

California

2 Tier Drug List

The 2 Tier Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnet.com. Refer to *Evidence of Coverage* for specific cost share information.

California Large Group members

Go to

[Drug List](#) Use the “2 Tier” Drug List

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated May 1, 2024



Health Net of California, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC.

Table of Contents

What If I Have Questions Regarding My Pharmacy Benefit?	iii
What is the Drug List?	iii
How do I find a drug in the Drug List?	iii
How are the drugs listed in the categorical list?.....	iii
How much will I pay for my drugs?.....	iv
Are there any limits on my drug coverage?.....	v
How often does the Drug List change?	vi
How can I get prior authorization or an exception to the rules for drug coverage?...	vi
Step Therapy Exception.....	vii
Are all contraceptives covered?.....	viii
What blood glucose supplies covered?.....	viii
Are preventive drugs covered?	ix
What drugs are under my medical benefit?	ix
Can I go to any pharmacy?	ix
Can I use a mail order pharmacy?	ix
How can I save money on my prescription drugs?	ix
<i>Definitions</i>	x
Categorical list of prescription drugs.....	1
Alphabetical index of prescription drugs	Index 1

Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by medical condition. There are three ways to find out if your drug is covered? Search Tool: Open the List of Drugs (PDF). Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug. Press the “Enter” key.

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

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

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

How are the drugs listed in the categorical list?

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

Example:

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET (<i>glecaprevir-pibrentasvir</i>) TABS	3	PA
<i>terbutaline sulfate tabs</i>	1	

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

<i>Tier</i>	<i>Description</i>
1	Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.
2	Tier two shall consist of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
4	Drugs indicated as "Tier 4" are self-injectable drugs and coverage may differ based on your benefits. Please refer to your plan documents for specific coverage.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.
---	---

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-Cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, after any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get
PA	Prior Authorization	This drug requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.

PV	Preventive Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply. Grandfathered Groups will pay a copayment. Members in grandfathered plans will pay a copayment.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulins, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

Changes such as removing a drug or dosage form from the drug list may occur monthly. The types of changes may include the following:

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

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

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

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

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

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring

pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

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

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

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

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

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization.

The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

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

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

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

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

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

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

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

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

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

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

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy.

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

Cost sharing: includes applicable copayments, coinsurances, or deductibles.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 ea daily; 90 Day(s) limit ; 180 ea per fill retail)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
<i>amphetamine-dextroamphetamine</i> CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(2 ea daily; 90 Day(s) limit ; 180 ea per fill retail)
<i>amphetamine-dextroamphetamine</i> TABS	1	
DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate</i> CP24	1	
<i>dextroamphetamine sulfate</i> TABS 5 MG, 10 MG	1	
<i>lisdexamfetamine dimesylate</i> CAPS	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate</i> CHEW	1	QL(1 ea daily)
VYVANSE CAPS	2	QL(1 ea daily)
Analeptics		
<i>caffeine citrate</i> SOLN OR	1	

Drug Name	Drug Tier	Requirements/Limits
Anorexiant Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA
LOMAIRA TABS	2	Check plan documents for coverage; PA
<i>phentermine hcl</i> CAPS	1	Check plan documents for coverage; PA
QSYMIA	2	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	2	Check benefits for coverage; PA
<i>orlistat</i>	1	Check benefits for coverage; PA
XENICAL (<i>orlistat</i>)	7	Check benefits for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i> 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 ea daily)
<i>atomoxetine hcl</i> 60 MG, 80 MG, 100 MG	1	
<i>guanfacine hcl</i> (adhd)	1	QL(1 ea daily)
INTUNIV (<i>guanfacine hcl</i> (adhd))	7	QL(1 ea daily)
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>armodafinil 50 MG, 150 MG, 250 MG</i>	1	ST; PA
<i>armodafinil 200 MG</i>	1	ST; PA
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 ea daily)
METADATE CD CPR (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
METHYLIN SOLN 5 MG/5ML (<i>methylphenidate hcl</i>)	7	
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>methylphenidate hcl CPR</i>	1	QL(1 ea daily)
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TB24 54 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit; 180 ea per fill retail)
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(90 Day(s) limit)
NUVIGIL 200 MG (<i>armodafinil</i>)	7	ST; PA
NUVIGIL 50 MG, 150 MG, 250 MG (<i>armodafinil</i>)	7	ST; PA

