</b>	NPD	PA
<b>Insulin lispro inj junior</b>	PB	QL	<b>Metformin ER (OSM)</b>	NPD	
<b>Insulin lispro inj protamin</b>	PB	QL	<i>metformin ER (generic for Glucophage XR)</i>	G	
<b>Invokamet [XR]</b>	NF		<i>metformin HCL 500mg/5ml oral soln</i>	G	AL
<b>Invokana</b>	NF				
<b>Isturisa</b>	NPD, SP	PA, QL			
<b>Janumet</b>	PB				
<b>Janumet XR</b>	PB				
<b>Januvia</b>	PB				
<b>Jardiance</b>	PB				
<b>Jatenzo</b>	NF				
<b>Javygtor</b>	NF, SP				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metformin/glyburide</i>	G		<b>Omnipod Starter Kit</b>	PB	
<i>methimazole</i>	G		<b>Omnitrope</b>	PB, SP	PA
<b>Methitest Tab</b>	NPD	PA	<b>One Touch Glucometers</b>	PB	PA, QL
<i>methylprednisolone</i>	G		<b>One Touch Test Strips</b>	NF	QL
<i>methyltestosterone</i>	G	PA	<b>Onglyza</b>	NF	
<i>metyrosine</i>	G		<b>Orapred ODT</b>	NF	
<i>mifepristone</i>	G, SP	PA	<b>Orilissa</b>	PB	PA, QL
<i>miglitol</i>	G		<b>Oseni</b>	NF	
<b>Millipred solution</b>	NF		<b>Oxandrin</b>	NF	
<b>Millipred tabs</b>	NF		<i>oxandrolone</i>	G	QL
<b>Mounjaro Inj</b>	PB	PA	<b>Ozempic Soln</b>	PB	PA
<b>Myalept</b>	NPD, SP	PA	<b>Palynziq</b>	NPD, SP	PA
<b>Mycapssa cap</b>	NPD, SP	PA	<i>paricalcitol</i>	G	
<i>nateglinide</i>	G		<i>pioglitazone</i>	G	
<b>Natesto</b>	NF		<i>pioglitazone/glimepiride</i>	G	
<b>Natpara</b>	NPD, SP	PA	<b>Pogo Automatic Mis Monitor</b>	PB	PA, QL
<b>Nature-Throid</b>	NPD		<b>Pogo Automatic Test Cartridge</b>	NPD	PA, QL
<b>Nesina tablet</b>	NF		<b>Prandin</b>	NF	
<b>Ngenla Inj</b>	NPD, SP	PA	<b>Precision Glucometer</b>	PB	PA, QL
<b>Noctiva Emulsion</b>	NF		<b>Precision XTRA Test Strips</b>	NF	QL
<b>Non Preferred Diabetic Meters</b>	PB	PA, QL	<b>Precose</b>	NF	
<b>Norditropin</b>	PB, SP	PA	<i>prednisolone</i>	G	
<b>Novolin</b>	PB	QL	<b>Procysbi</b>	NPD, SP	PA
<b>Novolin R</b>	PB	QL	<b>Proglycem Susp</b>	NF	
<b>Novolin Relion</b>	NPD	PA, QL	<i>propylthiouracil</i>	G	
<b>Novolog</b>	PB	QL	<b>Qtern</b>	NF	
<b>Novolog Relion</b>	NPD	PA, QL	<b>Rayos</b>	NF	
<i>NP thyroid</i>	G		<b>Regranex gel</b>	NPD	PA
<b>Nutropin AQ</b>	PB, SP	PA	<i>repaglinide</i>	G	
<b>Omnipod 5 Pack</b>	PB		<b>Rezdifra Tab</b>	NPD, SP	PA, QL
<b>Omnipod Dash System</b>	PB		<b>Rezvoglar Inj</b>	PB	QL
<b>Omnipod Dash 5 Pack</b>	PB				
<b>Omnipod Go Kit</b>	PB				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Riomet [ER] solution/ suspension 500mg/5ml	NF	AL	<i>testosterone cypionate solution 100mg/ml, 200mg/ml intramuscular</i>	G	
Rocaltrol capsules	NF		<i>testosterone enanthate inj 200mg/ml</i>	G	
Rybelsus	PB	PA, QL	<i>testosterone enanthate solution</i>	G	
Saizen	NF, SP		<i>testosterone gel 10mg/act (2%)</i>	G	
saxagliptin	G		<i>testosterone gel 1%, 1.62%</i>	G	
saxagliptin-metformin	G		<i>testosterone solution 30mg/act</i>	G	
Segluromet	NF		<b>Thyquidity Soln</b>	NPD	PA, AL
Semglee Inj 100U/ML	NF	QL	<b>Tirosint capsule/soln</b>	NPD	PA
Sensipar	NF		<b>Tlando</b>	NF	
Serostim	NPD, SP	PA, LDD	<i>tolbutamide</i>	G	
Signifor	NPD, SP	PA	<b>Toujeo Solostar</b>	PB	QL
Soliqua	PB		<b>Tradjenta tablet</b>	PB	
Somavert	NPD, SP	PA	<b>Tresiba</b>	NF	QL, AL
Starlix	NF		<b>Trijardy XR</b>	PB	
Steglatro	NF		<b>Trulicity</b>	PB	PA
Steglujan	NF		<b>Tymlos</b>	PB, SP	PA, Q/T
Striant buccal system	NPD	PA	<b>Uceris</b>	NF	
Symlin	PB	PA	<i>unithroid</i>	G	
Synjardy	PB		<b>V-GO</b>	PB	
Synjardy XR	PB		<b>Veripred soln 20mg/5ml</b>	NF	
Synthroid	NPD		<b>Victoza</b>	PB	PA
Tanzeum	NF		<b>Vogelxo</b>	NF	
Tapazole	NF		<b>Vumerity</b>	PB, SP	
Teriparatide Pen-Injector 620mcg/2.48ml	PB, SP	PA, Q/T	<b>Wegovy</b>	NPD	PA, R
Teriparatide Pen-Injector 600mcg/2.4ml	NF, SP		<b>Westhroid</b>	NPD	
Testim Gel	NF		<b>WP Thyroid</b>	NPD	
Testosterone Cypionate Solution 200mg/ml Injection	NPD		<b>Xigduo XR</b>	PB	
			<b>Xultophy</b>	NPD	PA
			<b>Xyosed Soln</b>	NPD	PA

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Zcort 7-day tab	NF		<b>Cholbam</b>	NPD, SP	PA
Zegalogue Inj	PB		<i>cimetidine</i>	G	
<b>Zemplar</b>	NF		<b>Clenpiq</b>	NPD	
Zituvio	NF		<b>Colazal</b>	NF	
<b>Zomacton</b>	NF, SP		<i>colocort</i>	G	
<b>STOMACH, ULCER, &amp; BOWEL MEDS</b>					
Abrilada Inj	NF, SP		<b>Creon</b>	PB	
<b>Aciphex</b>	NF	QL	<b>Cuvposa</b>	NF	
<b>Aciphex Sprinkle</b>	NF	QL, AL	<b>Cuvrior</b>	NF, SP	
Actigall	NF		<b>Cyltezo Inj</b>	PB, SP	PA
<b>Agamree Susp</b>	NPD, SP	PA	<b>Cytotec</b>	NF	
<b>Amitiza</b>	NF		<i>dalfampridin ER</i>	G, SP	PA, QL
<i>amoxicill-clarithro-lansoprazole</i>	G		<b>Delzicol</b>	NF	
<b>Ampyra</b>	NF, SP	QL	<b>Dexilant DR</b>	NF	QL
<b>Anusol-HC cream</b>	NF		<i>dexlansoprazole DR cap</i>	G	PA, QL
<i>aprepitant</i>	G	QL	<b>Diclegis</b>	NF	
<b>Apriso</b>	NF		<i>dicyclomine</i>	G	
<b>Asacol HD</b>	NF		<i>diphenoxylate HCl/atropine</i>	G	
<b>Azulfidine</b>	NF		<i>doxylamine-pyridoxine</i>	G	PA
<i>balsalazide</i>	G		<i>dronabinol</i>	G	
<b>Bentyl</b>	NF		<b>Emend</b>	NF	QL
<i>bismuth/metronidazole/tetracycline</i>	G		<b>Emverm</b>	NPD	QL
<b>Bonjesta</b>	NPD	PA	<b>Endari powder</b>	NPD	PA
<i>budesonide ER tablet</i>	G		<b>Entocort EC</b>	NF	
<b>Budesonide-formoterol</b>	NF		<b>Entyvio Inj</b>	NPD, SP	PA
<b>Bylvay</b>	PB, SP	PA	<i>esomeprazole</i>	G	PA, QL
<b>Canassa supp</b>	NF		<i>esomeprazole granules</i>	G	PA, QL
<b>Carafate susp</b>	NF		<b>Esomeprazole strontium</b>	NPD	PA, QL
<b>Carafate tabs</b>	NF		<i>famotidine 40mg tab, suspension</i>	G	
<b>Chenodal</b>	NPD, SP		<b>Gastrocrom</b>	NF	
<i>chlordiazepoxide/clidinium</i>	LCG	AL	<b>Gattex</b>	NPD, SP	PA
			<b>Gimoti Spray</b>	NF	Q/T
			<b>Golytely solution reconstituted 227.1gm</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Golytely solution reconstituted 236gm</b>	NF	QL	<i>nizatidine solution</i>	G	
<i>granisetron</i>	G		<b>Nulytely</b>	NF	QL
<b>Hemmorex-HC Supp</b>	NF		<b>Olpruva Pak</b>	NF, SP	
<i>hydrocortisone cream</i>	G		<b>Omeclamox-Pak</b>	NPD	
<i>hydrocortisone retention enema</i>	G		<i>omeprazole</i>	G	QL
<b>Ibsrela</b>	NF		<b>Omvoh Inj</b>	NPD, SP	PA
<b>Konvomep Soln</b>	NF	QL	<i>ondansetron HCl</i>	LCG	
<b>Kristalose Pak</b>	NF		<b>Orlistat cap</b>	NPD	PA, R
<b>Lactulose pak</b>	NF		<b>Osmoprep</b>	NF	
<i>lactulose soln</i>	G		<b>Pancreaze</b>	NF	
<i>lansoprazole cap</i>	G	QL	<i>pancrelipase EC/SA</i>	G	
<i>lansoprazole solutab</i>	G	PA, QL	<i>pantoprazole</i>	G	QL
<b>Lialda</b>	NF		<i>pantoprazole pak</i>	G	PA, QL
<b>Linzess</b>	PB		<i>peg 3350 &amp; electrolytes</i>	G	QL
<b>Livmarli Soln</b>	NPD, SP	PA	<i>peg-kcl-nacl-nasulf-na asc-c soln reconstituted</i>	G	
<b>Lomotil</b>	NF		<b>Peg-Prep</b>	NPD	QL
<i>loperamide</i>	G		<b>Pentasa 250mg</b>	NPD	PA, QL
<i>lubiprostone caps</i>	G		<b>Pentasa 500mg</b>	NPD	
<b>Marinol</b>	NF		<b>Pepcid tabs, suspension</b>	NF	
<i>meclizine</i>	LCG		<b>Pertzye</b>	NF	
<i>mesalamine</i>	G		<b>Pheburane Mis 483/gm</b>	NF, SP	
<i>mesalamine DR</i>	G		<b>Plenvu Soln</b>	NF	
<i>mesalamine rectal susp</i>	G		<b>Prevacid caps</b>	NF	QL
<i>metoclopramide</i>	G		<b>Prevacid SoluTab</b>	NF	QL
<b>Metoclopramide odt</b>	NPD		<b>Prilosec packets</b>	NPD	PA, QL
<i>misoprostol</i>	LCG		<i>prochlorperazine suppository</i>	G	
<b>Motegrity</b>	NPD	PA	<i>prochlorperazine tabs</i>	G	
<b>Movantik</b>	NF		<b>Proctocort Supp 30mg</b>	NF	
<b>Moviprep</b>	NF		<b>Protonix</b>	NF	QL
<b>Nexium capsule</b>	NF	QL	<b>Protonix packets</b>	NF	QL
<b>Nexium packets</b>	NF	QL, AL	<b>Pylera Cap</b>	NF	
<i>nizatidine cap</i>	LCG				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>rabeprazole DR tab 20mg</i>	G	QL	<b>Voquezna Tab</b>	NF	QL
<b>Rabeprazole Sprinkle Cap 10mg</b>	NF	QL	<b>Xenical</b>	NPD	PA, R
<i>ranitidine 300mg</i>	G		<b>Xermelo</b>	NPD, SP	PA
<b>Ravicti Liquid</b>	NF, SP		<b>Xphozah</b>	NF	
<b>Recorlev 150mg Tab</b>	NPD, SP	PA, QL	<b>Zantac</b>	NF	
<b>Reglan</b>	NF		<b>Zegerid packets</b>	NF	QL
<b>Relistor</b>	NF		<b>Zelnorm</b>	NPD	PA
<b>Reltone</b>	NF		<b>Zenpep</b>	PB	
<b>Sancuso Patch</b>	NPD	PA	<b>Zofran</b>	NF	
<i>scopolamine patch</i>	G		<b>Zorbtive</b>	NF, SP	
<b>SFRowasa enema</b>	NPD		<b>Zuplenz</b>	NF	
<i>sodium/potassium sol magnesium</i>	G		<b>Zymfentra Inj</b>	NPD, SP	PA
<i>sucralfate tabs</i>	G		<b>BONE, JOINT, &amp; MUSCLE</b>		
<b>Sulflave Sol</b>	NPD	QL	<b>Actemra SC</b>	NPD, SP	PA
<i>sulfasalazine</i>	G		<b>Actonel</b>	NF	QL
<b>Suprep Bowel Prep Kit</b>	NPD		<b>Adalimu-Adaz Inj 40/0.4ml (Sandoz)</b>	PB, SP	PA
<b>Sutab</b>	NPD		<b>Adalimumab adbm</b>	NF, SP	
<b>Symproic</b>	PB		<b>Adalimumab-ADBM Crohns/ UC/HS Starter</b>	PB, SP	PA
<b>Syndros Sol</b>	NF		<b>Adalimumab-ADBM Psoriasis/ Uveitis Starter</b>	PB, SP	PA
<b>Tigan</b>	NF		<b>Adalimumab fkjp</b>	NF, SP	
<b>Transderm-Scop patch</b>	NF		<b>Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml</b>	PB, SP	PA
<i>trimethobenzamide</i>	G		<b>alendronate</b>	LCG	QL
<b>Trulance</b>	NF		<i>allopurinol</i>	G	
<b>Urso 250 Tab</b>	NF		<b>Allopurinol 200mg Tab</b>	NF	
<b>Urso Forte Tab</b>	NF		<i>alosetron hcl</i>	G	
<b>Ursodiol Cap</b>	NF		<b>Amjevitा</b>	PB, SP	PA
<i>ursodiol tab</i>	G		<b>Amrix</b>	NF	
<b>Varubi</b>	NPD		<b>Anaprox DS</b>	NF	
<b>Velsipity</b>	NPD, SP	PA			
<b>Viberzi</b>	NPD	PA			
<b>Viokace</b>	NF				
<b>Voquezna Pak</b>	NPD				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Arava</b>	NF		<i>diclofenac sodium DR</i>	G	
<b>Arthrotec</b>	NF		<i>diclofenac sodium ER</i>	G	
<b>Atelvia</b>	NF	QL	<i>diclofenac sodium soln 1.5%</i>	G	
<i>baclofen</i>	G		<i>diclofenac sodium soln 2%</i>	G	PA
<b>Baclofen soln</b>	NF		<i>diclofenac/ misoprostol</i>	G	
<i>baclofen susp 25mg/5ml</i>	G	PA, QL	<b>EC-Naprosyn</b>	NF	
<b>Binosto</b>	NF	QL	<b>Enbrel</b>	PB, SP	PA
<b>Boniva</b>	NF	QL	<i>etidronate disodium</i>	G	
<i>calcitonin-salmon inj</i>	G		<i>etodolac</i>	G	
<i>calcitonin-salmon (rDNA origin) nasal spray</i>	G		<b>Evista</b>	NF	
<i>carisoprodol</i>	G		<i>febuxostat</i>	G	PA
<b>Celebrex</b>	NF		<b>Feldene</b>	NF	
<i>celecoxib</i>	G		<b>Fenoprofen calcium</b>	NPD	PA
<i>chlorzoxazone 375mg, 500mg, 750mg</i>	G		<b>Fenortho</b>	NPD	PA
<b>Cimzia</b>	PB, SP	PA	<i>fesoterodine tab ER</i>	G	
<i>colchicine 0.6mg cap</i>	G	PA	<b>Fexmid</b>	NF	
<i>colchicine 0.6mg tab</i>	G		<b>Flector Patch</b>	NF	QL
<i>colchicine/ probenecid</i>	G		<b>Fleqsuvy Susp 25mg/5ml</b>	NF	QL
<b>Colcrys</b>	NF		<i>flurbiprofen</i>	G	
<b>Cuprimine</b>	NF, SP		<b>Fosamax</b>	NF	QL
<i>cyclobenzaprine</i>	G		<b>Fosamax Plus D</b>	NF	QL
<b>Cyclobenzaprine ER</b>	NF		<b>Gloperba Soln</b>	NF	
<b>Dantrium</b>	NF		<i>glycopyrrolate oral solution 1mg/5ml</i>	G	
<i>dantrolene</i>	G		<i>glycopyrrolate tab</i>	G	
<b>Dartisla ODT</b>	NF	QL	<b>Hadlima Inj</b>	NF, SP	
<b>Diclofenac epolamine 1.3% transdermal</b>	NF	QL	<b>Hulio In</b>	NF, SP	
<i>diclofenac potassium</i>	G		<b>Humira</b>	PB, SP	PA
			<b>Hyrimoz Inj (Sandoz)</b>	PB, SP	PA