Drug Name	Drug Tier	Requirements/ Limits
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	2	PA
BETHKIS NEBU (<i>tobramycin</i>)	7	
HUMATIN	2	
KITABIS PAK NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>neomycin sulfate TABS</i>	1	
TOBI PODHALER CAPS	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
TOBI NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA
XELJANZ XR TB24	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
XELJANZ TABS	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 days retail); SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; QL(4 ea per 365 days retail); SP; PA
ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA	HUMIRA PEN PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); SP; PA
ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); PA	HUMIRA PEN PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
HADLIMA PUSHTOUCH SOAJ	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA	HUMIRA PEN PNKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
HADLIMA SOSY	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA	HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA	HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA	HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	DAYPRO TABS (<i>oxaprozin</i>)	7	
Gold Compounds			<i>diclofenac sodium TBEC</i>	1	
RIDAURA	2		<i>etodolac CAPS</i>	1	
Interleukin-6 Receptor Inhibitors			<i>etodolac TABS</i>	1	
KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	<i>etodolac TB24</i>	1	QL(2 ea daily)
KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	FELDENE CAPS 10 MG (<i>piroxicam</i>)	7	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 ea daily)
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>fenoprofen calcium CAPS 200 MG</i>	1	
(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)	FENOPROFEN CALCIUM CAPS 200 MG	2	
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)	FENORTHO CAPS 200 MG	2	
ANAPROX DS TABS (<i>naproxen sodium</i>)	7		<i>flurbiprofen TABS 50 MG</i>	1	
CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 ea daily); PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 ea daily)	INDOCIN SUSP (<i>indomethacin</i>)	7	
<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)	<i>indomethacin CPCR</i>	1	
			<i>indomethacin SUSP</i>	1	
			<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail; 20 ea per 30 days retail)
			LODINE TABS (<i>etodolac</i>)	7	
			<i>meclofenamate sodium CAPS</i>	1	
			<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
			<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
			<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
			<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
			NAPROSYN SUSP (<i>naproxen</i>)	7	
			NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 10 MG</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>sulindac TABS 200 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA
OTEZLA TBPk	2	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(55 ea per 365 days retail); PA
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 ea daily)
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine CAPS</i>	1		(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	Grand Fathered Plans at Tier 2; PV
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7				
Salicylates					

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	Grand Fathered Plans at Tier 2; PV	<i>codeine sulfate TABS 15 MG, 30 MG</i>	1	
			CODEINE SULFATE TABS 60 MG	2	
			DILAUDID LIQD (<i>hydromorphone hcl</i>)	7	
			DILAUDID TABS (<i>hydromorphone hcl</i>)	7	
			<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)
			<i>hydromorphone hcl LIQD</i>	1	
			<i>hydromorphone hcl TABS</i>	1	
			<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)
			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	
			<i>meperidine hcl TABS 50 MG</i>	1	
			<i>methadone hcl CONC</i>	1	
			<i>methadone hcl SOLN OR 5 MG/5ML</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 ea daily)
<i>aspirin CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	<i>methadone hcl TBSO</i>	1	
<i>aspirin TBEC 81 MG</i>	5	Grand Fathered Plans at Tier 2; PV	METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7	
<i>salsalate</i>	1		METHADOSE CONC (<i>methadone hcl</i>)	7	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate beads</i>	1	QL(1 ea daily)
Opioid Agonists			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		<i>morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
(Methadone Hcl) METHADOSE TBSO	1		<i>morphine sulfate SUPP 20 MG, 30 MG</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate TABS</i>	1	
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 ea daily)
OXAYDO TABS 5 MG	2	
<i>oxycodone hcl CAPS</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 ea daily)
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	7	
<i>tramadol hcl TABS 100 MG</i>	1	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)
Opioid Combinations		
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)
<i>acetaminophen w/ codeine SOLN</i>	1	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 ea daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone 2.5 MG</i>	1	
<i>oxandrolone 10 MG</i>	1	QL(2 ea daily)
Androgens		
(Testosterone) ANDROGEL, TESTIM GEL TD 50 MG/5GM	2	QL(10 gm daily)
(Testosterone) ANDROGEL, TESTIM GEL TD 1 %	2	QL(10 gm daily)
ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
<i>danazol CAPS</i>	1	
FORTESTA GEL TD (<i>testosterone</i>)	7	QL(3.5 gm daily)
METHITEST TABS	2	
<i>methyltestosterone CAPS</i>	1	
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(10 gm daily)
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone GEL TD 1 %</i>	1	Limit 300gms per month; QL(10 gm daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(3.5 gm daily)
VOGELXO PUMP GEL TD (<i>testosterone</i>)	2	Limit 300gms per month; QL(10 gm daily)
VOGELXO GEL TD (<i>testosterone</i>)	2	QL(10 gm daily)

ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching

Intrarectal Steroids		
CORTENEMA (<i>hydrocortisone intrarectal</i>)	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone intrarectal</i>	1	QL(60 ml daily)
Rectal Combinations		
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX (<i>hydrocortisone rectal</i>)	7	
<i>hydrocortisone rectal EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	
RECTIV (<i>nitroglycerin intra-anal</i>)	7	
ANTHELMINTICS - Drugs to Treat Worm Infections		

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

Drug Name	Drug Tier	Requirements/ Limits
Anthelmintics		
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
STROMECTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7	
<i>isosorbide dinitrate TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 ea daily)
NITRO-DUR PT24	2	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine pamoate CAPS</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7	
Benzodiazepines		
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
<i>alprazolam TABS</i>	1	
ATIVAN TABS (<i>lorazepam</i>)	7	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	7	
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 ea daily)
XANAX TABS (<i>alprazolam</i>)	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		

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

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN (<i>dofetilide</i>)	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	7	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)	<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)	<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)	ALBUTEROL SULFATE NEBU	2	
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)	<i>albuterol sulfate SYRP</i>	1	
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 8 Inhalers per month; QL(0.27 ea daily)	<i>albuterol sulfate TABS</i>	1	
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ml daily)	ANORO ELLIPTA	2	QL(2 ea daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ml daily)	<i>arformoterol tartrate</i>	1	QL(4 ml daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ml daily)	BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 gm daily)	BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ml daily)
Sympathomimetics			<i>budesonide-formoterol fumarate dihydrate</i>	1	
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 ea daily)	<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
			<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)
			<i>ipratropium-albuterol SOLN</i>	1	
			<i>levalbuterol hcl</i>	1	
			<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
			PERFOROMIST NEBU (<i>formoterol fumarate</i>)	7	QL(4 ml daily)
			SEREVENT DISKUS	2	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
XOPENEX (<i>levalbuterol hcl</i>)	7	
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	7	
Xanthines		
<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
<i>theophylline TB24</i>	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 10 MG	2	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants - Benzodiazepines		
<i>clonazepam TABS</i>	1	
<i>clonazepam TBDP</i>	1	
KLONOPIN TABS (<i>clonazepam</i>)	7	
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)
(Oxcarbazepine) TRILEPTAL SUSP 300 MG/5ML	1	QL(40 ml daily)
BANZEL SUSP (<i>rufinamide</i>)	7	
BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 ea daily)
BANZEL TABS 200 MG (<i>rufinamide</i>)	7	
<i>carbamazepine CHEW</i>	1	
<i>carbamazepine CP12</i>	1	
<i>carbamazepine SUSP</i>	1	
<i>carbamazepine TABS</i>	1	
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine TB12 100 MG</i>	1		<i>lamotrigine TBDP</i>	1	PA
CARBATROL CP12 (<i>carbamazepine</i>)	7		<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	
<i>gabapentin CAPS</i>	1		<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)
<i>gabapentin SOLN</i>	1		<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1		<i>levetiracetam TB24</i>	1	QL(4 ea daily)
KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)	MYSOLINE (<i>primidone</i>)	7	
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	7		NEURONTIN CAPS (<i>gabapentin</i>)	7	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)	NEURONTIN SOLN (<i>gabapentin</i>)	7	
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)	NEURONTIN TABS (<i>gabapentin</i>)	7	
<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)	<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)
<i>lacosamide TABS</i>	1	QL(2 ea daily)	<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7		<i>oxcarbazepine TABS 150 MG</i>	1	
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	7	PA	<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	7	ST	<i>primidone 50 MG, 250 MG</i>	1	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	<i>rufinamide SUSP</i>	1	
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	<i>rufinamide TABS 200 MG</i>	1	
LAMICTAL TABS (<i>lamotrigine</i>)	7		<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)
<i>lamotrigine CHEW</i>	1		TEGRETOL SUSP (<i>carbamazepine</i>)	7	
<i>lamotrigine KIT 25 MG</i>	1	ST	TEGRETOL TABS (<i>carbamazepine</i>)	7	
<i>lamotrigine TABS</i>	1		TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)
			TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)
			TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7	
			TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7	
			TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX TABS 25 MG <i>(topiramate)</i>	7		(Vigabatrin) VIGADRONE TABS	1	
TOPAMAX TABS 50 MG <i>(topiramate)</i>	7	QL(8 ea daily)	SABRIL PACK <i>(vigabatrin)</i>	7	QL(6 ea daily)
TOPAMAX TABS 200 MG <i>(topiramate)</i>	7	QL(2 ea daily)	SABRIL TABS <i>(vigabatrin)</i>	7	
<i>topiramate CPSP</i>	1		<i>vigabatrin PACK</i>	1	QL(6 ea daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)	<i>vigabatrin TABS</i>	1	
<i>topiramate TABS 25 MG</i>	1		Hydantoins		
<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
TRILEPTAL TABS 300 MG <i>(oxcarbazepine)</i>	7	QL(8 ea daily)	DILANTIN 30 MG	2	
TRILEPTAL TABS 600 MG <i>(oxcarbazepine)</i>	7	QL(4 ea daily)	DILANTIN <i>(phenytoin sodium extended)</i>	7	
TRILEPTAL TABS 150 MG <i>(oxcarbazepine)</i>	7		DILANTIN INFATABS CHEW <i>(phenytoin)</i>	7	
VIMPAT SOLN OR 10 MG/ML <i>(lacosamide)</i>	7	QL(40 ml daily)	DILANTIN-125 SUSP <i>(phenytoin)</i>	7	
VIMPAT TABS <i>(lacosamide)</i>	7	QL(2 ea daily)	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
ZONEGRAN CAPS 100 MG <i>(zonisamide)</i>	7	QL(6 ea daily)	<i>phenytoin CHEW</i>	1	
ZONEGRAN CAPS 25 MG <i>(zonisamide)</i>	7		<i>phenytoin SUSP</i>	1	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)	Succinimides		
<i>zonisamide CAPS 25 MG, 50 MG</i>	1		CELONTIN <i>(methsuximide)</i>	7	
Carbamates			<i>ethosuximide CAPS</i>	1	
<i>felbamate SUSP</i>	1		<i>ethosuximide SOLN</i>	1	
<i>felbamate TABS</i>	1		<i>methsuximide</i>	1	
FELBATOL SUSP <i>(felbamate)</i>	7		ZARONTIN CAPS <i>(ethosuximide)</i>	7	
FELBATOL TABS <i>(felbamate)</i>	7		ZARONTIN SOLN <i>(ethosuximide)</i>	7	
GABA Modulators			Valproic Acid		
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 ea daily)	DEPAKOTE ER TB24 <i>(divalproex sodium)</i>	7	