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hyrimoz Soln Auto-Injector/ Prefilled Syringe 40/0.8ml (Cordavis)</b>	NF		<i>naproxen sodium</i>	LCG	
<i>ibandronate</i>	G	QL	<i>naproxen sodium DR</i>	G	
<i>ibuprofen</i>	LCG		<i>naproxen sodium ER</i>	G	PA
<b>Idacio Inj</b>	NF, SP		<i>naproxen sodium susp</i>	G	AL
<i>indomethacin</i>	G		<b>Norgesic</b>	NF	
<b>Indomethacin 20mg capsule</b>	NF		<b>Norgesic Tab Forte</b>	NF	
<i>indomethacin SR</i>	G		<b>Orencia</b>	NPD, SP	PA
<i>indomethacin sus 25mg/5ml</i>	G	AL	<b>Oriahnn cap</b>	PB	PA
<b>Joenja</b>	NPD, SP	PA	<b>Orphenadrine-as-a-caffeine</b>	NPD	PA
<b>Ketoprofen 25mg cap</b>	NPD	PA	<i>orphenadrine ER</i>	G	
<i>ketoprofen SR</i>	G		<b>Orphengesic Forte Tab</b>	NF	
<i>ketorolac</i>	LCG		<b>Otezla</b>	PB, SP	PA
<b>Ketorolac sol tromethamine</b>	NF	QL	<b>Otrexup</b>	NF	
<b>Kevzara</b>	NPD, SP	PA	<i>oxaprozin</i>	G	
<b>Kineret</b>	NPD, SP	PA	<b>Oxaprozin 300mg cap</b>	NF	
<i>leflunomide</i>	G		<b>Pennsaid</b>	NF	
<b>Licart Dis 1.3%</b>	NF	QL	<i>piroxicam</i>	G	
<b>Lodoco</b>	NPD	PA	<i>probenecid</i>	G	
<b>Lorzone</b>	NF		<i>raloxifene hcl</i>	G	
<b>Lotronex</b>	NF		<b>Rasuvo</b>	PB	PA
<b>Lyvispah Gra</b>	NF		<i>risedronate</i>	G	QL
<i>meloxicam cap</i>	G	PA	<i>risedronate DR</i>	G	QL
<b>Meloxicam susp</b>	NPD	PA	<b>Robaxin</b>	NF	
<i>meloxicam tab</i>	LCG		<i>salsalate tab</i>	G	
<b>Metaxalone</b>	NPD	PA	<b>Simponi</b>	PB, SP	PA
<b>Miacalcin</b>	NF		<b>Skelaxin</b>	NF	
<b>Mitigare</b>	NF		<b>Soma</b>	NF	
<b>Mobic</b>	NF		<b>Sotyktu</b>	NPD, SP	PA
<i>nabumetone</i>	G		<b>Stelara</b>	PB, SP	PA
<b>Naprelan</b>	NF		<i>sulindac</i>	G	
<b>Naprosyn</b>	NF		<i>tizanidine</i>	G	
<b>Naprosyn susp</b>	NF	AL	<i>tolmetin</i>	G	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Toviaz</b>	NF		<i>cetrorelix inj</i>	G, SP	
<b>Uloric</b>	NF		<i>charlotte 24 chew FE 1/20</i>	G	
<b>Viibryd</b>	NF		<b>Cleocin vaginal</b>	NF	
<i>vilazodone</i>	G		<b>Climara patch</b>	PB	
<b>Voltaren Gel</b>	NPD		<b>Clindesse Vaginal</b>	NPD	
<b>Xeljanz [XR]</b>	PB, SP	PA	<i>clomiphene citrate</i>	G	
<b>Yuflyma 2pen Kit 40/0.4ml</b>	NF, SP		<b>Crinone Gel</b>	NF	
<b>Yuflyma 2Syr Kit 40/0.4ml</b>	NF, SP		<b>Cyckessa</b>	NF	
<b>Yuflyma Kit 20/0.2ml</b>	NF, SP		<b>Depo SubQ Provera</b>	NF	QL
<b>Yusimry Soln</b>	NF, SP		<b>Depo-Provera</b>	NF	QL
<b>Zanaflex</b>	NF		<b>Desogen</b>	NF	
<b>Zeposia</b>	NPD, SP	PA	<i>desogestrel-ethynodiol estradiol</i>	ACA	
<b>Zipsor</b>	NF	QL	<b>Diflucan</b>	NF	
<b>Zurampic 200mg</b>	NPD, SP	PA	<b>Divigel</b>	NF	
<b>Zyloprim</b>	NF		<i>drospirenone-ethynodiol estradiol</i>	G	
<b>FEMALE, HORMONE REPLACEMENT, &amp; BIRTH CONTROL</b>			<i>eluryng mis</i>	ACA	QL
The Injectable Fertility Agents in this section are covered only under certain benefits programs. Please check your handbook to determine coverage.			<b>Endometrin Insert Vagina</b>	PB	
<b>Activella</b>	NF		<b>Estrace</b>	NF	
<b>Addyi</b>	NPD	PA	<i>estradiol</i>	G	
<b>Alora</b>	NF		<i>estradiol cream 0.01%</i>	G	
<b>Angeliq</b>	NPD	PA	<i>estradiol transdermal</i>	G	
<b>Annovera Mis</b>	NPD	QL	<b>Estring</b>	PB	
<i>aurovela 24 FE 1/20</i>	G		<i>estropipate</i>	ACA	
<b>Aygestin</b>	NF		<b>Estrostep FE</b>	NF	
<b>Balcoltra</b>	NF		<b>Evista</b>	NF	
<b>Beyaz</b>	NF		<i>fayosim tab</i>	G	
<b>Bijuva</b>	NPD		<b>Femcon FE</b>	NF	
<i>blisovi 24 FE 1/20</i>	G		<b>FemHRT</b>	NF	
<b>Bravelle</b>	NPD, SP	PA, QL, R	<b>Femring</b>	NPD	PA
<b>Brevicon</b>	NF		<i>finzala chew FE 1/20</i>	G	
<b>Cenestin</b>	PB		<b>Follistim AQ</b>	NPD, SP	QL, R

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Gemmily cap 1/20</b>	ACA		<i>microgestin 24 FE 1/20</i>	G	
<b>Generess FE</b>	NF		<b>Minastrin 24 FE</b>	NF	
<b>Gonal-f</b>	NPD, SP	PA, QL	<b>Minivelle</b>	NF	
<i>hailey 1.5/30</i>	ACA		<b>Mircette</b>	NF	
<i>hailey 24 FE 1/20</i>	G		<b>Myfembree</b>	PB	PA
<b>Imvexxy</b>	PB		<b>Natazia</b>	NPD	
<b>Intrarosa Vaginal</b>	NPD	PA	<b>Nextstellis</b>	NF	
<i>joyeaux</i>	G		<i>nore/eth/fer chew 0.4mg-35mcg</i>	G	
<i>junel FE 24 tab</i>	G		<i>norethin-ethynodifenoate cap 1/20</i>	G	
<i>kaitlib FE chew</i>	G		<i>norethindrone</i>	ACA	
<i>layolis FE chew</i>	G		<i>norethindrone acetate</i>	G	
<i>leena tab</i>	G		<i>norethindrone-ethynodifenoate</i>	ACA	
<i>levonorgestrel/ethinodifenoate</i>	G		<i>norethindrone-mestrin</i>	ACA	
<i>levonorgestrel/my way/next dose</i>	ACA	QL	<i>norgestimate-ethynodifenoate</i>	ACA	
<b>Lo Loestrin FE</b>	PB		<i>norgestrel-ethynodifenoate</i>	ACA	
<b>Loestrin</b>	NF		<b>Nuvaring</b>	NF	QL
<b>Loestrin FE</b>	NF		<b>Nuvessa Vaginal Gel</b>	NF	
<b>LoSeasonique</b>	NF		<b>OB Complete</b>	NF	
<i>lyllana Dis</i>	G		<b>Ortho Micronor</b>	NF	
<b>Lysteda</b>	NF		<b>Ortho Novum</b>	NF	
<i>medroxy-progesterone acetate suspension IM</i>	ACA	QL	<b>Ortho Tri-Cyclen</b>	NF	
<i>medroxy-progesterone acetate tab</i>	LCG		<b>Ortho Tri-Cyclen Lo</b>	NF	
<i>melodetta chew 24 FE</i>	G		<b>Ortho-Cyclen</b>	NF	
<b>Menest</b>	NPD		<b>Ovidrel</b>	PB, SP	R
<b>Menopur</b>	NPD, SP	PA, QL, R	<b>Plan B One-Step</b>	NPD	QL
<b>Metrogel vaginal</b>	NF		<b>Premarin</b>	PB	
<i>metronidazole</i>	LCG		<i>Premarin vaginal cream</i>	PB	
<i>metronidazole vaginal gel</i>	G		<b>Premphase</b>	PB	
<i>mibelas 24 chew FE</i>	G		<b>Prempro</b>	PB	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>progesterone, micronized</i>	G		<b>Alphagan P</b>	NF	
<b>Prometrium</b>	NF		<b>Alrex</b>	NPD	PA
<b>Provera</b>	NF		<i>apraclonidine</i>	G	
<b>Quartette</b>	NF		<i>atropine sulfate</i>	G	
<i>raloxifene</i>	G		<i>azelastine HCL drops</i>	G	
<i>rivelsa tab</i>	G		<b>Azopt</b>	NF	
<b>Safyral</b>	NF		<i>bacitracin ophth</i>	G	
<b>Seasonique</b>	NF		<i>bacitracin/ polymyxin B ophth oint</i>	G	
<b>Slynd</b>	NF		<i>bepotastine</i>	G	
<b>Synarel</b>	NPD		<b>Bepreve Soln</b>	NF	
<i>tarina 24 FE tab</i>	G		<b>Besivance</b>	PB	
<b>Taytulla</b>	NF		<b>Betagan</b>	NF	
<i>terconazole cream</i>	G		<i>betaxolol</i>	G	
<i>tilia FE tab</i>	G		<b>Betimol</b>	NPD	
<i>tri-legest FE</i>	G		<b>Betoptic S</b>	NPD	PA
<b>Tri-Norinyl</b>	NF		<i>bimatoprost</i>	G	
<b>Twirla Dis</b>	NF	QL	<b>Bleph 10</b>	NF	
<b>Tyblume</b>	NPD		<b>Blephamide S.O.P. ointment</b>	NPD	
<i>tydemi tab</i>	G		<i>brimonidine sol 0.1%</i>	G	
<b>Vagifem</b>	NF		<i>brimonidine tartrate</i>	G	
<b>Vandazole</b>	NF		<i>brimonidine/ timolol soln 0.2-0.5%</i>	G	
<b>VCF Vaginal Gel 4%</b>	NPD		<i>bromfenac drops</i>	G	
<b>Vivelle Dot</b>	NF		<i>brinzolamide sus 1%</i>	G	
<b>Vyleesi</b>	NPD	PA, QL	<b>Bromsite sol 0.075%</b>	NPD	PA
<i>wymzya Fe tablet chewable</i>	G		<i>carteolol</i>	G	
<i>xulane</i>	ACA	QL	<b>Cequa Sol 0.09%</b>	NPD	PA, QL
<b>Yasmin</b>	NF		<b>Ciloxan Sol</b>	NF	
<b>YAZ</b>	NF		<i>ciprofloxacin</i>	G	
<i>yuvafem</i>	G		<b>Combigan soln 0.2-0.5%</b>	NF	
<b>Zafemy DIS</b>	ACA	QL			
<b>EYE MEDICATIONS</b>					
<b>Acular/Acular LS</b>	NF				
<b>Alcaine</b>	NF				
<b>Alocril</b>	NPD	PA			

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Cosopt</b>	NF		<b>Iopidine</b>	NF	
<i>cromolyn ophth</i>	G		<b>Isopto Carpine</b>	NF	
<b>Cyclogyl</b>	NF		<b>Istalol Drops</b>	NF	
<i>cyclopentolate HCl</i>	G		<b>Iyuzech Drops 0.005%</b>	NF	
<i>cyclosporine emulsion</i>	G	QL	<i>ketorolac ophth soln</i>	G	
<b>Cystadrops Soln</b>	NPD, SP	PA, QL	<b>Lastacaft Soln</b>	NPD	PA
<i>dexamethasone ophth</i>	G		<i>latanoprost</i>	G	
<b>Diamox Sequels</b>	NF		<i>levobunolol</i>	G	
<i>diclofenac soln 0.1% ophth</i>	G		<i>levofloxacin ophth soln</i>	G	
<i>difluprednate</i>	G		<b>Lotemax [SM]</b>	NF	
<i>dorzolamide HCl 2%</i>	G		<i>loteprednol susp</i>	G	
<i>dorzolamide-timolol</i>	G		<b>Lumigan</b>	PB	
<b>Durezol Emu</b>	NF		<b>Maxitrol</b>	NF	
<b>Elestat</b>	NF		<i>methazolamide</i>	G	
<i>epinastine HCl</i>	G		<b>Miebo Drops</b>	PB	
<i>erythromycin ethylsuccinate susp</i>	G		<b>Moxeza</b>	NF	
<i>erythromycin ophth oint</i>	G		<i>moxifloxacin ophthalmic soln</i>	G	
<b>Eysuvis Drop 0.25%</b>	NPD		<b>Mydriacyl</b>	NF	
<i>fluorometholone</i>	G		<i>neomycin/polymyxin B/dexamethasone</i>	G	
<i>flurbiprofen</i>	G		<b>Neosporin soln</b>	NF	
<b>FML Liquifilm suspension</b>	NF		<b>Nevanac Susp 0.1%</b>	NPD	PA
<i>gentak oint 0.3% OP</i>	NF		<b>Ocufen</b>	NF	
<i>gentamicin ophth</i>	G		<b>Ocuflax</b>	NF	
<b>Homatropaire sol 5% OP</b>	NPD		<i>ofloxacin</i>	G	
<i>homatropine ophthalmic</i>	LCG		<i>olopatadine hcl</i>	G	
<b>Ilevro Susp 0.3%</b>	NPD	PA	<b>Omnipred</b>	NF	
<b>Inveltys Susp</b>	NF		<b>Oxervate soln 200mcg/ml</b>	NPD, SP	PA, QL

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>polymyxin B/neo/gramicidin</i>	G		<i>trifluridine</i>	G	
<i>polymyxin B/trimethoprim soln</i>	G		<i>trimethoprim sulfate/polymyxin B</i>	G	
<b>Polytrim</b>	NF		<i>tropicamide</i>	LCG	
<b>Pred-Forte</b>	NF		<b>Trusopt</b>	NF	
<i>prednisolone acetate</i>	G		<b>Tyrvaya soln</b>	NPD	PA, QL
<i>prednisolone sodium phosphate</i>	LCG		<b>Upneeq Soln</b>	NPD	PA
<i>prednisolone/sodium sulfacetamide</i>	G		<b>Verkazia Emu 0.1%</b>	NF	QL
<b>Prolensa sol 0.07%</b>	PB		<b>Vevye Drops 0.1</b>	NF	
<i>proparacaine</i>	G		<b>Vigamox</b>	NF	
<b>Rescula</b>	NF		<b>Viroptic</b>	NF	
<b>Restasis Emulsion 0.05% Ophthalmic</b>	NF	QL	<b>Vuity Sol</b>	NPD	PA
<b>Restasis Multidose</b>	PB	QL	<b>Vyzulta Soln 0.024% OP</b>	NF	
<b>Rhopressa Soln 0.02%</b>	NPD		<b>Xalatan</b>	NF	
<b>Rocklatan Soln</b>	NPD		<b>Xdemvy Dro 0.25%</b>	NF	
<b>Simbrinza Susp 1-0.2%</b>	PB		<b>Xelpros Emulsion</b>	NF	
<i>sulfacetamide</i>	G		<b>Xiidra</b>	PB	
<i>tafluprost soln</i>	G		<b>Zerviate Drops 0.24%</b>	NPD	PA
<i>timolol ophth</i>	G		<b>Zioptan</b>	NF	
<b>Timoptic</b>	NF		<b>Zymaxid</b>	NF	
<b>Timoptic Ocudose</b>	NF		<b>ALLERGY, COUGH &amp; COLD, LUNG MEDS</b>		
<b>Timoptic XE</b>	NF		<b>Accolate</b>	NF	AL
<i>tobramycin ophthalmic</i>	LCG		<i>acetylcysteine</i>	G	
<i>tobramycin-dexamethasone</i>	G		<b>Advair Diskus</b>	NF	
<b>Tobrex</b>	NF		<b>Advair HFA</b>	PB	
<b>Travatan Z</b>	NF		<b>Aerospan</b>	NF	
<i>travoprost</i>	G		<b>AirDuo Dihaler</b>	NF	
			<b>AirDuo RespiClick</b>	NF	
			<b>Airsupra AER</b>	NPD	PA
			<i>albuterol AER HFA</i>	G	QL
			<i>albuterol sulfate er</i>	G	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>albuterol sulfate nebulizer soln, syrup, tab</i>	G		<i>clemastine syrup</i>	NPD	PA
<b>Alkindi Sprinkle</b>	NF		<i>clemastine tab</i>	G	
<b>Alvesco</b>	NF		<b>Combivent Respimat</b>	PB	
<b>Anoro Ellipta</b>	PB		<i>cromolyn sodium solution (oral,nasal, inhalation)</i>	G	
<i>arformoterol neb</i>	G		<i>cyproheptadine</i>	LCG	
<b>ArmonAir Digihaler</b>	NF		<b>Daliresp</b>	NF	
<b>ArmonAir RespiClick</b>	NF		<i>desloratadine</i>	G	
<b>Arnuity Ellipta</b>	PB		<b>Dexchlorpheniramine</b>	NF	
<b>Asmanex</b>	NF		<b>Duaklir</b>	NF	
<b>Asmanex HFA</b>	NF		<b>Dulera</b>	NF	
<b>Atrovent HFA</b>	PB		<b>Dymista</b>	NF	
<b>Auvi-Q 0.1mg</b>	NPD	AL, QL	<b>Elixophyllin Elixir</b>	NPD	
<b>Auvi-Q 0.15mg and 0.3mg</b>	NPD	PA, QL	<b>Epinephrine pen 0.15mg</b>	PB	QL
<i>azelastine/ fluticasone spray 137-50</i>	G	PA	<i>epinephrine pen 0.3mg</i>	G	QL
<b>Beconase AQ</b>	NF		<b>EpiPen</b>	NF	QL
<i>benzonatate</i>	LCG		<b>EpiPen Jr.</b>	NF	QL
<b>Bevespi Aerosphere</b>	NPD	PA	<b>Esbriet</b>	NF, SP	LDL
<i>bosentan</i>	G, SP	PA	<b>Filspari tab</b>	NPD, SP	PA, QL
<b>Breo Ellipta</b>	PB		<b>Flovent Diskus</b>	NF	
<b>Breyna AER</b>	NF		<b>Flovent HFA</b>	NF	(Bypass NF exception for members 5 years of age and under)
<b>Breztri Aerosphere</b>	PB		<i>flunisolide</i>	G	
<i>bromfed DM</i>	G		<b>Flutic/Vilan INH</b>	NF	
<b>Bronchitol Cap</b>	NPD, SP	PA	<b>Fluticasone AER</b>	NF	
<b>Brovana Neb</b>	NF		<b>Fluticasone HFA AER</b>	NF	(Bypass NF exception for members 5 years of age and under)
<i>budesonide susp.</i>	G		<i>fluticasone propionate nasal soln</i>	G	
<i>carbinoxamin</i>	G				
<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>Clarinex</b>	NF				
<b>Clarinex-D</b>	NF	AL			