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

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7	
<i>divalproex sodium</i> CSDR	1	
<i>divalproex sodium</i> TB24	1	
<i>divalproex sodium</i> TBEC	1	
<i>valproate sodium</i> SOLN OR 250 MG/5ML	1	
<i>valproic acid</i> CAPS	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine</i> TABS	1	
<i>mirtazapine</i> TBDP	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7	
Antidepressants - Misc.		
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150 MG, 300 MG	1	QL(1 ea daily)
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7	
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL (<i>phenelzine sulfate</i>)	7	
PARNATE (<i>tranylcypromine sulfate</i>)	7	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	2	PA

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 84MG DOSE	2	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)
<i>citalopram hydrobromide</i> SOLN	1	QL(20 ml daily)
<i>citalopram hydrobromide</i> TABS	1	QL(1 ea daily)
<i>escitalopram oxalate</i> SOLN	1	
<i>escitalopram oxalate</i> TABS 5 MG	1	QL(2 ea daily)
<i>escitalopram oxalate</i> TABS 10 MG, 20 MG	1	QL(1 ea daily)
<i>fluoxetine hcl</i> CAPS 40 MG	1	QL(1 ea daily)
<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	1	
<i>fluoxetine hcl</i> SOLN	1	QL(15 ml daily)
<i>fluoxetine hcl</i> TABS 20 MG	1	QL(1 ea daily)
<i>fluoxetine hcl</i> TABS 10 MG	1	
<i>fluvoxamine maleate</i> CP24 100 MG	1	QL(3 ea daily)
<i>fluvoxamine maleate</i> CP24 150 MG	1	
<i>fluvoxamine maleate</i> TABS 100 MG	1	QL(3 ea daily)
<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	1	
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)
<i>paroxetine hcl</i> SUSP	1	
<i>paroxetine hcl</i> TABS	1	
<i>paroxetine hcl</i> TB24	1	
PAXIL CR TB24 (<i>paroxetine hcl</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
PAXIL SUSP (<i>paroxetine hcl</i>)	7	
PAXIL TABS (<i>paroxetine hcl</i>)	7	
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7	
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 ea daily)
ZOLOFT CONC (<i>sertraline hcl</i>)	7	
ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 ea daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS</i>	1	
TRINTELLIX	2	ST
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 ea daily)
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)
PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)
<i>venlafaxine hcl TABS</i>	1	
<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL (<i>clomipramine hcl</i>)	7	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	2	
PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
PRECOSE (<i>acarbose</i>)	7	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	7	

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

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

Drug Name	Drug Tier	Requirements/Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	4	Check plan documents for coverage; PA
RYBELSUS TABS 3 MG	2	Not available through mail order; PA
RYBELSUS TABS 7 MG, 14 MG	2	PA
TRULICITY 0.75 MG/0.5ML, 1.5 MG/0.5ML	4	Check plan documents for coverage; PA
TRULICITY 3 MG/0.5ML, 4.5 MG/0.5ML	4	PA
VICTOZA	4	PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 40mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA SOLN	2	QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45ml per month; QL(1.5 ml daily)	Insulin Sensitizing Agents		
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 ea daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(40 ml per fill retail; 40 ml per 30 days retail)	Meglitinide Analogues		
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	<i>nateglinide</i>	1	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>repaglinide</i>	1	
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)	FARXIGA	2	QL(1 ea daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)	JARDIANCE	2	QL(1 ea daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)	Sulfonylureas		
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month; QL(0.9 ml daily)	(Glipizide) GLIPIZIDE XL TB24	1	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	AMARYL (<i>glimepiride</i>)	7	
			<i>glimepiride</i>	1	
			<i>glipizide TABS</i>	1	
			<i>glipizide TB24</i>	1	
			GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
			<i>glyburide TABS</i>	1	
			GLYNASE (<i>glyburide micronized</i>)	7	
			ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
			Antiperistaltic Agents		
			<i>diphenoxylate w/ atropine LIQD</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine TABS</i>	1	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
<i>deferasirox TABS</i>	1	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily; 50 ml per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 ea per fill retail)
<i>ondansetron TBDP</i>	1	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		
<i>trimethobenzamide hcl CAPS</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)
Imidazole-Related Antifungals		

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN SUSR (<i>fluconazole</i>)	7	
DIFLUCAN TABS (<i>fluconazole</i>)	7	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX SOLN (<i>itraconazole</i>)	7	PA
TOLSURA CAPS	2	PA
VFEND SUSR (<i>voriconazole</i>)	7	
VFEND TABS (<i>voriconazole</i>)	7	QL(2 ea daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	QUESTRAN POWD (<i>cholestyramine</i>)	7	
Antihistamines - Piperidines			Fibric Acid Derivatives		
<i>cyproheptadine hcl SYRP</i>	1		<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<i>cyproheptadine hcl TABS</i>	1		<i>choline fenofibrate 45 MG</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
Antihyperlipidemics - Combinations			<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)	<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	<i>fenofibrate TABS 48 MG</i>	1	
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)	<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
Antihyperlipidemics - Misc.			FENOFIBRATE TABS	2	QL(1 ea daily)
<i>icosapent ethyl</i>	2	PA	<i>gemfibrozil TABS</i>	1	
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 ea daily)	LOPID TABS (<i>gemfibrozil</i>)	7	
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	TRICOR TABS 48 MG (<i>fenofibrate</i>)	7	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)
Bile Acid Sequestrants			TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)
(Cholestyramine Light) PREVALITE POWD	1		TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7	
<i>cholestyramine light POWD</i>	1		HMG CoA Reductase Inhibitors		
<i>cholestyramine POWD</i>	1		<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7		CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 ea daily)
COLESTID GRAN (<i>colestipol hcl</i>)	7		<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
COLESTID TABS (<i>colestipol hcl</i>)	7		<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
			LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>lovastatin TABS 40 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	7	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	7	
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 ea daily)
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7	
Agents for Pheochromocytoma		
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	7	Not available through mail
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		