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Fluticasone/ Salmeterol AER</b>	NF		<b>Nucala Soln</b>	PB, SP	PA
<i>fluticasone-salmeterol AER powder</i>	G		<b>Obredon</b>	NF	QL, 5DS, AL, MME
<i>formoterol neb</i>	G		<b>Odactra SL</b>	NPD	PA
<b>Grastek</b>	NPD	PA	<b>Ofev</b>	NPD, SP	PA
<b>Hycfenix</b>	NPD	QL, 5DS	<b>Oralair</b>	NPD	PA
<i>hydrocodone-cpm-phenylephrine</i>	G	QL, 5DS, AL, MME	<b>Palforzia cap/powder</b>	NPD, SP	PA
<i>hydrocodone-cpm-pseudoephedrine</i>	G	QL, 5DS, AL, MME	<b>Perforomist Neb</b>	NF	
<i>hydrocodone bit/homatrop syrup</i>	G	QL, 5DS, AL, MME	<i>pirfenidone</i>	G, SP	PA
<i>hydrocodone-chlorpheniramine susp</i>	G	QL, 5DS, AL, MME	<b>ProAir Digihaler</b>	NF	QL
<i>hydromet</i>	G	QL, 5DS, AL, MME	<b>ProAir HFA</b>	NPD	QL
<i>hydroxyzine HCL syrup</i>	G		<b>ProAir RespiClick</b>	NPD	QL
<i>hydroxyzine HCL tab</i>	LCG		<i>promethazine</i>	G	
<i>hydroxyzine pamoate</i>	LCG		<i>promethazine/codeine</i>	LCG	QL, 5DS, AL, MME
<b>HyperSal</b>	NPD		<i>promethazine/dextromethorphen</i>	G	
<b>Incruse Ellipta</b>	NF		<i>promethazine/phenylephrine</i>	G	
<i>ipratropium-albuterol</i>	G		<i>promethazine/phenylephrine/codeine</i>	G	QL, 5DS, AL, MME
<i>ipratropium inhalation soln</i>	G		<b>Proventil HFA</b>	NF	QL
<i>ipratropium nasal spray</i>	G		<b>Pulmicort Flexhaler</b>	PB	
<b>Kitabis Pak</b>	NF, SP	LDL	<b>Pulmicort Respules</b>	NF	
<b>Kuvan</b>	NF, SP		<b>Pulmozyme</b>	PB, SP	
<b>Levalbuterol tartrate HFA</b>	NPD	QL	<b>Qvar</b>	NF	
<i>levalbuterol nebulizer</i>	G		<b>Ragwitek</b>	NPD	PA
<b>Lonhala Magnair</b>	NPD	PA	<b>Rebetol</b>	NF, SP	
<i>metaproterenol</i>	G		<b>Rezira</b>	NF	QL, 5DS, AL, MME
<i>montelukast sodium</i>	LCG		<b>Rezurock</b>	NPD, SP	PA, QL
			<i>roflumilast</i>	G	
			<b>Ryclora</b>	NF	
			<b>Ryvent</b>	NF	
			<b>Seebri</b>	NF	
			<b>Semprex-D</b>	NF	QL

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Serevent Diskus</b>	PB		<b>Vituz</b>	NF	QL, 5DS, AL, MME
<b>Singulair</b>	NF		<b>VoSpire ER</b>	NF	
<i>sodium chloride inhalation</i>	LCG		<i>wixela inhub aer</i>	G	
<b>Spiriva</b>	PB		<b>Xhance</b>	NF	
<b>Stiolto Respimat</b>	PB		<b>Xolair Inj</b>	PB, SP	PA
<b>Striverdi Respimat Aer Solution</b>	PB		<b>Xopenex Nebulization Soln</b>	NF	
<b>Symbicort</b>	PB		<b>Xopenex HFA</b>	NF	QL
<b>Symdeko</b>	NF, SP		<b>Yupelri Soln</b>	NPD	PA
<b>Symjepi Inj</b>	NPD	QL	<b>Z-Tuss AC</b>	NF	QL, 5DS, AL, MME
<i>tadalafil (generic Adcirca)</i>	G, SP	PA	<i>zafirlukast</i>	G	AL
<i>tadalafil (generic Cialis)</i>	G	QL	<i>zileuton ER 600mg</i>	G	PA
<b>Tarpeyo</b>	NF	QL	<b>Zutripro</b>	NF	QL, 5DS, AL, MME
<i>terbutaline sulfate tablet</i>	G		<b>Zyflo 600mg</b>	NF	AL
<b>Tessalon Perles</b>	NF		<b>Zyflo CR 600mg</b>	NF	AL
<b>Tezspire Inj</b>	PB, SP	PA	<b>URINARY &amp; PROSTATE MEDS</b>		
<b>Theo-24</b>	PB		<b>Accrufer</b>	NF	
<i>theochron</i>	G		<i>alfuzosin</i>	G	
<i>theophylline extended release</i>	G		<b>Anaspaz</b>	NPD	
<i>theophylline soln</i>	G		<b>Avodart</b>	NF	AL
<b>Thiola [EC]</b>	NPD, SP		<i>bethanechol</i>	G	
<i>tiotropium bromide cap 18mcg</i>	NF		<b>Cardura</b>	NF	
<i>tiopronin</i>	G, SP		<b>Cardura XL</b>	NPD	PA
<b>Tracleer</b>	NF, SP	LLD	<b>Caverject</b>	PB	PA, QL
<b>Trelegy Ellipta</b>	PB		<b>Cialis</b>	NF	QL
<b>Tudorza Pressair</b>	NF		<i>darifenacin ER</i>	G	
<b>Tussicap</b>	NF	QL, 5DS, AL, MME	<b>Detrol</b>	NF	
<b>Tuxarin ER</b>	NF	QL, 5DS, AL, MME	<b>Detrol LA</b>	NF	
<b>Tuzistra XR</b>	NPD	QL, 5DS, AL, MME	<b>Ditropan XL</b>	NF	
<b>Utibron Neohaler</b>	NPD	PA	<i>doxazosin mesylate</i>	G	
<b>Ventolin HFA</b>	NF	QL	<i>dutasteride</i>	G	AL
<b>Vistaril</b>	NF		<i>dutasteride/tamsulosin hcl</i>	G	
			<b>Edex</b>	NPD	PA, QL
			<b>ED-Spaz</b>	NPD	
			<b>Elmiron</b>	NPD	PA
			<b>Enablex</b>	NF	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    5DS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>finasteride</i>	G	AL	<i>vardenafil</i>	G	PA, QL
<i>flavoxate</i>	G		<i>vardenafil ODT</i>	G	PA, QL
<b>Flomax</b>	NF		<b>Vesicare</b>	NF	
<b>Gelnique Gel</b>	NF		<b>Viagra</b>	NF	QL
<b>Gemtesa</b>	NF		<b>VITAMINS &amp; ELECTROLYTES</b>		
<i>hyoscyamine</i>	G		<b>Brand Prenatal vitamins</b>	NF	
<i>hyosyne</i>	G		<b>Buphenyl Powder/Tablet</b>	NF, SP	
<b>Jalyn</b>	NF		<b>Calciferol</b>	NPD	
<b>Levbid</b>	NPD		<i>cyanocobalamin spray</i>	G	PA
<b>Levitra</b>	NF	QL	<b>Dailyvite w/Zinc &amp; NephplexRx</b>	NPD	
<b>Levsin</b>	NPD		<b>Dojolvi Liq</b>	NPD	PA
<b>Muse</b>	PB	PA, QL	<b>Duzallo</b>	NPD	PA
<b>Myrbetriq</b>	PB		<i>ergocalciferol</i>	G	
<b>Nulev</b>	NPD		<i>fluoritab chew tab</i>	G	
<i>oscimin</i>	LCG		<b>Fosrenol chewable tab</b>	NF	
<i>oxybutynin tab [ER]</i>	G		<b>Jynarque</b>	NPD, SP	PA
<i>oxybutynin sol</i>	G		<b>K-Phos</b>	NF	
<i>oxybutynin syrup</i>	G		<b>K-Tab</b>	NF	
<b>Oxytrol Patch</b>	NPD	PA	<i>klor-Con</i>	G	
<i>phenazopyridine</i>	G		<i>lanthanum chewable tab</i>	G	
<b>Potassium citrate</b>	NF		<b>Lokelma Pak</b>	NPD	
<b>Proscar</b>	NF	AL	<b>Mephyton</b>	NF	
<b>Pyridium</b>	NF		<i>multivitamin with fluoride drops, tabs</i>	G	
<b>Rapaflo</b>	NF		<b>Nascobal</b>	NF	
<i>solifenacin</i>	G		<b>Nebusal Nebulization Solution</b>	NPD	
<b>Staxyn</b>	NF	QL	<b>Nestabs One</b>	NPD	PA
<b>Stendra</b>	NF	QL	<b>Phospho-trin tab K500</b>	NF	
<b>Symax</b>	NPD		<i>phytonadione</i>	G	
<i>tamsulosin</i>	G		<b>Pokonza Pow</b>	NF	
<i>terazosin</i>	G				
<i>tolterodine tartrate</i>	G				
<i>tolterodine tartrate LA</i>	G				
<i>trospium chloride</i>	G				
<b>Urecholine</b>	NF				
<b>Urocit-K</b>	NF				
<b>Uroxatral</b>	NF				

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium bicarbonate/potassium citrate effervescent</i>	G		<b>Depen Titratab</b>	PB, SP	
<i>potassium chloride</i>	G		<b>D-Penamine 125mg tablet</b>	NPD, SP	
<b>Pulmosal Nebulization Solution</b>	NPD		<i>dichlorphenate tab</i>	G, SP	PA
<b>Quflora</b>	NF		<b>Doptelet</b>	NPD, SP	PA
<b>Rayaldee</b>	NF		<b>Empaveli</b>	NPD, SP	PA
<i>sodium fluoride chew tab</i>	G		<b>Eohilia Sus</b>	NPD	PA
<i>sodium phenylbutyrate tab/powder</i>	G, SP	PA	<b>Ermeza Soln</b>	NF	
<b>SPS Suspension 15GM/60ml</b>	NPD		<b>Enspryng Inj</b>	NPD, SP	PA
<b>Tri-Vi-Flor, Poly-Vi-Flor with and without iron</b>	NPD		<b>Evrysdi Soln</b>	NPD, SP	PA
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>					
<b>Alvaiz Tab</b>	NPD, SP	PA	<b>Exjade</b>	NF	
<b>Arcalyst</b>	NPD, SP	PA	<b>Fabhalta</b>	NPD, SP	PA
<b>Bafiertam</b>	PB, SP		<b>Ferriprox</b>	NF	
<b>Berinert</b>	NPD, SP	PA	<b>Firazyr</b>	NPD, SP	PA, QL
<b>Cablivi Kit</b>	NPD, SP	QL	<b>Firdapse</b>	NPD, SP	PA
<i>calcium acetate</i>	G		<b>Galafold</b>	NPD, SP	PA, QL
<b>Carbaglu</b>	NF, SP		<i>ganirelix acetate soln</i>	G, SP	R
<i>carglumic</i>	G, SP	PA	<b>Haegarda</b>	NPD, SP	PA
<b>Cerdelga</b>	NPD, SP	PA	<i>icatibant inj</i>	G, SP	PA, QL
<b>Chemet</b>	PB		<b>Idelvion</b>	NF, SP	
<b>Chorionic gonadotropin</b>	NF, SP		<b>Jadenu Sprinkle</b>	NF	
<b>Cinryze</b>	NF, SP		<b>Jadenu Tab</b>	NF	
<i>clovique</i>	G, SP	PA	<b>Kesimpta Inj</b>	PB, SP	
<b>Cystadane</b>	NF, SP		<b>Keveyis</b>	NF, SP	
<b>Cystagon</b>	NPD, SP	PA	<i>kionex suspension</i>	G	
<i>deferasirox tab/granules</i>	G	PA	<b>Lucemyra</b>	NPD	PA, QL, Q/T
<i>deferiprone tab</i>	G	PA	<b>Metopirone</b>	NPD	

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Opfolda</b>	NPD, SP	
<b>Orfadin Cap/ Susp</b>	NPD, SP	PA
<b>Orladeyo Cap</b>	NPD, SP	PA
<b>Oxbryta</b>	NPD, SP	PA
<i>penicillamine capsule</i>	G, SP	PA
<i>penicillamine tablet</i>	G, SP	
<b>PhosLo</b>	NF	
<b>Phoslyra soln</b>	NPD	PA
<i>phospha</i>	G	
<b>Potaba</b>	NPD	
<i>pregnyl</i>	G, SP	
<b>Pyrukynd</b>	NPD, SP	PA
<b>Renagel</b>	NF	
<b>Renvela</b>	NF	
<b>Ridaura</b>	NPD, SP	
<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>sapropterin pow/ tab</i>	G, SP	PA
<i>sevelamer carbonate</i>	G	
<b>Siklos</b>	NPD	
<b>Strensiq</b>	NPD, SP	PA
<b>Sucraid Solution 8500 unit/ml</b>	NPD, SP	PA
<b>Syprine</b>	NF, SP	
<b>Takhzyro</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>Vowst</b>	NPD	PA, QL
<b>Xuriden</b>	NPD, SP	PA
<i>yargesa</i>	G, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Zavesca</b>	NF, SP	
<b>Zilbrysq Inj</b>	NPD, SP	PA
<b>Zokinvy</b>	NPD, SP	PA

**Bold type** = Brand Name Drug    *Lower case italic* = Generic drug

PA = Prior Authorization    QL = Quantity Limits Apply    SP = Specialty Drug    AL = Age Limit    LCG = Low Cost Generic

LDD = Limited Distribution Drug    SDS = Day Supply Limit    R = Requires Rider    NF = Non Formulary

G = Generic    Q/T = Quantity Over Time    PB = Preferred Brand    NPD = Non Preferred Drug    ACA = \$0 Preventative Drug

MME = Morphine Milligram Equivalent    + = Claim Dollar Limit

## 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 નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.  
1-800-275-2583 કોલ કરો.

**Vietnamese:** LUU 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:** త్త్వ పెట్టు డి: ఒకవేళ మీరు తెలుగు భాష మాట్లా దుతున్న .. ఖయితే, మీ కొరకు తెలుగు భాషాస్వాయక సేవలు ఉచితంగాలభిల్స ఏం 1-800-275-2583 (TTY: 711) కు కల 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:** देशन 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):**

ترجمه: 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 yánílti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh. Hódíílnih kojí' 1-800-275-2583.

**Urdu:**

ترجمہ 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 បុរាណខ្មែរ នៅ៖  
ជំនួយផ្ទុកភាសានឹងមានផ្តល់ផ្តល់លោកអ្នកដោយតត  
គិតថ្លែង ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Taglines as of 12/31/2022

## **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>.

Taglines as of 12/31/2022

# Index

## A

abacavir sulfate tab, soln, **15**  
abacavir sulfate/lamivudine, **15**  
abacavir/lamivudine/zidovudine, **15**  
Abilify, **22**  
Abilify Mycite, **22**  
Abilify Mycite Maintenance/Starter Pak, **22**  
abiraterone, **19**  
Abrilada Inj, **49**  
Absorica, **39**  
Absorica LD, **39**  
Abstral, **22**  
acamprosate DR tab, **22**  
Acanya, **39**  
acarbose, **44**  
Accolate, **58**  
Accrufer, **61**  
Accupril, **33**  
Accuretic, **33**  
accutane cap, **39**  
acebutolol, **33**  
acetaminophen w/codeine, **22**  
acetasol HC, acetic acid HC otic, **43**  
acetazolamide, **33**  
acetazolamide ER, **33**  
acetylcysteine, **58**  
Aciphex, **49**  
Aciphex Sprinkle, **49**  
acitretin, **39**  
Actemra SC, **51**  
Acticlate, **15**  
Actigall, **49**  
Actimmune, **33**  
Actiq, **22**  
Activella, **54**

Actonel, **51**  
Actos, **44**  
Acular/Acular LS, **56**  
acyclovir, **15, 39**  
acyclovir cream 5%, **15**  
acyclovir cream/oint, **39**  
Aczone, **39**  
Adalat CC, **33**  
Adalimu-Adaz Inj 40/0.4ml (Sandoz), **51**  
Adalimumab adbm, **51**  
Adalimumab fkjp, **51**  
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml, **51**  
Adalimumab-ADBM Crohns/UC/HS Starter, **51**  
Adalimumab-ADBM Psoriasis/Uveitis Starter, **51**  
Adapalene 0.1% lotion, **39**  
adapalene 0.3% gel, **39**  
adapalene cream, **39**  
Adapalene pad 0.1%, **39**  
adapalene-benzoyl-peroxide gel, **39**  
Adbry Inj 150mg/ml, **39**  
Adcirca, **33, 61**  
Adderall, **22**  
Adderall XR, **22**  
Addyi, **54**  
adefovir dipivoxil, **15**  
Adempas, **33**  
Adhansia XR Capsule, **22**  
Adipex-P, **22**  
Adlarity Dis, **23**  
Adlyxin, **44**  
Admelog, **44**  
Adthyza tab, **44**  
Advair Diskus, **58**  
Advair HFA, **58**

- Advate, **33**  
Adynovate, **33**  
Adzenys ER susp, **23**  
Adzenys XR-ODT, **23**  
Aemcolo DR, **15**  
Aerospan, **58**  
Afinitor, **19–20**  
Afrezza, **44**  
Afestyle, **33**  
Agamree Susp, **49**  
Aggrenox, **33**  
Agrylin, **33**  
Aimovig, **23**  
AirDuo Dihaler, **58**  
AirDuo RespiClick, **58**  
Airsupra AER, **58**  
Ajovy, **23**  
Akeega, **19**  
Aklef Cream 0.005%, **39**  
Aktipak, **39**  
ala-cort cream, **39**  
Ala-Scalp, **39**  
albendazole, **15**  
Albenza, **15**  
albuterol AER HFA, **58**  
albuterol sulfate er, **58**  
albuterol sulfate nebulizer soln, syrup, tab, **59**  
Alcaine, **56**  
alclometasone cream, ointment, **39**  
Aldactazide, **33**  
Aldactone, **33**  
Aldara, **39**  
Alecensa, **20**  
alendronate, **51**  
alfuzosin, **61**  
Alinia susp, **15**  
Alinia tab, **15**  
aliskiren, **33**  
Alkeran, **20**  
Alkindi Sprinkle, **59**  
allopurinol, **51**  
Allopurinol 200mg Tab, **51**  
Allzital 25-325mg, **23**  
almotriptan maleate, **23**  
Alocril, **56**  
Alogliptin benz/ metformin hcl, **44**  
Alogliptin benz/ pioglitazone, **44**  
Alogliptin benzoate, **44**  
Alora, **54**  
alosetron hcl, **51**  
Alphagan P, **56**  
Alphanate, **33**  
AlphaNine, **33**  
alprazolam, **23**  
alprazolam ER, **23**  
Alprolix, **33**  
Alrex, **56**  
Altabax, **15**  
Altace, **33**  
Altoprev ER, **33**  
Altreno lotion 0.05%, **39**  
Altuviiio Inj, **33**  
Alunbrig tab/pak, **20**  
Alvaiz Tab, **63**  
Alvesco, **59**  
amantadine, **23**  
Amaryl, **44**  
Ambien, **23**  
Ambien CR, **23**  
ambrisentan, **33**  
amcinonide, **39**  
Amerge, **23**  
Amicar, **33**  
amiloride, **33**  
amiloride/HCTZ, **33**  
aminocaproic acid, **33**  
amiodarone, **33**  
Amitiza, **49**  
amitriptyline, **23**  
Amjevit, **51**  
amlodipine, **33, 37**  
amlodipine besylate/olmesartan, **33**