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

Drug Name	Drug Tier	Requirements/Limits
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)
AVAPRO (<i>irbesartan</i>)	7	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>candesartan cilexetil</i> 4 MG, 8 MG, 16 MG	1	
<i>candesartan cilexetil</i> 32 MG	1	QL(1 ea daily)
COZAAR (<i>losartan potassium</i>)	7	
DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)
MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
<i>olmesartan medoxomil</i> 5 MG, 20 MG	1	
<i>olmesartan medoxomil</i> 40 MG	1	QL(1 ea daily)
<i>telmisartan</i> 20 MG, 40 MG	1	
<i>telmisartan</i> 80 MG	1	QL(1 ea daily)
<i>valsartan</i> TABS 160 MG	1	QL(2 ea daily)
<i>valsartan</i> TABS 40 MG, 80 MG, 320 MG	1	
Antiadrenergic Antihypertensives		
CARDURA (<i>doxazosin mesylate</i>)	7	
<i>clonidine hcl</i> TABS	1	
<i>doxazosin mesylate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl</i>	1	
<i>methyldopa</i> TABS	1	
MINIPRESS CAPS (<i>prazosin hcl</i>)	7	
<i>prazosin hcl</i> CAPS	1	
<i>terazosin hcl</i> 10 MG	1	QL(2 ea daily)
<i>terazosin hcl</i> 1 MG, 2 MG, 5 MG	1	
Antihypertensive Combinations		
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	QL(1 ea daily)
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	
<i>amlodipine besylate-benazepril hcl</i> 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	1	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl</i> 10 MG-2.5 MG	1	
<i>amlodipine besylate-valsartan</i> 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	1	
<i>amlodipine besylate-valsartan</i> 10 MG-160 MG	1	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7	
<i>atenolol & chlorthalidone</i>	1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7	
<i>benazepril & hydrochlorothiazide</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	7	QL(1 ea daily)
DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>metoprolol & hydrochlorothiazide TABS</i>	1	
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7		MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7	
<i>enalapril maleate & hydrochlorothiazide</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7		<i>telmisartan-amlodipine</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7	
			TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 ea daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
INSPRA (<i>eplerenone</i>)	7	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>metronidazole</i>)	7	
IMPAVIDO	2	
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate IN</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
<i>atovaquone</i>	1	
LAMPIT	2	AC; PA
MEPRON (<i>atovaquone</i>)	7	
Glycopeptides		
VANCOGIN CAPS 125 MG (<i>vancomycin hcl</i>)	7	PA
<i>vancomycin hcl CAPS 125 MG</i>	1	PA
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	7	
<i>clindamycin hcl</i>	1	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail); PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail); PA
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ml per 90 days retail); PA
ZYVOX TABS (<i>linezolid</i>)	7	QL(20 ea per 90 days retail); PA
Urinary Anti-infectives		
MACROBID (<i>nitrofurantoin monohydrate macro</i>)	7	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl 25 MG-62.5 MG</i>	1	
COARTEM	2	QL(0.8 ea daily)
MALARONE 25 MG-62.5 MG (<i>atovaquone-proguanil hcl</i>)	7	
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1	
<i>chloroquine phosphate TABS 500 MG</i>	2	
<i>hydroxychloroquine sulfate 200 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	7	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
SOVUNA 200 MG	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	7	
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
MYCOBUTIN (<i>rifabutin</i>)	7	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC; AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	7	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 150 MG</i>	1	AC
<i>capecitabine 500 MG</i>	1	AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	2	AC; PA
TABLOID	2	AC
XATMEP SOLN	2	AC; PA
XELODA 150 MG (<i>capecitabine</i>)	7	AC
XELODA 500 MG (<i>capecitabine</i>)	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
FARESTON (<i>toremifene citrate</i>)	7	AC
FEMARA (<i>letrozole</i>)	7	AC
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC
LYSODREN	2	AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
NILANDRON (<i>nilutamide</i>)	7	AC
<i>nilutamide</i>	1	AC
NUBEQA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV
<i>tamoxifen citrate TABS</i>	5	Grand Fathered Plans at Tier 2; PV; AC
<i>toremifene citrate</i>	1	AC
XTANDI CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
POMALYST	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	2	AC; PA
XPOVIO 80 MG TWICE WEEKLY	2	PA; AC; PA
Antineoplastic Combinations		
INQOVI	2	PA
KISQALI FEMARA 200 DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
KISQALI FEMARA 400 DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
KISQALI FEMARA 600 DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
LONSURF	2	PA; AC; AC; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>everolimus</i>)	7	QL(1 ea daily); SP; AC; PA
ALECENSA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ALUNBRIG TABS	2	PA; AC; ; AC; PA
ALUNBRIG TBPk	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BALVERSA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	FARYDAK	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BOSULIF CAPS	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BOSULIF TABS	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ICLUSIG 10 MG, 30 MG	2	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 20 MG, 60 MG	2	QL(1 ea daily); AC; PA	ICLUSIG 15 MG, 45 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 40 MG	2	QL(2 ea daily); AC; PA	IDHIFA	2	PA; AC; AC; PA
CALQUENCE	2	QL(2 ea daily); AC; PA	<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); PA
CALQUENCE	2	QL(2 ea daily); AC; PA	<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
CAPRELSA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	IMBRUVICA CAPS	2	PA; AC; AC; PA
COMETRIQ KIT	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	IMBRUVICA TABS	2	PA; AC; QL(1 ea daily); AC; PA
COTELLIC	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	JAKAFI	2	PA; AC; QL(2 ea daily); AC; PA
<i>everolimus TABS</i>	1	QL(1 ea daily); SP; AC; PA	KISQALI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
			KOSELUGO	2	PA; AC; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate</i>	1	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	PIQRAY 250MG DAILY DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	PIQRAY 300MG DAILY DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
LYNPARZA TABS	2	QL(4 ea daily); SP; AC; PA	QINLOCK	2	PA; AC; AC; PA
MEKINIST TABS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	RETEVMO	2	PA; AC; AC; PA
MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RUBRACA	2	PA; AC; AC; PA
NERLYNX	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	SPRYCEL	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>pazopanib hcl</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	STIVARGA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
PIQRAY 200MG DAILY DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
			<i>sunitinib malate 25 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	XALKORI CAPS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TABRECTA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	XOSPATA	2	PA; AC; PA
			ZEJULA CAPS	2	PA; AC; AC; PA
			ZEJULA TABS	2	PA
TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZELBORAF	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TALZENNA 0.25 MG, 1 MG	2	PA; AC; ; AC; PA	ZOLINZA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZYDELIG	2	PA; AC; AC; PA
TAZVERIK	2	PA; AC; PA	Antineoplastics Misc.		
TURALIO 200 MG	2	PA; AC; AC; PA	<i>bexarotene</i>	1	SP; AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	HYDREA (<i>hydroxyurea</i>)	7	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
VERZENIO	2	QL(2 ea daily); AC; PA	<i>hydroxyurea</i>	1	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
VITRAKVI CAPS	2	PA; AC; PA	MATULANE	2	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
VITRAKVI SOLN	2	PA; AC; PA	TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA
VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>tretinoin (chemotherapy)</i>	1	PA; AC; AC
Chemotherapy Rescue/Antidote/Protective Agents					

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

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium TABS</i>	1	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	AC; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
DHIVY TABS	2	
DUOPA SUSP	2	PA
INBRIJA CAPS	2	PA

Drug Name	Drug Tier	Requirements/Limits
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 ea daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	7	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>lithium carbonate TABS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate TBCR</i>	1		<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
LITHOBID TBCR (<i>lithium carbonate</i>)	7		<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
Antipsychotics - Misc.			<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 ea daily)	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7		<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)
LATUDA (<i>lurasidone hcl</i>)	7		SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
<i>lurasidone hcl</i>	1		SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)	SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1		ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
Benzisoxazoles			ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
RISPERDAL SOLN (<i>risperidone</i>)	7		Phenothiazines		
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7		(Prochlorperazine) COMPRO	1	QL(2 ea daily)
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)	<i>chlorpromazine hcl TABS</i>	1	
<i>risperidone SOLN</i>	1		<i>fluphenazine hcl ELIX</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)	<i>fluphenazine hcl TABS</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		<i>perphenazine TABS</i>	1	
<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1		<i>prochlorperazine</i>	1	QL(2 ea daily)
Butyrophenones			<i>prochlorperazine maleate TABS</i>	1	
<i>haloperidol lactate CONC</i>	1		<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>haloperidol TABS</i>	1		<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
Dibenzapines			<i>trifluoperazine hcl TABS</i>	1	
<i>clozapine TABS</i>	1		Quinolinone Derivatives		
CLOZARIL TABS (<i>clozapine</i>)	7				
<i>loxapine succinate</i>	1				