- amlodipine/benazepril, **33**  
amlodipine/valsartan, **33**  
amlodipine/valsartan/HCTZ, **33**  
amoxapine, **23**  
amoxicill-clarithro-lansoprazole, **49**  
amoxicillin, **15**  
Amoxicillin 775mg, **15**  
amoxicillin/clavulanate, **15**  
amoxicillin/clavulanate extended-release, **15**  
amphetamine aspartate/amphetamine sulfate/dextroamphetamine, **23**  
amphetamine aspartate/amphetamine sulfate/dextroamphetamine ER, **23**  
Amphetamine ER suspension, **23**  
amphetamine tablet (generic Evekeo), **23**  
ampicillin, **15**  
Ampyra, **49**  
Amrix, **51**  
Amzeeq, **15**  
Anafranil, **23**  
anagrelide, **33**  
Anaprox DS, **51**  
Anaspaz, **61**  
anastrazole, **20**  
Ancobon, **15**  
Androderm patch, **44**  
Androgel 1%, **44**  
Androgel 1.62% Packet, Pump, **44**  
Angeliq, **54**  
Annovera Mis, **54**  
Anoro Ellipta, **59**  
Antabuse, **23**  
Antara, **33**  
Anusol-HC cream, **49**  
Apadaz, **23**  
Apexicon E, **39**  
Apidra, **44**  
Aplenzin, **23**  
Apo-Varenicline, **23**  
Apokyn Solution Cartridge 30mg/3ml, **23**  
apomorphine inj 30mg/3ml, **23**  
apraclonidine, **56**  
aprepitant, **49**  
Apriso, **49**  
Aptensio XR, **23**  
Aptom, **23**  
Arakoda, **15**  
Arava, **52**  
Arazlo lotion 0.045%, **39**  
Arcalyst, **63**  
arformoterol neb, **59**  
Aricept [ODT], **23**  
Arikayce Susp, **15**  
Arimidex, **20**  
ariPIPRAZOLE, **23**  
Arixtra, **33**  
armodafnil, **23**  
ArmonAir Digihaler, **59**  
ArmonAir RespiClick, **59**  
Armour Thyroid, **44**  
Arnuity Ellipta, **59**  
Aromasin, **20**  
Arthrotec, **52**  
Arymo ER, **23**  
Asacol HD, **49**  
asenapine sub, **23**  
Asmanex, **59**  
Asmanex HFA, **59**  
aspirin-dipyridamole er, **33**  
Aspruzyo Spr Gra, **33**  
Astepro, **43**  
Atacand, **33**  
Atacand HCT, **33**  
atazanavir, **15**  
Atelvia, **52**  
atenolol, **33**  
atenolol/chlorthalidone, **33**  
Ativan, **23**  
atomoxetine, **23**  
Atorvaliq Soln, **33**  
atorvastatin, **33, 35**  
atorvastatin/amlodipine, **33**

atovaquone, **15**  
atovaquone/proguanil, **15**  
Atralin, **39**  
Atripla, **15**  
atropine sulfate, **56**  
Atrovent HFA, **59**  
Aubagio, **23**  
Augmentin, **15**  
Augmentin XR, **15**  
Augtyro, **20**  
aurovela 24 FE 1/20, **54**  
Austedo [XR], **23**  
Auvelity, **23**  
Auvi-Q 0.1mg, **59**  
Auvi-Q 0.15mg and 0.3mg, **59**  
Avalide, **33**  
Avapro, **33**  
Aveed Soln 750mg/3ml Intramuscular, **44**  
Avelox, **15**  
avidoxy, **15**  
avita, **39**  
Avodart, **61**  
Avonex, **23**  
Axert, **23**  
Axiron, **44**  
Aygestin, **54**  
Aykavit, **20**  
Azasan, **20**  
azathioprine, **20**  
azelaic acid gel 15%, **39**  
azelastine, **43, 56, 59**  
azelastine HCL drops, **56**  
azelastine/fluticasone spray 137-50, **59**  
Azelex, **39**  
Azilect, **23**  
azithromycin, **15**  
Azopt, **56**  
Azor, **33**  
Azstarys, **23**  
Azulfidine, **49**

**B**

bacitracin ophth, **56**  
bacitracin/polymyxin B ophth oint, **56**  
baclofen, **52**  
Baclofen soln, **52**  
baclofen susp 25mg/5ml, **52**  
Bactrim, Bactrim DS, **15**  
Bactroban nasal oint, **43**  
Bafiertam, **44, 63**  
Bafiertam DR Cap, **44**  
Balcoltra, **54**  
balsalazide, **49**  
Balversa, **20**  
Banzel Susp, **23**  
Banzel Tab, **23**  
Baqsimi, **44**  
Baraclude, **15**  
Basaglar, **44**  
Baxdela, **15**  
Bebulin, **33**  
Beconase AQ, **59**  
Belbuca, **23**  
Belsomra, **23**  
Belviq [XR], **23**  
benazepril, **33**  
benazepril/HCTZ, **33**  
BeneFIX, **33**  
Benicar, **33**  
Benicar HCT, **33**  
Benlysta, **20**  
Bentyl, **49**  
Benzacllin, **39**  
Benzamycin gel, **39**  
Benzamycinpak, **39**  
Benzhydrocodone-acetaminophen, **23**  
Benznidazole, **15**  
benzonataate, **59**  
benzoyl peroxide/erythromycin, **39**  
benzphetamine, **23**

- benztropine, **23**  
bepotastine, **56**  
Bepreve Soln, **56**  
Berinert, **63**  
beser lotion 0.05%, **39**  
Besivance, **56**  
Besremi Sol, **20**  
Betagan, **56**  
betaine powder, **44**  
betamethasone dipropionate, **39**  
betamethasone valerate, **39**  
betamethasone/clotrimazole, **39**  
Betapace AF, **33**  
Betaseron, **23**  
betaxolol, **33, 56**  
bethanechol, **61**  
Bethkis, **15**  
Betimol, **56**  
Betoptic S, **56**  
Bevespi Aerosphere, **59**  
Bevyxxa, **33**  
Bexagliflozin, **44**  
bexarotene, **20**  
Beyaz, **54**  
Biaxin, **15**  
bicalutamide, **20**  
Bidil, **33**  
Bijuva, **54**  
Biktarvy, **15**  
Biltricide, **15**  
bimatoprost, **56**  
Bimzelx Inj, **39**  
Binosto, **52**  
bismuth/metronidazole/tetracycline, **49**  
bisoprolol, **33**  
bisoprolol/HCTZ, **33**  
Bleph 10, **56**  
Blephamide S.O.P. ointment, **56**  
blisovi 24 FE 1/20, **54**  
Boniva, **52**  
Bonjesta, **49**  
bosentan, **59**  
Bosulif, **20**  
Braftovi, **20**  
Brand Prenatal vitamins, **62**  
Bravelle, **54**  
Breeze2 Glucometer, **44**  
Breeze2 Test Strips, **44**  
Brenzavvy, **44**  
Breo Ellipta, **59**  
Brevicon, **54**  
Brexafemme, **15**  
Breyna AER, **59**  
Breztri Aerosphere, **59**  
brimonidine gel 0.33%, **39**  
brimonidine sol 0.1%, **56**  
brimonidine tartrate, **56**  
brimonidine/timolol soln 0.2-0.5%, **56**  
brinzolamide sus 1%, **56**  
Brisdelle cap, **23**  
Briviact suspension, **23**  
Briviact tablet, **23**  
bromfed DM, **59**  
bromfenac drops, **56**  
Bromocriptine mesylate, **23**  
Bromsite sol 0.075%, **56**  
Bronchitol Cap, **59**  
Brovana Neb, **59**  
Brukinsa, **20**  
Bryhali lotion 0.01%, **39**  
budesonide ER tablet, **49**  
budesonide susp., **59**  
Budesonide-formoterol, **49**  
bumetanide, **33**  
Bunavail, **23**  
Buphenyl Powder/Tablet, **62**  
buprenorphine hcl/naloxone hcl, **23**  
buprenorphine patch, **23**  
buprenorphine SL, **24**  
bupropion, **24**  
bupropion ER 150mg, **24**  
Bupropion ER 450mg, **24**

bupropion SR, **24**  
bupropion XL, **24**  
buspirone, **24**  
Butal/Apap Tab 25-325mg, **24**  
Butalbital-acetaminophen 25-300mg, **24**  
butalbital/apap/caffeine, **24**  
butalbital/apap/caffeine/codeine, **24**  
butalbital/aspirin/caffeine/codeine, **24**  
butorphanol tartrate nasal, **24**  
Butrans, **24**  
Bydureon, **44**  
Byetta, **44**  
Bylvay, **49**  
Bynfezia Pen, **44**  
Bystolic, **33**  
Byvalson, **33**

## C

Cablivi Kit, **63**  
Cabometyx, **20**  
Cabtreo Gel, **39**  
Caduet, **33**  
Cafergot, **24**  
Calan, **33**  
Calan SR, **33**  
Calciferol, **62**  
calcipotriene cream, **39**  
Calcipotriene foam, **39**  
calcipotriene-betamethasone dp oint, **39**  
calcipotriene-betamethasone dp susp, **39**  
calcitonin-salmon (rDNA origin) nasal spray, **52**  
calcitonin-salmon inj, **52**  
calcitriol capsules, **44**  
calcitriol ointment, **39**  
calcium acetate, **63**  
Calquence, **20**  
Cambia Packet, **24**  
Camzyos, **34**  
Canasa supp, **49**

candesartan, **34**  
candesartan/hydrochlorothiazide, **34**  
Capcof Syrup, **24**  
capecitabine, **20**  
Capex, **40**  
Caplyta, **24**  
Caprelsa, **20**  
captopril, **34**  
captopril/HCTZ, **34**  
Carac, **40**  
Carafate susp, **49**  
Carafate tabs, **49**  
Carbaglu, **63**  
carbamazepine, **24**  
carbamazepine susp, **24**  
carbamazepine XR, **24**  
Carbatrol, **24**  
carbidopa, **24**  
carbidopa/levodopa, **24**  
carbidopa/levodopa ER, **24**  
carbidopa/levodopa ODT, **24**  
carbidopa/levodopa/entacapone, **24**  
carbinoxamin, **59**  
Cardizem, **34**  
Cardizem CD, **34**  
Cardizem LA, **34**  
Cardura, **61**  
Cardura XL, **61**  
carglumic, **63**  
carisoprodol, **52**  
carisoprodol-aspirin-codeine, **24**  
Carnitor, **44**  
Carospir, **34**  
carteolol, **56**  
cartia XT, **34**  
carvedilol, **34**  
carvedilol ER, **34**  
Casodex, **20**  
Cataflam, **24**  
Catapres tablets, **34**  
Catapres-TTS, **34**

- Caverject, **61**  
Cayston, **59**  
cefaclor, **15**  
cefaclor ER, **15**  
cefadroxil, **15**  
cefdinir, **15**  
cefixime susp/cap, **15**  
ceftibuten, **15**  
Ceftin, **15**  
cefuroxime axetil, **15**  
Celebrex, **52**  
celecoxib, **52**  
Celexa, **24**  
Cellcept, **20**  
Celontin, **24**  
Cenestin, **54**  
Centany ointment 2%, **40**  
cephalexin, **15**  
Cequa Sol 0.09%, **56**  
Cerdelga, **63**  
Cetralax, **43**  
cetrorelix inj, **54**  
Cetrotide Kit, **44**  
cevimeline hcl, **43**  
Chantix, **24**  
charlotte 24 chew FE 1/20, **54**  
Chemet, **63**  
Chenodal, **49**  
cheratussin AC, **59**  
cheratussin DAC, **59**  
chlordiazepoxide, **24, 49**  
chlordiazepoxide/, **49**  
chlorhexidine gluconate soln, **15**  
chloroquine phosphate, **15**  
chlorothiazide, **34**  
chlorpromazine HCl, **24**  
chlorthalidone, **33–34**  
chlorzoxazone 375mg, 500mg, 750mg, **52**  
Cholbam, **49**  
cholestyramine, **34**  
cholestyramine light, **34**  
Chorionic gonadotropin, **63**  
Cialis, **61**  
Cibinquo Tab, **40**  
ciclopirox 0.77% cream, **40**  
ciclopirox 8% solution, **40**  
ciclopirox cream, gel, shampoo, suspension, **40**  
cilostazol, **34**  
Ciloxan Sol, **56**  
Cimduo, **15**  
cimetidine, **49**  
Cimzia, **52**  
cinacalcet, **44**  
Cinryze, **63**  
Cipro, **15**  
Cipro XR, **15**  
Ciprodex, **43**  
ciprofloxacin, **15, 43, 56**  
ciprofloxacin, **15, 43, 56**  
ciprofloxacin ER tabs, **15**  
ciprofloxacin-dexamethasone otic sus, **43**  
Ciprofloxacin-fluocinolone PF otic soln, **43**  
citalopram, **24**  
Citalopram 30mg Cap, **24**  
Clarinex, **59**  
Clarinex-D, **59**  
clarithromycin, **15**  
clarithromycin ER, **15**  
clemastine syrup, **59**  
clemastine tab, **59**  
Clenpiq, **49**  
Cleocin, **15, 40, 54**  
Cleocin T, **40**  
Cleocin vaginal, **54**  
clidinium, **49**  
Climara patch, **54**  
Clindagel, **40**  
clindamycin, clindamycin cream,  
clindamycin-benzoyl peroxide gel [w/pump],  
**40**  
Clindamycin/ benzoyl peroxide 1-5%, **40**  
clindamycin/tretinoin gel, **40**

- Clindesse Vaginal, **54**  
clobazam, **24**  
clobazam susp, **24**  
clobetasol cream, ointment, solution, **40**  
Clobex, **40**  
Clocortolone pivalate, **40**  
clodan, **40**  
Cloderm, **40**  
clomiphene citrate, **54**  
clomipramine HCl, **24**  
clonazepam, **24**  
clonidine ER 12 HR tab, **34**  
Clonidine ER 24HR tab, **34**  
clonidine IR tablet, **34**  
clonidine patches, **34**  
clopidogrel, **34**  
clorazepate dipotassium, **24**  
clotrimazole troches, **15**  
clovique, **63**  
clozapine, **24**  
clozapine ODT, **24**  
Clozaril, **24**  
Coagadex, **34**  
codeine tabs, **24**  
coditussin AC liquid, **24**  
Colazal, **49**  
colchicine 0.6mg cap, **52**  
colchicine 0.6mg tab, **52**  
colchicine/probenecid, **52**  
Colcrys, **52**  
colesevelam, **34**  
Colestid, **34**  
colestipol HCl, **34**  
cocolcort, **49**  
Combigan soln 0.2-0.5%, **56**  
Combivent Respimat, **59**  
Combivir, **15**  
Cometriq, **20**  
Complera, **15**  
Comtan, **24**  
Concerta, **24**  
Condylox, **40**  
Conjupri, **34**  
Contour Glucometers, **44**  
Contour Next Test Strips, **44**  
Contour Test Strips, **44**  
Contrave ER, **24**  
Conzip, **24**  
Copaxone, **24**  
Copiktra, **20**  
Cordran, **40**  
Coreg, **34**  
Coreg CR, **34**  
Corgard, **34**  
Corifact, **34**  
Corlanor, **34**  
cortane B otic drops, **43**  
Cortef, **44**  
Cortisone tab, **44**  
Corzide, **34**  
Cosentyx, **40**  
Cosopt, **57**  
Cotellic, **20**  
Cotempla XR-ODT, **24**  
Coumadin, **34**  
Coxanto, **24**  
Cozaar, **34**  
Creon, **49**  
Cresemba, **15**  
Crestor, **34**  
Crinone Gel, **54**  
Crixivan, **16**  
cromolyn ophth, **57**  
cromolyn sodium solution (oral,nasal,  
  inhalation), **59**  
Crotan, **40**  
Cuprimine, **52**  
Cutivate, **40**  
Cuvposa, **49**  
Cuvrior, **49**  
cyanocobalamin spray, **62**  
Cyckessa, **54**

cyclobenzaprine, **52**

Cyclobenzaprine ER, **52**

Cyclogyl, **57**

cyclopentolate HCl, **57**

cyclophosphamide caps, **20**

Cyclophosphamide tabs, **20**

cyclosporine, **20, 57**

cyclosporine emulsion, **57**

Cyltezo Inj, **49**

Cymbalta, **24**

cyproheptadine, **59**

Cystadane, **63**

Cystadrops Soln, **57**

Cystagon, **63**

Cystaran Soln 0.44%, **40**

Cytomel, **44**

Cytotec, **49**

Cytoxan, **20**

## D

D-Penamine 125mg tablet, **63**

D.H.E.45, **25**

dabigatran cap, **34**

Dailyvite w/Zinc & NephplexRx, **62**

Daklinza, **16**

dalfampridin ER, **49**

Daliresp, **59**

danazol, **20, 44**

Danocrine, **20**

Dantrium, **24, 52**

dantrolene, **24, 52**

Dapagliflozin Pro-metformin ER 10-1000mg,  
5-1000mg tablet, **20**

Dapagliflozin propanediol 5mg, 10mg tablet,  
**20**

dapsone gel 5%, **40**

dapsone gel 7.5%, **40**

dapsone tablet, **16**

Daraprim Tab, **16**

darifenacin ER, **61**

Dartisla ODT, **52**

darunavir, **16**

Daurismo, **20**

Daxbia, **16**

Daybue Soln, **24**

Daypro, **24**

Daytrana, **24**

Dayvigo, **24**

DDAVP, **44**

deferasirox tab/granules, **63**

deferiprone tab, **63**

deflazacort tab, **44**

Degludec Flextouch Inj, **44**

Delatesterol, **44**

Delestrogen Oil Intramuscular, **45**

Delstrigo, **16**

Deltasone, **20**

Delzicol, **49**

Demadex, **34**

demeclocycline, **16**

Demerol, **25**

Demser, **45**

Denavir, **40**

Depakene, **25**

Depakote, **25**

Depakote ER, **25**

Depakote Sprinkle Caps, **25**

Depen Titratab, **63**

Depo SubQ Provera, **54**

Depo-Estradiol Oil 5mg/ml Intramuscular, **45**

Depo-Provera, **54**

Depo-Testosterone Solution 100mg/ml,  
200mg/ml, **45**

Derma-Smoothe FS, **40**

Dermatop, **40**

Dermotic, **43**

Descovy, **16**

desipramine, **25**

desloratadine, **59**

desmopressin acetate, **45**

- Desmopressin Nasal Soln, **45**  
 Desogen, **54**  
 desogestrel-ethinyl estradiol, **54**  
 Desonate, **40**  
 desonide gel 0.05%, **40**  
 Desowen, **40**  
 desoximetasone cream, gel, ointment, **40**  
 Desoxyn, **25**  
 desrx gel 0.05%, **40**  
 Desvenlafaxine ER 24HR, **25**  
 desvenlafaxine succinate ER, **25**  
 Detrol, **61**  
 Detrol LA, **61**  
 Dexabliss, **45**  
 dexamethasone, **45, 57**  
 dexamethasone ophth, **57**  
 dexamethasone pak, 6-day, 10-day, 13-day,  
**45**  
 Dexchlorphen- iramine, **59**  
 Dexcom Continuous Glucose Monitor G7, G6,  
 G5, G4 Sensors, **45**  
 Dexcom Continuous Glucose Monitor Receiver,  
**45**  
 Dexcom Continuous Glucose Monitor  
 Transmitter, **45**  
 Dexedrine caps, **25**  
 Dexilant DR, **49**  
 dexlansoprazole DR cap, **49**  
 dexmethylphenidate ER, **25**  
 dexmethylphenidate hcl, **25**  
 Dexpak pak, **45**  
 dextroamphetamine, **23, 25**  
 dextroamphetamine ER, **23, 25**  
 Dhivy, **25**  
 Diacomit, **25**  
 Diamox Sequels, **57**  
 Diastat, **25**  
 diazepam solution, **25**  
 diazepam tabs, **25**  
 diazoxide suspension 50mg/ml, **45**  
 Dibenzyline, **34**  
 dichlorphenate tab, **63**  
 Diclegis, **49**  
 diclofenac cap 25mg, **25**  
 Diclofenac cap 35mg, **25**  
 Diclofenac epolamine 1.3% transdermal, **52**  
 diclofenac potassium, **25, 52**  
 diclofenac powder, **25**  
 diclofenac sodium, **25, 40, 52**  
 diclofenac sodium DR, **52**  
 diclofenac sodium ER, **52**  
 diclofenac sodium gel 1%, **25**  
 diclofenac sodium gel 3%, **40**  
 diclofenac sodium soln 1.5%, **52**  
 diclofenac sodium soln 2%, **52**  
 diclofenac soln 0.1% ophth, **57**  
 diclofenac/misoprostol, **52**  
 dicloxacillin, **16**  
 dicyclomine, **49**  
 didanosine, **16**  
 diethylpropion HCL, **25**  
 Differin 0.1% cream, **40**  
 Differin 0.1% lotion, **40**  
 Differin 0.3% gel, **40**  
 Difidid Tab/Susp, **16**  
 Diflorasone diacetate, **40**  
 Diflucan, **16, 54**  
 diflunisal, **25**  
 difluprednate, **57**  
 digitek, **34**  
 digox, **34**  
 digoxin, **34**  
 dihydrocodeine/APAP/caff, **25**  
 dihydrocodeine/aspirin/caffeine, **25**  
 dihydroergotamine inj, **25**  
 dihydroergotamine mesylate nasal spray, **25**  
 Dilantin chewable tablets, **25**  
 Dilaudid, **25**  
 dilt-CD, **34**  
 diltiazem HCl, **34**  
 diltiazem HCl CD, **34**  
 diltiazem HCl ER, **34**

- diltiazem HCl LA, **34**  
diltiazem HCl SR, **34**  
diltzac ER, **34**  
dimethyl fumarate DR cap, **25**  
Diovan, **34**  
Diovan HCT, **34**  
diphenoxylate HCl/atropine, **49**  
Diprolene, Diprolene AF, **40**  
dipyridamole, **34**  
disopyramide, **34**  
disulfiram, **25**  
Ditropan XL, **61**  
divalproex sodium, **25**  
divalproex sodium ER, **25**  
divalproex sprinkle cap, **25**  
Divigel, **54**  
dofetilide, **34**  
Dojolvi Liq, **62**  
Dolophine, **25**  
donepezil hydrochloride, **25**  
Doptelet, **63**  
Doral, **25**  
Doryx 50mg tablet, **16**  
Doryx 200mg tablet, **16**  
Doryx MPC Tab 60mg, **16**  
dorzolamide HCl 2%, **57**  
dorzolamide-timolol, **57**  
Dovato, **16**  
Dovonex cream, **40**  
doxazosin mesylate, **34, 61**  
doxepin capsule, **25**  
doxepin cream 5%, **40**  
doxepin HCL con 10mg/ml, **25**  
doxepin tablet, **25**  
doxercalciferol, **45**  
Doxycycline DR 40mg, **16**  
Doxycycline hyclate DR 80mg, **16**  
Doxycycline hyclate tab 50mg, **16**  
Doxycycline hyclate tab 75mg, 150mg, **16**  
Doxycycline hyclate tab DR 50mg, 100mg, **16**  
Doxycycline hyclate tab DR 200mg, **16**  
doxycycline monohydrate cap 50mg, 100mg, **16**  
Doxycycline monohydrate cap 75mg, 150mg, **16**  
Doxycycline monohydrate tab 150mg, **16**  
doxylamine-pyridoxine, **49**  
Drizalma Sprinkle, **25**  
dronabinol, **49**  
drospirenone-ethynodiol, **54**  
droxidopa, **34**  
Duac, **40**  
Duaklir, **59**  
Duetact, **45**  
Dulera, **59**  
duloxetine, **25**  
Duobrii Lotion, **40**  
Dupixent, **40**  
Duragesic patch, **25**  
Durezol Emu, **57**  
Durlaza, **34**  
dutasteride, **61**  
dutasteride/tamsulosin hcl, **61**  
Dutoprol, **34**  
Duzallo, **62**  
Dxevo 11-Day Therapy Pack 1.5mg, **45**  
Dyanavel XR, **25**  
Dyazide, **34**  
Dymista, **59**  
Dyrenium, **34**

**E**

- E.E.S. 400mg tab, **16**  
EC-Naprosyn, **52**  
econazole, **40**  
Ecoza, **40**  
ED-Spaz, **61**  
Edarbi, **34**  
Edarbyclor, **34**  
Edecrin, **34**

- Edex, **61**  
Edluar SL tab, **25**  
Edurant, **16**  
efavirenz, **16**  
efavirenz-emtricitab-tenofovir tab, **16**  
efavirenz-lamivudine-tenofovir tab, **16**  
Effexor XR, **25**  
Effient, **34**  
Efudex cream, **40**  
Egaten 250mg tablet, **16**  
Eldepryl, **25**  
Elepsia XR, **25**  
Elestat, **57**  
eletriptan, **25**  
Elidel, **40**  
Elimite, **40**  
Eliquis, **34**  
Elixophyllin Elixir, **59**  
Elmiron, **61**  
Elocon, **40**  
Eloctate, **34**  
eluryng mis, **54**  
Elyxyb, **25**  
Embeda, **25**  
Emcyt, **20**  
Emend, **49**  
Emflaza, **45**  
Emgality (300mg Dose) Prefilled Pen 100mg/ml, **26**  
Emgality Prefilled Pen/Auto-Injector 120mg/ml, **26**  
Empaveli, **63**  
emtricitabine cap, **16**  
emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg, **16**  
emtricitabine-tenofovir disoproxil fumarate tab 200-300mg, **16**  
Emtriva, **16**  
Emverm, **16, 49**  
Enablex, **61**  
enalapril, **34**  
enalapril solution, **34**  
enalapril/HCTZ, **34**  
Enbrel, **52**  
Endari powder, **49**  
endocet, **26**  
Endometrin Insert Vagina, **54**  
enoxaparin, **35**  
Enspryng Inj, **63**  
Enstilar, **40**  
entacapone, **24, 26**  
Entadfi, **35**  
entecavir, **16**  
Entocort EC, **49**  
Entresto, **35**  
Entyvio Inj, **49**  
Eohilia Sus, **63**  
Epaned Sol 1mg/ml, **35**  
Epclusa, **16**  
Epidiolex Soln, **26**  
Epiduo, **40**  
Epiduo Forte gel, **40**  
epinastine HCl, **57**  
epinephrine pen 0.3mg, **59**  
Epinephrine pen 0.15mg, **59**  
EpiPen, **59**  
EpiPen Jr., **59**  
Epivir HBV Soln, **16**  
Epivir HBV Tab, **16**  
Epivir Tab, **16**  
eplerenone, **35**  
Eprontia soln, **26**  
eprosartan, **35**  
Epsolay, **40**  
Epzicom, **16**  
ergocalciferol, **62**  
ergotamine tartrate/caffeine, **26**  
Erivedge, **20**  
Erleada, **20**  
erlotinib, **20**  
Ermeza Soln, **63**  
Ertaczo, **40**

Ery-Tab, **16**  
Erygel, **40**  
EryPed 400mg/5ml Susp, **16**  
Erythrocin, **16**  
erythromycin delayed release, **16**  
erythromycin ethylsuccinate, **16, 57**  
erythromycin ethylsuccinate susp, **57**  
erythromycin gel, soln, swabs, **41**  
erythromycin ophth oint, **57**  
erythromycin stearate, **17**  
Esbriet, **59**  
escitalopram, **26**  
Esgic cap/tab, **26**  
esomeprazole, **49**  
esomeprazole granules, **49**  
Esomeprazole strontium, **49**  
Esperoc, **35**  
estazolam, **26**  
Estrace, **54**  
estradiol, **45, 54–55**  
estradiol cream 0.01%, **54**  
estradiol transdermal, **54**  
estradiol valerate oil intramuscular, **45**  
Estring, **54**  
estropipate, **54**  
Estrostep FE, **54**  
eszopiclone, **26**  
ethacrynic acid, **35**  
ethambutol, **17**  
ethosuximide, **26**  
etidronate disodium, **52**  
etodolac, **26, 52**  
etoposide, **20**  
etravirine, **17**  
Eucrisa, **41**  
Eulexin, **20**  
Eurax, **41**  
euthyrox, **45**  
Evekeo [ODT], **26**  
everolimus (generic for Afinitor), **20**  
everolimus (generic for Zortress), **20**

Eversense E3 Sensor, **45**  
Eversense E3 Transmitter, **45**  
Evista, **52, 54**  
Evoclin, **41**  
Exoxac, **43**  
Evrysdi Soln, **63**  
Evzio, **26**  
Exalgo ER, **26**  
Exelderm, **41**  
Exelon, **26**  
exemestane, **20**  
Exforge, **35**  
Exforge HCT, **35**  
Exjade, **63**  
Exkivity, **20**  
Exservan Mis, **26**  
Extavia, **26**  
Extina, **41**  
Eysuvis Drop 0.25%, **57**  
ezetimibe, **35**  
Ezetimibe/atorvastatin, **35**  
Ezetimibe/rosuvastatin, **35**  
ezetimibe/simvastatin, **35**  
Ezzalor Sprinkle Cap, **35**

## F

Fabhalta, **63**  
Fabior, **41**  
famciclovir, **17**  
famotidine 40mg tab, suspension, **49**  
Fanapt, **26**  
Fareston, **20**  
Farxiga, **45**  
Farydak, **20**  
Fasenra, **41**  
fayosim tab, **54**  
Fazaclo, **26**  
febuxostat, **52**  
Feiba, **35**

- felbamate, **26**  
Felbatol, **26**  
Feldene, **26, 52**  
felodipine ER, **35**  
Femara, **20**  
Femcon FE, **54**  
FemHRT, **54**  
Femring, **54**  
fenofibrate, **35**  
Fenofibrate micronized cap 30mg, 90mg, **35**  
fenofibrate nanocrystallized, **35**  
fenofibric acid, **35**  
Fenoglide, **35**  
Fenoprofen calcium, **26, 52**  
fenoprofen calcium, **26, 52**  
Fenortho, **52**  
fentanyl citrate OTFC, **26**  
Fentanyl citrate tablet, **26**  
Fentora, **26**  
Ferriprox, **63**  
fesoterodine tab ER, **52**  
Fetzima, **26**  
Fexmid, **52**  
Fiasp, **45**  
Fibracor, **35**  
Filspari tab, **59**  
Filsuvez Gel 10%, **41**  
Finacea, **41**  
finasteride, **62**  
 fingolimod, **26**  
Fintepla sol, **26**  
finzala chew FE 1/20, **54**  
Fioricet, **26**  
Fioricet with codeine, **26**  
Fiorinal with codeine, **26**  
Firazyr, **63**  
Firdapse, **63**  
Firvanq Soln, **17**  
Flagyl, **17**  
flavoxate, **62**  
flecainide, **35**  
Flector Patch, **52**  
Fleqsuvy Susp 25mg/5ml, **52**  
Flolipid susp, **35**  
Flomax, **62**  
Flovent Diskus, **59**  
Flovent HFA, **59**  
fluconazole suspension, **17**  
fluconazole tabs, **17**  
flucytosine, **17**  
fludrocortisone acetate, **45**  
Flumadine, **17**  
flunisolide, **59**  
fluocinolone acetonide cream, soln, oil, **41**  
fluocinolone acetonide oil, **43**  
fluocinonide gel, **41**  
fluocinonide ointment, **41**  
fluoritab chew tab, **62**  
fluorometholone, **57**  
Fluorouracil cream 0.5%, **41**  
fluorouracil solution 2%, **41**  
fluoxetine, **26, 29**  
fluoxetine 10mg, 20mg, 40mg, **26**  
fluoxetine soln, **26**  
fluphenazine, **26**  
Flurandrenolide cream, lotn, oint, **41**  
flurazepam, **26**  
flurbiprofen, **26, 52, 57**  
flutamide, **20**  
Flutic/Vilan INH, **59**  
Fluticasone AER, **59**  
Fluticasone HFA AER, **59**  
fluticasone propionate cream, lotn, oint, **41**  
fluticasone propionate nasal soln, **59**  
fluticasone-salmeterol AER powder, **60**  
Fluticasone/Salmeterol AER, **60**  
fluvastatin sodium, **35**  
fluvoxamine, **26**  
fluvoxamine ER, **26**  
FML Liquifilm suspension, **57**  
Focalin, **26**  
Focalin XR, **26**

- Follistim AQ, **54**  
fondaparinux, **35**  
ForFivo XL, **26**  
formoterol neb, **60**  
Fortamet, **45**  
Forteo, **45**  
Fortesta, **45**  
Fosamax, **52**  
Fosamax Plus D, **52**  
fosamprenavir calcium tab, **17**  
fosfomycin pow, **17**  
foshinopril, **35**  
foshinopril/HCTZ, **35**  
Fosrenol chewable tab, **62**  
Fotivda, **20**  
Fragmin, **35**  
Freestyle Glucometer, **45**  
Freestyle InsuLinx Test Strips, **45**  
FreeStyle Libre Reader, Sensor, Reader Device, **45**  
Freestyle Lite Test Strips, **45**  
Freestyle Test Strips, **45**  
Frova, **26**  
Frovatriptan succinate, **26**  
Fruzaqla, **20**  
Euroscix Kit 80mg/10ml, **35**  
furosemide solution, **35**  
furosemide tabs, **35**  
Fuzeon, **17**  
Fycompa, **26**
- G**
- gabapentin, **26**  
gabapentin soln, **26**  
gabapentin tab, **26**  
Gabitril, **26**  
Galafold, **63**  
galantamine, **26**  
galantamine ER, **26**
- ganirelix acetate soln, **63**  
Gastrocrom, **49**  
Gattex, **49**  
Gavreto, **20**  
gefitinib, **20**  
Gelnique Gel, **62**  
gemfibrozil, **35**  
Gemmily cap 1/20, **55**  
Gemtesa, **62**  
Generess FE, **55**  
Genotropin, **45**  
gentak oint 0.3% OP, **57**  
gentamicin ophth, **57**  
gentamicin topical cream, ointment, **41**  
Geodon, **26**  
Gilenya, **26**  
Gilotrif, **20**  
Gimoti Spray, **49**  
glatiramer acetate, **26**  
glatopa, **26**  
Gleevec, **20**  
Gleostine, **20**  
glimepiride, **45, 47**  
glipizide ER, **45**  
glipizide tab, **45**  
glipizide XL, **45**  
Gloperba Soln, **52**  
Glucagen Hypokit, **45**  
glucagon emergency kit (generic), **45**  
Glucagon Emergency Kit (Lilly), **45**  
Glucophage, **45–46**  
Glucophage XR, **45–46**  
Glucotrol, **45**  
Glucotrol XL, **45**  
Glucovance, **46**  
glyburide, **46–47**  
glyburide micronized, **46**  
glycopyrrolate oral solution 1mg/5ml, **52**  
glycopyrrolate tab, **52**  
Glynase, **46**  
Glyset, **46**

Glyxambi, **46**  
Gocovri, **26**  
Golytely solution reconstituted 227.1gm, **49**  
Golytely solution reconstituted 236gm, **50**  
Gonal-f, **55**  
Gralise Mis, **26**  
granisetron, **50**  
Grastek, **60**  
Gris-PEG, **17**  
griseofulvin microsize, **17**  
griseofulvin ultramicrosize, **17**  
guaifenesin-codeine soln 10mg/5ml, **26**  
guanfacine, **26, 35**  
guanfacine ER, **26**  
Gvoke HypoPen, **46**  
Gvoke PFS inj, **46**

## H

Hadlima Inj, **52**  
Haegarda, **63**  
hailey 1.5/30, **55**  
hailey 24 FE 1/20, **55**  
halcinonide cream 0.1%, **41**  
Halcion, **26**  
halobetasol AER 0.05%, **41**  
halobetasol propionate, **41**  
Halobetasol propionate foam 0.05%, **41**  
Halog, **41**  
haloperidol, **26**  
Harvoni, **17**  
Hectorol, **46**  
Helixate FS, **35**  
Hemady, **46**  
Hemangeol Soln, **35**  
Hemlibra Soln, **35**  
Hemmorex-HC Supp, **50**  
Hemofil M, **35**  
Hepsera, **17**  
Hetlioz Cap, **27**

Hetlioz LQ Susp, **27**  
Hexalen, **20**  
Hiprex, **17**  
Homatropaire sol 5% OP, **57**  
homatropine ophthalmic, **57**  
Horizant, **27**  
Hulio In, **52**  
Humalog, **46**  
Humate-P, **35**  
Humatin, **17**  
Humatre, **46**  
Humira, **52**  
Humulin, **46**  
Humulin R U-500 (Concentrated and KwikPen),  
**46**  
Hycamtin, **20**  
Hycofenix, **60**  
hydralazine, **35**  
Hydrea, **20**  
hydrochlorothiazide, **35**  
hydrocod-cpm-pseudoephedrine, **60**  
hydrocodon-cpm-phenylephrine, **60**  
hydrocodone bit/homatrop syrup, **60**  
hydrocodone ER, **27**  
hydrocodone-chlorpheniramine susp, **60**  
hydrocodone-homatropine, **27**  
hydrocodone/acetaminophen, **27**  
hydrocortisone, **41, 44, 46, 50**  
hydrocortisone 2.5%, **41**  
hydrocortisone butyrate 0.1%, **41**  
hydrocortisone butyrate/emoll, **41**  
hydrocortisone cream, **50**  
hydrocortisone lot 0.1%, **41**  
hydrocortisone retention enema, **50**  
hydrocortisone supp, **41**  
hydrocortisone valerate 0.2%, **41**  
hydrocortisone/lidocaine HCl, **41**  
hydromet, **60**  
hydromorphone ER, **27**  
hydromorphone IR, **27**  
hydroxychloroquine, **17**

hydroxyurea, **20**  
 hydroxyzine HCL syrup, **60**  
 hydroxyzine HCL tab, **60**  
 hydroxyzine pamoate, **60**  
 Hyftor Gel 0.2%, **20**  
 hyoscyamine, **62**  
 hyosyne, **62**  
 HyperSal, **60**  
 Hyrimoz Inj (Sandoz), **52**  
 Hyrimoz Soln Auto-Injector/Prefilled Syringe  
   40/0.8ml (Cordavis), **53**  
 Hysingla ER, **27**  
 Hyzaar, **35**

**I**

ibandronate, **53**  
 Ibrance, **20**  
 Ibsrela, **50**  
 Ibudone, **27**  
 ibuprofen, **27, 29, 53**  
 ibuprofen/hydrocodone, **27**  
 icatibant inj, **63**  
 Iclusig, **20**  
 icosapent cap, **35**  
 Idacio Inj, **53**  
 Idelvion, **63**  
 Idhifa, **20**  
 IFE-PG20 Inj, **35**  
 Ilevro Susp 0.3%, **57**  
 imatinib mesylate, **20**  
 Imbruvica, **21**  
 Imcivree 10mg/ml Inj, **27**  
 imipramine, **27**  
 imiquimod cream, **41**  
 Imiquimod Cream 3.75% Pump, **41**  
 Imitrex, **27**  
 Impavido, **17**  
 Impekllo Lotion, **41**  
 Impoyz cream 0.025%, **41**

Imuran, **21**  
 Imvexxy, **55**  
 Inbrija, **27**  
 Increlex, **46**  
 Incruse Ellipta, **60**  
 indapamide, **35**  
 Inderal LA, **35**  
 Indocin Suppository, **27**  
 Indocin susp, **27**  
 indomethacin, **53**  
 Indomethacin 20mg capsule, **53**  
 indomethacin SR, **53**  
 indomethacin sus 25mg/5ml, **53**  
 Ingrezza, **27**  
 Inlyta, **21**  
 InnoPran XL, **35**  
 Inpefa, **35**  
 Inqovi tab, **21**  
 Inrebic, **21**  
 Inspra, **35**  
 Insulin aspart inj, **46**  
 Insulin aspart protamin inj flexpen, **46**  
 Insulin Degludec Inj, **46**  
 Insulin Glargine, **46**  
 Insulin lispro, **46**  
 Insulin lispro inj junior, **46**  
 Insulin lispro inj protamin, **46**  
 Intelence, **17**  
 Intermezzo, **27**  
 Intrarosa Vaginal, **55**  
 Intuniv, **27**  
 Invega ER tablet, **27**  
 Inveltys Susp, **57**  
 Invirase, **17**  
 Invokamet [XR], **46**  
 Invokana, **46**  
 Iopidine, **57**  
 ipratropium inhalation soln, **60**  
 ipratropium nasal spray, **60**  
 ipratropium-albuterol, **60**  
 irbesartan, **35**

irbesartan hydrochlorothiazide, **35**  
Iressa tab, **21**  
Isentress, **17**  
isomethoprene/dichloralphenazone/apap, **27**  
isoniazid, **17**  
Isopto Carpine, **57**  
Isordil Titradose Tabs, **35**  
isosorb dinitrate-hydralazine, **35**  
isosorbide dinitrate, **35**  
isosorbide dinitrate ER, **35**  
isosorbide mononitrate, **35**  
isosorbide mononitrate ER, **35**  
isotretinoin, **41**  
isradipine, **35**  
Istalol Drops, **57**  
Isturisa, **46**  
itraconazole, **17**  
ivermectin, **17**  
Iwilfin, **21**  
Ixinity, **35**  
Iyuzech Drops 0.005%, **57**

**J**

Jadenu Sprinkle, **63**  
Jadenu Tab, **63**  
Jakafi, **27**  
Jalyn, **62**  
jantoven, **35**  
Janumet, **46**  
Janumet XR, **46**  
Januvia, **46**  
Jardiance, **46**  
Jatenzo, **46**  
Javygtor, **46**  
Jaypirca tab, **21**  
Jentadueto tablet, **46**  
Jentadueto XR, **46**  
Jesduvroq, **36**  
Jivi, **36**

Joenja, **53**  
Jornay PM Capsule, **27**  
joyeaux, **55**  
Jublia, **41**  
Juluca, **17**  
junel FE 24 tab, **55**  
Juxtapid, **36**  
Jylamvo Sol, **21**  
Jynarque, **62**

**K**

K-Phos, **62**  
K-Tab, **62**  
Kadian ER, **27**  
kaitlib FE chew, **55**  
Kaletra soln/tabs, **17**  
Kalydeco Tabs/Pack, **17**  
Kapspargo, **36**  
Kapvay, **27**  
Katerzia Susp, **36**  
Kazano tablet, **46**  
Keflex, **17**  
Kenalog Spray, **41**  
Keppra, **27**  
Keppra XR, **27**  
Kerendia, **36**  
Kerydin, **41**  
Kesimpta Inj, **63**  
ketoconazole cream, **41**  
ketoconazole shampoo, **41**  
ketoconazole tabs, **17**  
Ketoprofen 25mg cap, **53**  
ketoprofen SR, **53**  
ketorolac, **27, 53, 57**  
ketorolac ophth soln, **57**  
Ketorolac sol, **53**  
Keveyis, **63**  
Kevzara, **53**  
Khedeza, **27**

Kineret, **53**  
kionex suspension, **63**  
Kisqali, **21**  
Kitabis Pak, **60**  
Klaron, **41**  
Klisyri Oint 1%, **41**  
Klonopin, **27**  
klor-Con, **62**  
Kloxxado Liq, **27**  
Koate-DVI, **36**  
Kogenate FS, **36**  
Kombiglyze XR, **46**  
Konvomep Soln, **50**  
Korlym tablet, **46**  
Koselugo, **21**  
Kovaltry, **36**  
Krazati, **21**  
Krintafel, **17**  
Kristalose Pak, **50**  
Kuvan, **60**  
Kynamro, **36**  
Kynmobi Kit Titration, **27**  
Kynmobi Mis, **27**  
Kyzatrex, **46**

**L**

labetalol HCl, **36**  
lacosamide, **27**  
Lactulose pak, **50**  
lactulose soln, **50**  
Lamictal, **27**  
Lamictal ODT, **27**  
Lamictal XR, **27**  
Lamisil Tabs, **17**  
lamivudine 100mg, 150mg, 300mg tab, **17**  
lamivudine/zidovudine, **17**  
lamotrigine, **27**  
lamotrigine ER, **27**  
lamotrigine ODT, **27**

Lampit, **17**  
Lanoxin 62.5mcg, 187.5mcg tablets, **36**  
Lanoxin 125mcg and 250mcg tablets, **36**  
lansoprazole cap, **50**  
lansoprazole solutab, **50**  
lanthanum chewable tab, **62**  
Lantus, **46**  
lapatinib, **21**  
Lasix, **36**  
Lastacraft Soln, **57**  
latanoprost, **57**  
Latuda, **27**  
layolis FE chew, **55**  
Lazanda, **27**  
Ledipasvir-sofosbuvir tablet 90-400mg, **17**  
leena tab, **55**  
leflunomide, **53**  
lenalidomide, **21**  
Lenvima, **21**  
Lescol XL, **36**  
Letairis, **36**  
letrozole, **21**  
leucovorin calcium, **21**  
Leukeran, **21**  
leuprolide, **21**  
levalbuterol nebulizer, **60**  
Levalbuterol tartrate HFA, **60**  
Levamlodipine, **36**  
Levaquin, **17**  
Levbid, **62**  
Levemir, **46**  
levetiracetam, **27**  
levetiracetam ER, **27**  
Levitra, **62**  
levo-T tab, **46**  
levobunolol, **57**  
levocarnitine, **46**  
levofloxacin ophth soln, **57**  
levofloxacin tab, **17**  
levonorgestrel/ethinyl estradiol, **55**  
levonorgestrel/my way/next dose, **55**

- levorphanol, **27**  
Levothyroxine cap, **46**  
levothyroxine tab, **46**  
levoxyl, **46**  
Levsin, **62**  
Lexapro, **27**  
Lexette Foam, **41**  
Lexiva, **17**  
Lialda, **50**  
Librax, **27**  
Licart Dis 1.3%, **53**  
lidocaine, **41–42**  
lidocaine solution, **41**  
Lidoderm, **41**  
Likmez Sus, **17**  
linezolid, **17**  
Linzess, **50**  
liothyronine, **46**  
Lipitor, **36**  
Lipofen, **36**  
Liqrev Susp, **36**  
lisdexamfetamine cap/chew, **27**  
lisinopril, **36**  
lisinopril/HCTZ, **36**  
Litfulo, **41**  
lithium carbonate, **27**  
lithium carbonate ER, **27**  
Livalo, **36**  
Livmarli Soln, **50**  
Lvtency, **17**  
Lo Loestrin FE, **55**  
Locoid, **41**  
Locoid Lipocream, **41**  
Lodine, **27**  
Lodoco, **53**  
Lodosyn, **27**  
Loestrin, **55**  
Loestrin FE, **55**  
Lokelma Pak, **62**  
Lomaira, **27**  
Lomotil, **50**  
Lonhala Magnair, **60**  
Lonsurf, **21**  
loperamide, **50**  
Lopid, **36**  
lopinavir/ritonavir, **17**  
Lopressor HCT, **36**  
Loprox, **41**  
lorazepam, **27**  
lorazepam concentrate, **27**  
Lorbrena, **21**  
Loreev XR, **27**  
Lortab, **27**  
lortab elixir, **27**  
Lorzone, **53**  
losartan, **36**  
losartan-HCTZ, **36**  
LoSeasonique, **55**  
Lotemax [SM], **57**  
Lotensin, **36**  
loteprednol susp, **57**  
Lotrel, **36**  
Lotrisone, **41**  
Lotronex, **53**  
lovastatin, **36**  
Lovaza, **36**  
Lovenox, **36**  
loxapine, **27**  
lubiprostone caps, **50**  
Lucemyra, **63**  
Luliconazole cream, **41**  
Lumakras, **21**  
Lumigan, **57**  
Lumryz Pak, **27**  
Lunesta, **27**  
Lupkynis, **21**  
Iurasidone tab, **27**  
Luxiq, **41**  
Luzu, **41**  
Lybalvi, **27**  
Iyllana Dis, **55**  
Lymepak, **17**

Lynparza, **21**  
Lyrica, **27–28**  
Lyrica CR, **27**  
Lyrica soln, **28**  
Lysodren, **21**  
Lysteda, **55**  
Lytgobi, **21**  
Lyumjev Inj/Pen, **46**  
Lyvispah Gra, **53**

## M

m-clear WC soln, **28**  
Macrodantin, **17**  
Malarone, **17**  
malathion lotion, **42**  
maprotiline, **28**  
maraviroc tab, **17**  
Marinol, **50**  
Matulane, **21**  
Mavenclad pak, **21**  
Mavyret, **17**  
Maxalt, Maxalt-MLT, **28**  
Maxitrol, **57**  
Maxzide, **36**  
Mayzent tablet, starter pak, **28**  
meclizine, **50**  
meclofenamate, **28**  
Medrol, **46**  
medroxyprogesterone acetate suspension IM,  
**55**  
medroxyprogesterone acetate tab, **55**  
Medtronic Continuous Glucose Monitor Enlite,  
  MiniMed Guardian Sensors, **46**  
Medtronic Continuous Glucose Monitor  
  Guardian Transmitter, **46**  
Medtronic Continuous Glucose Monitor  
  Receiver, **46**  
mefloquine, **17**  
Megace, **21**

megestrol acetate, **21**  
Mekinist, **21**  
Mektovi, **21**  
melodetta chew 24 FE, **55**  
meloxicam cap, **53**  
Meloxicam susp, **53**  
meloxicam tab, **53**  
melphalan, **21**  
memantine, **28**  
memantine ER, **28**  
Menest, **55**  
Menopur, **55**  
meperidine HCl, **28**  
Mephylton, **62**  
meprobamate, **28**  
Mepron, **17**  
mercaptopurine, **21**  
mesalamine, **50**  
mesalamine DR, **50**  
mesalamine rectal susp, **50**  
Mesnex, **21**  
Mestinon syrup, **28**  
Mestinon tablet, **28**  
metaproterenol, **60**  
Metaxalone, **53**  
metformin, **20, 44, 46–47**  
Metformin 625mg, **46**  
metformin ER (generic for Glucophage XR), **46**  
Metformin ER (OSM), **46**  
metformin HCL 500mg/5ml oral soln, **46**  
metformin/glyburide, **47**  
methadone, **28**  
Methadose concentrate [SF], **28**  
Methamphetamine, **28**  
methazolamide, **57**  
methenamine hippurate, **17**  
methimazole, **47**  
Methitest Tab, **47**  
methocarbamol 500mg, 750mg, **28**  
methotrexate tab, **21**  
methoxsalen, **42**

- methsuximide, **28**  
methyldopa, **36**  
Methylin, **28**  
methylphenidate, **28**  
methylphenidate ER, **28**  
methylphenidate ER (CD), **28**  
methylphenidate ER (LA), **28**  
Methylphenidate ER (XR), **28**  
methylphenidate pad, **28**  
methylprednisolone, **47**  
methyltestosterone, **47**  
metoclopramide, **50**  
Metoclopramide odt, **50**  
metolazone, **36**  
Metopirone, **63**  
metoprolol succinate, **36**  
metoprolol tartrate, **36**  
metoprolol tartrate/HCT, **36**  
MetroCream, **42**  
MetroGel, **42, 55**  
Metrogel vaginal, **55**  
MetroLotion, **42**  
metronidazole, **17, 42, 49, 55**  
metronidazole cream, lotion, gel, **42**  
metronidazole vaginal gel, **55**  
metyrosine, **47**  
Mevacor, **36**  
mexiletine HCl, **36**  
Miacalcin, **53**  
mibelas 24 chew FE, **55**  
Micardis, **36**  
Micardis HCT, **36**  
Miconazole-zinc ointment, **42**  
microgestin 24 FE 1/20, **55**  
Microzide, **36**  
midodrine HCl, **63**  
Midrin, **28**  
Miebo Drops, **57**  
mifepristone, **47**  
miglitol, **47**  
miglustat, **63**  
Migranal, **28**  
Millipred solution, **47**  
Millipred tabs, **47**  
Minastrin 24 FE, **55**  
Minipress, **36**  
minitran, **36**  
Minivelle, **55**  
Minocin, **17**  
minocycline caps, **17**  
Minocycline ER cap 135mg, 45mg, 90mg, **17**  
minocycline ER tablet, **17**  
Minolira, **17**  
minoxidil, **36**  
Mirapex, **28**  
Mirapex ER, **28**  
Mircette, **55**  
mirtazapine, **28**  
Mirvaso, **42**  
misoprostol, **50, 52**  
Mitigare, **53**  
Mobic, **53**  
modafinil, **28**  
moderiba, **17**  
moexipril, **36**  
moexipril/HCTZ, **36**  
molindone hcl, **28**  
Molnupiravir 200mg, **17**  
mometasone cream, ointment, solution, **42**  
mometasone furoate nasal spray, **44**  
Mondoxyne NL 75mg cap, **18**  
Monoclolate-P, **36**  
Mononine, **36**  
montelukast sodium, **60**  
Monurol Pak Granules, **18**  
MorphaBond ER, **28**  
morphine IR, **28**  
morphine sulfate ER, **28**  
morphine suppositories, **28**  
Motegrity, **50**  
Motpoly XR, **28**  
Mounjaro Inj, **47**

Movantik, **50**  
Moviprep, **50**  
Moxatag, **18**  
Moxeza, **57**  
moxifloxacin hcl, **18**  
moxifloxacin ophthalmic soln, **57**  
MS Contin, **28**  
Mulpleta, **36**  
Multaq, **36**  
multivitamin with fluoride drops, tabs, **62**  
mupirocin cream, ointment, **42**  
Muse, **62**  
Myalept, **47**  
Myambutol, **18**  
Mycapssa cap, **47**  
Mycobutin, **18**  
mycophenolate, **21**  
mycophenolic acid, **21**  
Mydayis, **28**  
Mydriacyl, **57**  
Myfembree, **55**  
Myfortic, **21**  
Myleran, **21**  
Myrbetriq, **62**  
Mysoline, **28**  
Mytesi, **18**

## N

nabumetone, **28, 53**  
nadolol, **36**  
nadolol-bendroflume thiazide, **36**  
naftifine cream/gel, **42**  
Naftin, **42**  
Nalfon, **28**  
Nalocet, **28**  
Naloxone injection 2mg, **28**  
naloxone spray, **28**  
naltrexone 50mg, **28**  
Namenda [XR], **28**

Namzaric, **28**  
Naprelan, **53**  
Naprosyn, **52–53**  
Naprosyn susp, **53**  
naproxen sodium, **53**  
naproxen sodium DR, **53**  
naproxen sodium ER, **53**  
naproxen sodium susp, **53**  
naratriptan, **28**  
Narcan 4mg/actuation spray, **28**  
Nardil, **28**  
Nascobal, **62**  
Nasonex, **44**  
Natazia, **55**  
nateglinide, **47**  
Natesto, **47**  
Natpara, **47**  
Natroba, **42**  
Nature-Throid, **47**  
Nayzilam, **28**  
nebivolol, **36**  
Nebulization Solution, **62–63**  
Nebupent INH, **18**  
Nebusal, **62**  
nefazodone, **28**  
neomycin/polymyxin B/dexamethasone, **57**  
neomycin/polymyxin/hydrocortisone, **44**  
Neoral, **21**  
Neosporin soln, **57**  
Nerlynx, **21**  
Nesina tablet, **47**  
Nestabs One, **62**  
Neupro Patch, **28**  
Neurontin, **28**  
Neurontin soln, **28**  
Nevanac Susp 0.1%, **57**  
nevirapine, **18**  
nevirapine ER, **18**  
Nexavar, **21**  
Nexilon XR, **36**  
Nexium capsule, **50**

- Nexium packets, **50**  
Nexletol, **36**  
Nexlizet, **36**  
Nextstellis, **55**  
Ngenla Inj, **47**  
niacin ER, **36**  
Niaspan ER, **36**  
nicardipine, **36**  
nifedical XL, **36**  
nifedipine, **36**  
nifedipine ER, **36**  
Nilandron, **21**  
nilutamide, **21**  
nimodipine, **36**  
nijacof-XG liquid, **28**  
Ninlaro, **21**  
nisoldipine ER, **36**  
nitazoxanide, **18**  
nitisinone, **63**  
Nitro-Bid, **36**  
Nitro-Dur, **36**  
nitro-time cap, **37**  
Nitro-Time CR Cap, **37**  
nitrofurantoin macrocrystals, **18**  
nitrofurantoin susp, **18**  
nitroglycerin ER, **37**  
nitroglycerin oint 0.4%, **37**  
nitroglycerin patches, **37**  
nitroglycerin SL, **37**  
nitroglycerin spray, **37**  
Nitrolingual Spray, **37**  
Nitromist, **37**  
Nitrostat SL, **37**  
Nityr, **63**  
nizatidine cap, **50**  
nizatidine solution, **50**  
Nizoral shampoo, **42**  
Nocdurna SL, **37**  
Noctiva Emulsion, **47**  
Non Preferred Diabetic Meters, **47**  
Norditropin, **47**  
nore/eth/fer chew 0.4mg-35mcg, **55**  
norethrin-ethynil-fer cap 1/20, **55**  
norethindrone, **55**  
norethindrone acetate, **55**  
norethindrone-ethynodiol, **55**  
norethindrone-mestranol, **55**  
Norgesic, **53**  
Norgesic Tab Forte, **53**  
norgestimate-ethynodiol, **55**  
norgestrel-ethynodiol, **55**  
Noritate, **42**  
Norliqva Soln, **37**  
Norpace, **37**  
Norpramin, **28**  
Northera, **37**  
nortriptyline, **28**  
nortriptyline soln, **28**  
Norvasc, **37**  
Norvir powder, **18**  
Norvir tablet, **18**  
Nourianz, **28**  
Novarel 5000 Unit, **63**  
Novarel 10000 Unit, **63**  
Novoeight, **37**  
Novolin, **47**  
Novolin R, **47**  
Novolin Relion, **47**  
Novolog, **47**  
Novolog Relion, **47**  
NovoSeven RT, **37**  
Noxafil, **18**  
NP thyroid, **47**  
Nubeqa, **21**  
Nucala Soln, **60**  
Nucynta, **28**  
Nucynta ER, **28**  
Nulev, **62**  
Nulibry Inj, **63**  
Nulytely, **50**  
Nuplazid, **28**  
Nurtec Chw ODT, **28**

Nutropin AQ, **47**  
Nuvaring, **55**  
Nuvessa Vaginal Gel, **55**  
Nuvigil, **29**  
Nuwiq, **37**  
Nuzyra, **18**  
Nymalize Sol, **37**  
nystatin suspension, **42**  
nystatin/triamcinolone cream, ointment, **42**

## O

OB Complete, **55**  
Obizur, **37**  
Obredon, **60**  
Ocaliva, **63**  
Ocufen, **57**  
Ocuflox, **57**  
Odactra SL, **60**  
Odomzo, **21**  
Ofev, **60**  
ofloxacin, **44, 57**  
ofloxacin otic, **44**  
Ogsiveo, **21**  
Ojjaara, **21**  
olanzapine, **29**  
olanzapine ODT, **29**  
olanzapine/fluoxetine hcl, **29**  
olmesartan medoxomil, **37**  
olmesartan/amlodipine/hctz, **37**  
olmesartan/hctz, **37**  
olopatadine, **44, 57**  
olopatadine hcl, **57**  
Olpruva Pak, **50**  
Olumiant, **63**  
Olux [E], **42**  
Omeclamox-Pak, **50**  
omega-3 acid ethyl esters, **37**  
omeprazole, **50**  
Omnaris, **44**

Omnipod 5 Pack, **47**  
Omnipod Dash 5 Pack, **47**  
Omnipod Dash System, **47**  
Omnipod Go Kit, **47**  
Omnipod Starter Kit, **47**  
Omnipred, **57**  
Omnitrope, **47**  
Omvoh Inj, **50**  
ondansetron HCl, **50**  
One Touch Glucometers, **47**  
One Touch Test Strips, **47**  
Onexton, **42**  
Onfi, **29**  
Onfi susp, **29**  
Ongentys, **29**  
Onglyza, **47**  
Onmel, **18**  
Onureg, **21**  
Onzetra Xsail, **29**  
Opana, **29**  
Opana ER, **29**  
Opfolda, **64**  
Opsumit, **37**  
Opvee Spray, **29**  
Opzelura Cream, **42**  
Oracea, **18**  
Oralair, **60**  
Orap, **29**  
Orapred ODT, **47**  
Orencia, **53**  
Orenitram, **37**  
Orfadin Cap/Susp, **64**  
Orgovyx tab, **21**  
Oriahnn cap, **53**  
Orilissa, **47**  
Orkambi tablet/packet, **18**  
Orladeyo Cap, **64**  
Orlistat cap, **50**  
Ormalvi Tab, **37**  
orphenadrine ER, **53**  
Orphenadrine-asa-caffeine, **53**

Orphengesic Forte Tab, **53**  
Orserdu tab, **21**  
Ortho Micronor, **55**  
Ortho Novum, **55**  
Ortho Tri-Cyclen, **55**  
Ortho Tri-Cyclen Lo, **55**  
Ortho-Cyclen, **55**  
Ortikos ER Cap, **21**  
oscimin, **62**  
oseltamivir caps/susp, **18**  
Oseni, **47**  
Osmolex ER, **29**  
Osmoprep, **50**  
Otezla, **53**  
Otrexup, **53**  
Ovide, **42**  
Ovidrel, **55**  
Oxandrin, **47**  
oxandrolone, **47**  
oxaprozin, **29, 53**  
Oxaprozin 300mg cap, **53**  
Oxaydo, **29**  
oxazepam, **29**  
Oxbryta, **64**  
oxcarbazepine susp, **29**  
oxcarbazepine tab, **29**  
Oxervate soln 200mcg/ml, **57**  
Oxiconazole nitrate, **42**  
Oxistat, **42**  
Oxsoralen Ultra, **42**  
Oxtellar XR, **29**  
oxybutynin sol, **62**  
oxybutynin syrup, **62**  
oxybutynin tab [ER], **62**  
Oxycodone acetaminophen 7.5/300mg, **29**  
Oxycodone ER tablet, **29**  
oxycodone IR, **29**  
oxycodone/acetaminophen, **29**  
Oxycodone/acetaminophen Sol 5/325mg, **29**  
Oxycodone/acetaminophen sol 10/300mg, **29**

Oxycodone/APAP 2.5-300mg, 5-300mg,  
10-300mg tab, **29**  
oxycodone/aspirin, **29**  
oxycodone/ibuprofen, **29**  
OxyContin, **29**  
oxymorphone ER, **29**  
oxymorphone IR, **29**  
Oxytrol Patch, **62**  
Ozempic Soln, **47**  
Ozobax Soln, **29**

**P**

pacerone, **37**  
Palforzia cap/powder, **60**  
paliperidone ER tablet, **29**  
Palynziq, **47**  
Pamelor, **29**  
Pancreaze, **50**  
pancrelipase EC/SA, **50**  
Pandel, **42**  
Panretin Gel, **42**  
pantoprazole, **50**  
pantoprazole pak, **50**  
paricalcitol, **47**  
Parlodol, **29**  
Parnate, **29**  
paroxetine, **29**  
paroxetine ER, **29**  
paroxetine susp, **29**  
Patanase, **44**  
Patanol, **57**  
Paxil CR, **29**  
Paxil suspension, **29**  
Paxil tablet, **29**  
Paxlovid Tab, **18**  
pazopanib, **21**  
peg 3350 & electrolytes, **50**  
peg-kcl-nacl-nasulf-na asc-c soln reconstituted,

- Peg-Prep, **50**  
Pegasys, **18**  
PegIntron, **18**  
Pemazyre, **21**  
penciclovir cream 1%, **42**  
penicillamine capsule, **64**  
penicillamine tablet, **64**  
penicillin v potassium solution, **18**  
penicillin v potassium tablet, **18**  
Penlac, **42**  
Pennsaid, **53**  
pentamidine INH, **18**  
Pentasa 250mg, **50**  
Pentasa 500mg, **50**  
pentazocine-naloxone, **29**  
pentoxifylline ER, **37**  
Pepcid tabs, suspension, **50**  
Percocet, **29**  
Perforomist Neb, **60**  
perindopril, **37**  
permethrin, **42**  
perphenazine, **29**  
Persantine, **37**  
Pertzye, **50**  
Pexeva, **29**  
Pheburane Mis 483/gm, **50**  
phenazopyridine, **62**  
phendimetrazine tartrate, **29**  
phenelzine, **29**  
phenobarbital, **29**  
phenoxybenzamine, **37**  
phentermine hcl, **29**  
Phentyek, **29**  
phenytoin, **29**  
PhosLo, **64**  
Phoslyra soln, **64**  
phospha, **64**  
Phospho-trin tab K500, **62**  
Phospholine Iodide, **57**  
phytonadione, **62**  
Pifeltro, **18**  
pilocarpine, **44, 57**  
pilocarpine HCl, **44**  
pimecrolimus cre 1%, **42**  
pimozide, **29**  
pindolol ER, **37**  
pioglitazone, **44, 47**  
pioglitazone/glimepiride, **47**  
Piqray, **21**  
pirfenidone, **60**  
piroxicam, **29, 53**  
pitavastatin, **37**  
Plan B One-Step, **55**  
Plaquenil, **18**  
Plavix, **37**  
Plegridy, **29**  
Plenvu Soln, **50**  
podofilox gel 0.5, **42**  
podofilox soln, **42**  
Pogo Automatic Mis Monitor, **47**  
Pogo Automatic Test Cartridge, **47**  
Pokonza Pow, **62**  
polymyxin B/neo/bacitracin, **57**  
polymyxin B/neo/gramicidin, **58**  
polymyxin B/trimethoprim soln, **58**  
Polytrim, **58**  
Pomalyst, **21**  
Ponvory, **29**  
posaconazole, **18**  
Potaba, **64**  
potassium bicarbonate/potassium citrate  
    effervescent, **63**  
potassium chloride, **63**  
Potassium citrate, **62–63**  
potassium iodide soln, **18**  
Pradaxa, **37**  
Pradaxa Pak, **37**  
Praluent, **37**  
pramipexole, **29**  
pramipexole ER, **29**  
Pramosone cream/lotion, **42**  
Prandin, **47**

- prasugrel, **37**  
Pravachol, **37**  
pravastatin, **37**  
praziquantel, **18**  
prazosin, **37**  
Precision Glucometer, **47**  
Precision XTRA Test Strips, **47**  
Precose, **47**  
Pred-Forte, **58**  
prednicarbate ointment, **42**  
prednisolone, **47, 58**  
prednisolone acetate, **58**  
prednisolone sodium phosphate, **58**  
prednisolone/sodium sulfacetamide, **58**  
prednisone, **21**  
prednisone therapy pack/solution/concentrate, **21**  
pregabalin, **29**  
pregabalin ER tab, **29**  
pregabalin soln, **29**  
pregnyl, **64**  
Premarin, **55**  
Premarin vaginal cream, **55**  
Premphase, **55**  
Prempro, **55**  
Pretomanid, **18**  
Prevacid caps, **50**  
Prevacid SoluTab, **50**  
prevalite, **37**  
Prevymis, **18**  
Prezista, **18**  
prilocaine/lidocaine, **42**  
Prilosec packets, **50**  
primidone, **29**  
Primlev, **29**  
Prinivil, **37**  
Pristiq, **30**  
ProAir Digihaler, **60**  
ProAir HFA, **60**  
ProAir RespiClick, **60**  
probencid, **52–53**  
Procardia, **37**  
Procardia XL, **37**  
Procentra 1mg/ml, **30**  
prochlorperazine suppository, **50**  
prochlorperazine tabs, **50**  
Proctocort Supp 30mg, **50**  
Proctofoam HC, **42**  
Procysbi, **47**  
Profilmnine, **37**  
progesterone, micronized, **56**  
Proglycem Susp, **47**  
Prograf capsule/packet, **21**  
Prolate Sol 10/300mg, **30**  
Prolate tab, **30**  
Prolensa sol 0.07%, **58**  
Promacta, **37**  
promethazine, **60**  
promethazine/codeine, **60**  
promethazine/dextromethorphen, **60**  
promethazine/phenylephrine, **60**  
promethazine/phenylephrine/codeine, **60**  
promethegan supp, **30**  
Prometrium, **56**  
propafenone, **37**  
propafenone SR, **37**  
paracaine, **58**  
propranolol, **37**  
propranolol ER, **37**  
propranolol/HCTZ, **37**  
propylthiouracil, **47**  
Proscar, **62**  
Protonix, **50**  
Protonix packets, **50**  
Protopic, **21**  
Proventil HFA, **60**  
Provera, **54, 56**  
Provigil, **30**  
Prozac, **30**  
Prudoxin cream 5%, **42**  
Pulmicort Flexhaler, **60**  
Pulmicort Respules, **60**

Pulmosal Nebulization Solution, **63**

Pulmozyme, **60**

Purixan, **21**

Pylera Cap, **50**

Pyridium, **62**

pyridostigmine soln, **30**

pyridostigmine tab, **30**

pyrimethamin, **18**

Pyrukynd, **64**

## Q

Qbrelis, **37**

Qbrexa Pad 2.4%, **42**

Qdolo Sol 5mg/ml, **30**

Qelbree ER, **30**

Qinlock tab, **21**

Qmiiz ODT, **30**

Qnasl, **44**

Qsymia ER, **30**

Qtern, **47**

Qualaquin, **18**

Quartette, **56**

quazepam, **30**

Qudexy XR, **30**

Questran, **37**

Questran Light, **37**

quetiapine fumarate [ER], **30**

Quflora, **63**

Quillichew ER, **30**

Quillivant XR, **30**

quinapril HCl, **37**

quinapril/HCTZ, **37**

quinine sulfate, **18**

Qulipta, **30**

Quviviq, **30**

Qvar, **60**

## R

rabeprazole DR tab 20mg, **51**

Rabeprazole Sprinkle Cap 10mg, **51**

Radicava ORS Susp, **30**

Ragwitek, **60**

raloxifene, **53, 56**

raloxifene hcl, **53**

ramelteon, **30**

ramipril, **37**

Ranexa, **37**

ranitidine 300mg, **51**

ranolazine, **37**

Rapaflo, **62**

Rapamune tab/sol, **21**

rasagiline, **30**

Rasuvo, **53**

Ravicti Liquid, **51**

Rayaldee, **63**

Rayos, **47**

Razadyne, **30**

Razadyne ER, **30**

Rebetol, **60**

Rebif Rebidose, **30**

Rebinyn Soln, **37**

Recombinate, **37**

Recorlev 150mg Tab, **51**

Rectiv, **37**

RediTrex Inj, **21**

Regimex, **30**

Reglan, **51**

Regranex gel, **47**

Relafen, **30**

Relafen DS, **30**

Relenza, **18**

Relexxii, **30**

Relistor, **51**

Relpax, **30**

Reltone, **51**

Relyvio Pak, **30**

- Remeron, **30**  
Remeron SolTab, **30**  
Renagel, **64**  
Renvela, **64**  
repaglinide, **47**  
Repatha, **37**  
Requip, **30**  
Requip XL, **30**  
Rescula, **58**  
Restasis Emulsion 0.05% Ophthalmic, **58**  
Restasis Multidose, **58**  
Restoril, **30**  
Retevmo cap, **21**  
Retin-A, **42**  
Retin-A Micro 0.04%, 0.1%, **42**  
Retin-A Micro 0.08%, **42**  
Retrovir, **18**  
Revatio, **37**  
Revlimid, **21**  
Rexulti, **30**  
Reyataz, **18**  
Reyvow, **30**  
Rezdifra Tab, **47**  
Rezira, **60**  
Rezlidhia, **21**  
Rezurock, **60**  
Rezvoglar Inj, **47**  
Rhofade 1% cream, **42**  
Rhopressa Soln 0.02%, **58**  
Riastap, **37**  
ribasphere ribapak 200mg & 400mg/400mg &  
  600mg, **18**  
ribavirin, **44**  
Ridaura, **64**  
rifabutin, **18**  
Rifadin, **18**  
rifampin, **18**  
Rilutek, **30**  
riluzole, **30**  
rimantadine, **18**  
Rinvoq, **64**  
Riomet [ER] solution/suspension 500mg/5ml,  
  **48**  
risedronate, **53**  
risedronate DR, **53**  
Risperdal, Risperdal M-Tab, **30**  
risperidone, **30**  
Ritalin LA, **30**  
Ritalin Tab, **30**  
ritonavir, **17–18**  
rivastigmine, **30**  
rivelsa tab, **56**  
Rivfloza Inj, **18**  
Rixubis, **37**  
rizatriptan benzoate, **30**  
Robaxin, **30, 53**  
Rocaltrol capsules, **48**  
Rocklatan Soln, **58**  
roflumilast, **60**  
ropinirole, **30**  
ropinirole ER, **30**  
rosuvastatin, **35, 38**  
Roszet, **38**  
Roxicodone, **30**  
Roxybond 5mg, **30**  
Roxybond 15mg, 30mg, **30**  
Rozerem, **30**  
Rozlytrek, **21**  
Rubraca, **21**  
Ruconest, **64**  
rufinamide susp 40mg/ml, **30**  
rufinamide tab, **30**  
Rukobia, **18**  
Ruzurgi, **64**  
Ryaltris Spray 665-25mcg/act, **44**  
Rybelsus, **48**  
Ryclora, **60**  
Rydapt, **22**  
Rytary, **30**  
Rythmol SR, **38**  
Ryvent, **60**

**S**

Sabril tablet/packet, **30**

Safyral, **56**

Saizen, **48**

sajazir inj, **64**

Salagen, **44**

salsalate tab, **53**

Samsca, **38**

Sancuso Patch, **51**

Sandimmune, **22**

Saphris, **30**

sapropterin pow/tab, **64**

saxagliptin, **48**

saxagliptin-metformin, **48**

Saxenda, **30**

Scemblix, **22**

scopolamine patch, **51**

Seasonique, **56**

Secuado Patch, **30**

Seebri, **60**

Seglentis 56-44mg Tab, **30**

Segluromet, **48**

selegiline HCl, **30**

selenium sulfide shampoo/lotion, **42**

Selzentry, **18**

Semglee Inj 100U/ML, **48**

Semprex-D, **60**

Sensipar, **48**

Serevent Diskus, **61**

Sernivo, **42**

Seroquel, **30**

Seroquel XR, **30**

Serostim, **48**

sertraline, **30–31**

Sertraline Cap, **31**

sevelamer carbonate, **64**

Sevenfact Inj, **38**

Seysara, **18**

SFRowasa enema, **51**

Signifor, **48**

Siklos, **64**

sildenafil citrate 20mg tab, 10mg/ml susp, **38**

sildenafil citrate 25mg, 50mg, 100mg, **38**

Silenor, **31**

Siliq, **42**

silodosin, **31**

Silvadene, **42**

silver sulfadiazine, **42**

Simbrinza Susp 1-0.2%, **58**

Simponi, **53**

simvastatin, **35, 38**

Simvastatin susp, **38**

Sinemet, **31**

Sinemet CR, **31**

Singulair, **61**

sirolimus tab/soln, **22**

Sirturo, **18**

Sitavig, **18**

Sivextro, **18**

Skelaxin, **53**

Sklice Lot 0.5%, **18**

Skyclarys cap, **18**

Skyrizi Inj, **42**

Skytrofa Inf, **38**

Slynd, **56**

Soaanz, **38**

sodium chloride inhalation, **61**

sodium fluoride chew tab, **63**

Sodium Oxybate Sol (Hikma), **31**

sodium phenylbutyrate tab/powder, **63**

sodium sulfacetamide suspension, **42**

sodium/potassium sol magnesium, **51**

Sofosbuvir-velpatasvir tablet 400-100mg, **18**

Sogroya Inj, **38**

Sohonos, **18**

Solaraze, **42**

solifenacin, **62**

Soliqua, **48**

Solodyn, **18**

Solosec GRA, **18**

- Soma, **53**  
Somavert, **48**  
Sonata, **31**  
Soolantra, **42**  
sorafenib, **22**  
Soriatane, **42**  
Sorilux Foam, **42**  
sotalol HCl, **38**  
Sotyktu, **53**  
Sotylize, **38**  
Sovaldi, **18**  
Sovuna Tab, **18**  
spinosad, **42**  
Spiriva, **61**  
spironolactone, **38**  
spironolactone/HCTZ, **38**  
Sporanox, **18**  
Spritam Oral Disintegrating Tab, **31**  
Sprix Nasal Spray, **31**  
Sprycel, **22**  
SPS Suspension 15GM/60ml, **63**  
SSD cream 1%, **42**  
SSKI Solution, **18**  
Stalevo, **31**  
Starlix, **48**  
stavudine, **19**  
Staxyn, **62**  
Steglatro, **48**  
Steglujan, **48**  
Stelara, **53**  
Stendra, **62**  
Stimate, **38**  
Stiolto Respimat, **61**  
Stivarga, **22**  
Strattera, **31**  
Strensiq, **64**  
Striant buccal system, **48**  
Stribild, **19**  
Striverdi Respimat Aer Solution, **61**  
Stromectol, **19**  
Suboxone Sublingual Film, **31**  
Subsys, **31**  
Sucraid Solution 8500 unit/ml, **64**  
sucralfate tabs, **51**  
Suflave Sol, **51**  
Sular, **38**  
Sulconazole cream/solution, **42**  
sulfacetamide, **42, 58**  
sulfamethoxazole/tmp, **19**  
Sulfamylon, **42**  
sulfasalazine, **51**  
sulindac, **31, 53**  
sumatriptan, **31**  
sumatriptan/naproxen, **31**  
sunitinib, **22**  
Sunlenca, **19**  
Sunosi, **31**  
Suprax Susp 100mg/5ml, 200mg/5ml, **19**  
Suprep Bowel Prep Kit, **51**  
Sustiva, **19**  
Sutab, **51**  
Sutent, **22**  
Sylatron, **31**  
Symax, **62**  
Symbicort, **61**  
Symbyax, **31**  
Symdeko, **61**  
Symfi, **19**  
Symfi Lo, **19**  
Symjepi Inj, **61**  
Symlin, **48**  
Sympazan Film, **31**  
Symproic, **51**  
Syntuza, **19**  
Synalar, **42**  
Synarel, **56**  
Syndros Sol, **51**  
Synjardy, **48**  
Synjardy XR, **48**  
Synthroid, **48**  
Syprine, **64**

## T

Tabloid, **22**  
 Tabrecta tab, **22**  
 Taclonex, **42**  
 tacrolimus, **22**  
 tadalafil (generic Adcirca), **61**  
 tadalafil (generic Cialis), **61**  
 Tadliq Susp, **38**  
 Tafinlar, **22**  
 tafluprost soln, **58**  
 Tagrisso, **22**  
 Takhzyro, **64**  
 Talicia, **19**  
 Taltz Autoinjector, **43**  
 Talzenna, **22**  
 Tamiflu, **19**  
 tamoxifen, **22**  
 tamsulosin, **61–62**  
 Tanzeum, **48**  
 Tapazole, **48**  
 Tarceva, **22**  
 Targadox, **19**  
 Targretin cap, **22**  
 Targretin gel, **43**  
 tarina 24 FE tab, **56**  
 Tarka, **38**  
 Tarpeyo, **61**  
 Tascenso ODT, **31**  
 Tasigna, **22**  
 tasimelteon, **31**  
 Tasmar, **31**  
 tavaborole sol 5%, **43**  
 Tavalisse, **64**  
 Tavneos, **64**  
 Taytulla, **56**  
 Tazarotene AER 0.1%, **43**  
 tazarotene cream 0.1%, **43**  
 tazarotene gel, **43**  
 Tazorac cream/gel, **43**

taztia XT, **38**  
 Tazverik 200mg, **22**  
 Tecfidera, **31**  
 Technivie, **19**  
 Tegretol [XR], **31**  
 Tegretol susp, **31**  
 Tegsedi, **64**  
 Tekturna, **38**  
 Tekturna HCT, **38**  
 telmisartan, **38**  
 telmisartan-amlodipine, **38**  
 telmisartan/hydrochlorothiazide, **38**  
 temazepam, **31**  
 Temixys, **19**  
 Temodar, **22**  
 Temovate, **43**  
 temozolomide, **22**  
 tenofovir, **19**  
 Tenoretic, **38**  
 Tenormin, **38**  
 Tepmetko, **22**  
 terazosin, **62**  
 terbinafine tabs, **19**  
 terbutaline sulfate tablet, **61**  
 terconazole cream, **56**  
 teriflunomide, **31**  
 Teriparatide Pen-Injector 600mcg/2.4ml, **48**  
 Teriparatide Pen-Injector 620mcg/2.48ml, **48**  
 Tessalon Perles, **61**  
 Testim Gel, **48**  
 testosterone cypionate solution 100mg/ml,  
 200mg/ml intramuscular, **48**  
 Testosterone Cypionate Solution 200mg/ml  
 Injection, **48**  
 testosterone enanthate inj 200mg/ml, **48**  
 testosterone enanthate solution, **48**  
 testosterone gel 1%, 1.62%, **48**  
 testosterone gel 10mg/act (2%), **48**  
 testosterone solution 30mg/act, **48**  
 tetrabenazine, **31**  
 Tetracycline tab, **19**

- Texacort soln, **43**  
Tezspire Inj, **61**  
Thalitone, **38**  
Thalomid, **22**  
Theo-24, **61**  
theochron, **61**  
theophylline extended release, **61**  
theophylline soln, **61**  
Thiola [EC], **61**  
thioridazine, **31**  
thiothixene, **31**  
Thyquidity Soln, **48**  
tiadylt ER, **38**  
tiagabine hcl, **31**  
Tiazac, **38**  
Tibsovo, **22**  
ticlopidine HCl, **38**  
Tigan, **51**  
Tiglutik Susp, **31**  
Tikosyn, **38**  
tilia FE tab, **56**  
timolol, **38, 56, 58**  
timolol ophth, **58**  
Timoptic, **58**  
Timoptic Ocudose, **58**  
Timoptic XE, **58**  
Tindamax, **19**  
tinidazole, **19**  
tiopronin, **61**  
tiotropium bromide cap 18mcg, **61**  
Tirosint capsule/soln, **48**  
Tivicay PD, **19**  
Tivorbex, **31**  
tizanidine, **53**  
Tlando, **48**  
Tobi Nebulization Soln, **19**  
Tobi Podhaler Cap, **19**  
Tobradex ointment, **43**  
tobramycin nebulization soln., **19**  
tobramycin ophthalmic, **58**  
tobramycin-dexamethasone, **58**  
Tobrex, **58**  
Tofranil, **31**  
tolbutamide, **48**  
tolcapone, **31**  
tolmetin, **31, 53**  
tolmetin sodium, **31**  
Tolsura, **19**  
tolterodine tartrate, **62**  
tolterodine tartrate LA, **62**  
tolvaptan 15mg, 30mg tab, **38**  
Topamax, **31**  
Topamax Sprinkle Capsules, **31**  
Topicort cream/ointment, **43**  
Topicort spray, **43**  
topiramate, **31**  
topiramate ER cap, **31**  
topiramate sprinkle cap, **31**  
Toprol XL, **38**  
toremifene, **22**  
torsemide, **38**  
Tosymra Nasal Solution, **31**  
Toujeo Solostar, **48**  
Toviaz, **54**  
Tracleer, **61**  
Tradjenta tablet, **48**  
tramadol, **31**  
tramadol ER (biphasic) tablet, **31**  
Tramadol ER cap, **31**  
tramadol ER tablet, **31**  
Tramadol soln 5mg/ml, **31**  
tramadol/acetaminophen, **31**  
trandolapril, **38**  
trandolapril/verapamil ER, **38**  
Transderm-Scop patch, **51**  
Tranxene T, **31**  
tranylcypromine sulfate, **31**  
Travatan Z, **58**  
travoprost, **58**  
trazodone, **31**  
Trelegy Ellipta, **61**  
Tremfya, **43**

- Tresiba, **48**  
tretinoin caps, **22**  
tretinoin gel, cream, **43**  
Tretinoin microspheres gel, **43**  
Tretten, **38**  
Trexall tab, **22**  
TrexiMet, **31**  
Trezix, **31**  
tri-legest FE, **56**  
Tri-Norinyl, **56**  
Tri-Vi-Flor, Poly-Vi-Flor with and without iron, **63**  
triamcinolone acetonide, **43**  
Triamcinolone oint 0.05%, **43**  
triamterene cap, **38**  
triamterene/HCTZ, **38**  
Trianex, **43**  
triazolam, **31**  
Tribenzor, **38**  
Tricor, **38**  
triderm cream, **43**  
trientine, **64**  
trifluoperazine, **31**  
trifluridine, **58**  
trihexyphenidyl, **31**  
Trijardy XR, **48**  
Trikafta, **19**  
Trileptal Susp, **31**  
Trileptal Tab, **31**  
Trilipix, **38**  
trimethobenzamide, **51**  
trimethoprim sulfate/polymyxin B, **58**  
Trintellix, **31**  
Tritocin oint 0.05%, **43**  
Triumeq, **19**  
Trizivir, **19**  
Trokendi XR, **31**  
tromethamine, **53**  
tropicamide, **58**  
trospium chloride, **62**  
Trudhesa AER, **31**  
Trulance, **51**  
Trulicity, **48**  
Truqap, **22**  
Truseltiq, **22**  
Trusopt, **58**  
Truvada, **19**  
trymine CG liquid, **32**  
Tudorza Pressair, **61**  
Tukysa, **22**  
Turalio, **22**  
Tussicap, **61**  
Tuxarin ER, **61**  
Tuzistra XR, **61**  
Twirla Dis, **56**  
Twyneo 0.1-3% Cream, **43**  
Twynsta, **38**  
Tyblume, **56**  
tydemi tab, **56**  
Tykerb, **22**  
Tylenol w/Codeine, **32**  
Tymlos, **48**  
Tyrvaya soln, **58**  
Tyvaso, **38**

**U**

- Ubrelvy, **32**  
Uceris, **48**  
Ukoniq, **22**  
Uloric, **54**  
Ultracet, **32**  
Ultram, **32**  
Ultravate, **43**  
unithroid, **48**  
Upneeq Soln, **58**  
Uptravi, **38**  
Urecholine, **62**  
Urocit-K, **62**  
Uroxatral, **62**  
Urso 250 Tab, **51**

Urso Forte Tab, **51**  
Ursodiol Cap, **51**  
ursodiol tab, **51**  
Utibron Neohaler, **61**

**V**

V-GO, **48**

Vagifem, **56**

valacyclovir tab, **19**

Valchlor, **22**

Valcyte, **19**

valganciclovir, **19**

Valium, **32**

valproic acid, **32**

valsartan, **33, 38**

Valsartan Soln, **38**

valsartan/hydrochlorothiazide, **38**

Valtoco, **32**

Valtrex, **19**

Vanatol S/LQ, **32**

vancomycin, **19**

vancomycin soln, **19**

Vandazole, **56**

Vanflyta, **22**

vardenafil, **62**

vardenafil ODT, **62**

varenicline, **23, 32**

varenicline Pak, **32**

Varubi, **51**

Vascepa, **38**

Vaseretic, **38**

Vasotec, **38**

VCF Vaginal Gel 4%, **56**

vecamyl, **38**

Vectical, **43**

Velsipity, **51**

Veltin, **43**

Vemlidy, **19**

Venclexta, **22**

venlafaxine, **32**  
venlafaxine ER, **32**  
Venlafaxine Tab 112.5mg, **32**  
Ventavis, **38**  
Ventolin HFA, **61**  
Veoza, **32**  
verapamil HCl, **38**  
verapamil HCl ER, **38**  
Verdeso, **43**  
Veregen Oint, **43**  
Verelan ER, PM, **38**  
Veripred soln 20mg/5ml, **48**  
Verkazia Emu 0.1%, **58**  
Verquvo, **38**  
Verzenio, **22**  
Vesicare, **62**  
Vevye Drops 0.1, **58**  
Vfend, **19**  
Viagra, **62**  
Viberzi, **51**  
Vibramycin, **19**  
Victoza, **48**  
Videx EC, **19**  
Viekira Pak, **19**  
Viekira XR, **19**  
vigabatrin, **32**  
vigadrone, **32**  
Vigamox, **58**  
Viibryd, **54**  
Vijoice, **38**  
vilazodone, **54**  
Vimpat solution, **32**  
Vimpat tablet, **32**  
Viokace, **51**  
Viramune suspension, **19**  
Viramune tablet, **19**  
Viramune XR, **19**  
Virazole, **44**  
Viread, **19**  
Viroptic, **58**  
Virtussin AC w/ALC liquid, **32**

Vistaril, **61**  
Vitrakvi, **22**  
Vituz, **61**  
Vivelle Dot, **56**  
Vivjoa, **19**  
Vivlodex, **32**  
Vizimpro, **22**  
Vocabria, **19**  
Vogelxo, **48**  
Voltaren Gel, **54**  
Vonjo, **22**  
Vonvendi, **38**  
Voquezna Pak, **51**  
Voquezna Tab, **51**  
voriconazole, **19**  
Vosevi, **19**  
VoSpire ER, **61**  
Votrient, **22**  
Vowst, **64**  
Voxzogo, **38**  
Vraylor, **32**  
Vtama Cream, **43**  
Vuity Sol, **58**  
Vumerity, **48**  
Vusion, **43**  
Vyleesi, **56**  
Vyndaqel, Vyndamax, **38**  
Vytorin, **38**  
Vyvanse, **32**  
Vyzulta Soln 0.024% OP, **58**

**W**

Wainua Inj, **32**  
Wakix, **32**  
warfarin, **39**  
Wegovy, **48**  
Welchol, **39**  
Welireg, **22**  
Wellbutrin SR, **32**

Wellbutrin XL, **32**  
Westhroid, **48**  
Wilate, **39**  
Winlevi Cream 1%, **43**  
wixela inhub aer, **61**  
WP Thyroid, **48**  
wymzya Fe tablet chewable, **56**  
Wynzora Cream, **43**

**X**

Xaciato Gel, **43**  
Xadago, **32**  
Xalatan, **58**  
Xalkori, **22**  
Xanax, **32**  
Xanax XR, **32**  
Xarelto, **39**  
Xatmep, **22**  
Xcopri pak/tab, **32**  
Xdemvy Dro 0.25%, **58**  
Xeljanz [XR], **54**  
Xeloda, **22**  
Xelpros Emulsion, **58**  
Xelstrym Pad, **32**  
Xenazine, **32**  
Xenical, **51**  
Xenleta, **19**  
Xepi Cream 0.1%, **19**  
Xerese Cream, **43**  
Xermelo, **51**  
Xhance, **44, 61**  
Xifaxan 200mg, **19**  
Xifaxan 550mg, **19**  
Xigduo XR, **48**  
Xiidra, **58**  
Ximino ER, **19**  
Xodol, Norco, **32**  
Xofluza Tab, **19**  
Xofluza Therapy Pack, **19**

Xolair Inj, **61**  
Xolegel, **43**  
Xopenex HFA, **61**  
Xopenex Nebulization Soln, **61**  
Xospata, **22**  
Xphozah, **51**  
Xpovio, **22**  
Xpovio Pak, **22**  
Xtampza ER, **32**  
Xtandi, **22**  
xulane, **56**  
Xultophy, **48**  
Xuriden, **64**  
Xyntha, **39**  
Xyosted Soln, **48**  
Xyrem, **32**  
Xywav Soln, **32**

**Y**

yargesa, **64**  
Yasmin, **56**  
YAZ, **56**  
Yonsa, **22**  
Yuflyma 2pen Kit 40/0.4ml, **54**  
Yuflyma 2Syr Kit 40/0.4ml, **54**  
Yuflyma Kit 20/0.2ml, **54**  
Yupelri Soln, **61**  
Yusimry Soln, **54**  
yuvafem, **56**

**Z**

Z-Tuss AC, **61**  
Zafemy DIS, **56**  
zafirlukast, **61**  
zaleplon, **32**  
Zanaflex, **54**

Zantac, **51**  
Zarontin, **32**  
Zavesca, **64**  
Zavzpret Nasal Soln, **32**  
Zcort 7-day tab, **49**  
Zebutal, **32**  
Zeglogue Inj, **49**  
Zegerid packets, **51**  
Zejula, **22**  
Zelboraf, **22**  
Zelnorm, **51**  
Zembrace Symtouch, **32**  
Zemplar, **49**  
Zenpep, **51**  
Zenedzi, **32**  
Zepatier, **19**  
Zepbound Inj, **32**  
Zeposia, **54**  
Zerit, **19**  
Zerviate Drops 0.24%, **58**  
Zestoretic, **39**  
Zestril, **39**  
Zetia, **39**  
Zetonna, **44**  
Ziac, **39**  
Ziagen, **19**  
Ziana, **43**  
zidovudine, **15, 17, 19**  
Zilbrysq Inj, **64**  
zileuton ER 600mg, **61**  
Zilxi Aer, **43**  
Zimhi Soln, **32**  
Zioptan, **58**  
ziprasidone, **32**  
Zipsor, **54**  
Zithromax, **19**  
Zituvio, **49**  
Zmax, **19**  
Zocor, **39**  
Zofran, **51**  
Zohydro ER, **32**

- Zokinvy, **64**  
Zolinza, **22**  
zolmitriptan, **32**  
zolmitriptan spray, **32**  
Zoloft, **32**  
zolpidem tartrate, **32**  
Zolpidem Tartrate Cap 7.5mg, **32**  
zolpidem tartrate ER, **32**  
zolpidem tartrate SL, **32**  
Zolpimist, **32**  
Zomacton, **49**  
Zomig, **32**  
Zonalon cream 5%, **43**  
Zonegran, **32**  
Zonisade Susp, **32**  
zonisamide, **32**  
Zorbtive, **51**  
Zortress, **20, 22**  
Zorvolex, **32**  
Zoryve Cream, **43**  
Zoryve Foam, **43**  
Zovirax cream, **43**  
Zovirax oint, **43**  
Ztalmy Susp, **32**  
Ztlido Pad 1.8%, **43**  
Zubsolv, **32**  
Zuplenz, **51**  
Zurampic 200mg, **54**  
Zurzuvae, **32**  
Zutripro, **61**  
Zyban, **32**  
Zyclara Cream/Pump, **43**  
Zydelig, **22**  
Zyflo 600mg, **61**  
Zyflo CR 600mg, **61**  
Zykadia, **22**  
Zyloprim, **54**  
Zymaxid, **58**  
Zymfentra Inj, **51**  
Zypitamag, **39**  
Zyprexa, **32**  
Zyprexa Zydis, **32**  
Zytiga, **22**  
Zyvox, **19**



AmeriHealth Value Formulary offered by:  
AmeriHealth HMO, Inc.