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
EMTRIVA CAPS (<i>emtricitabine</i>)	7	
EMTRIVA SOLN	2	
EPIVIR SOLN (<i>lamivudine</i>)	7	
EPIVIR TABS (<i>lamivudine</i>)	7	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	7	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium TABS</i>	1	
GENVOYA	2	
INTELENCE 25 MG	2	
INTELENCE (<i>etravirine</i>)	7	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK	2		RUKOBIA	2	
ISENTRESS TABS	2		SELZENTRY SOLN	2	
JULUCA	2		SELZENTRY TABS (<i>maraviroc</i>)	7	
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	7		SELZENTRY TABS 25 MG, 75 MG	2	
KALETRA TABS (<i>lopinavir-ritonavir</i>)	7		<i>stavudine CAPS</i>	1	
<i>lamivudine SOLN</i>	1		STRIBILD	2	
<i>lamivudine TABS</i>	1		SUSTIVA CAPS (<i>efavirenz</i>)	7	
<i>lamivudine-zidovudine</i>	1		SUSTIVA TABS (<i>efavirenz</i>)	7	
LEXIVA SUSP	2		SYMFI (<i>efavirenz- lamivudine-tenofovir disoproxil fumarate</i>)	7	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	7		SYMFI LO (<i>efavirenz- lamivudine-tenofovir disoproxil fumarate</i>)	7	
<i>lopinavir-ritonavir SOLN</i>	1		SYMTUZA	2	
<i>lopinavir-ritonavir TABS</i>	1		<i>tenofovir disoproxil fumarate TABS</i>	1	
<i>maraviroc TABS</i>	1		TIVICAY TABS	2	
<i>nevirapine SUSP</i>	1		TRIUMEQ PD TBSO	2	
<i>nevirapine TABS</i>	1		TRIUMEQ TABS	2	
<i>nevirapine TB24</i>	1		TRIZIVIR	2	
NORVIR PACK	2		TRUVADA 200 MG-300 MG (<i>emtricitabine- tenofovir disoproxil fumarate</i>)	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
NORVIR SOLN	2		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily)
NORVIR TABS (<i>ritonavir</i>)	7		TYBOST	2	
ODEFSEY	2		VIRACEPT TABS	2	
PIFELTRO	2		VIREAD POWD	2	
PREZCOBIX	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
PREZISTA SUSP	2		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
PREZISTA TABS (<i>darunavir</i>)	7				
PREZISTA TABS 75 MG, 150 MG	2				
RETROVIR CAPS (<i>zidovudine</i>)	7				
RETROVIR SYRP (<i>zidovudine</i>)	7				
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7				
REYATAZ PACK	2				
<i>ritonavir TABS</i>	1				

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

Drug Name	Drug Tier	Requirements/Limits
ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
<i>zidovudine CAPS</i>	1	
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV
CMV Agents		
VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)
VALCYTE TABS (<i>valganciclovir hcl</i>)	7	
<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABS (<i>entecavir</i>)	7	
<i>entecavir TABS</i>	1	
EPCLUS A PACK	2	SP; PA
EPCLUS A TABS	2	SP; PA
EPCLUS A TABS	2	SP; PA
HEPSERA (<i>adefovir dipivoxil</i>)	7	
<i>ribavirin (hepatitis c) CAPS</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 400 MG</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 ea daily)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 ea daily)
ZOVIRAX SUSP (<i>acyclovir</i>)	7	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
<i>rimantadine hydrochloride TABS</i>	1	QL(180 ea per fill retail; 180 ea per 10 days retail)
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 ea per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV

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

Drug Name	Drug Tier	Requirements/Limits
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
COREG (<i>carvedilol</i>)	7	
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	7	
INDERAL LA CP24 (<i>propranolol hcl</i>)	7	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/afll)</i>	1	
<i>sotalol hcl TABS</i>	1	
SOTYLIZE SOLN OR	2	
<i>timolol maleate TABS 5 MG</i>	1	QL(2 ea daily; 60 ea per fill retail)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)
<i>timolol maleate TABS 20 MG</i>	1	QL(60 ea per fill retail)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)	<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7		<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)	<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7		<i>verapamil hcl TABS</i>	1	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7		<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)	<i>verapamil hcl TBCR 120 MG</i>	1	
<i>diltiazem hcl extended release beads</i>	1		VERELAN PM CP24 (<i>verapamil hcl</i>)	2	
<i>diltiazem hcl CP12</i>	1		VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
<i>diltiazem hcl CP24</i>	1		VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
<i>diltiazem hcl TABS</i>	1		VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
<i>diltiazem hcl TB24</i>	1		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>felodipine 10 MG</i>	1	QL(1 ea daily)	Cardiac Glycosides		
<i>felodipine 2.5 MG, 5 MG</i>	1		(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
<i>nifedipine CAPS</i>	1		(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
<i>nifedipine TB24 30 MG, 60 MG</i>	1		<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>nifedipine TB24</i>	1	QL(1 ea daily)	<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
<i>nimodipine CAPS</i>	1				
<i>nisoldipine</i>	1				
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)			
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)			
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 ea daily)			

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

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7	
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 2.5 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
VIAGRA (<i>sildenafil citrate</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
Prostaglandin Vasodilators		
TYVASO DPI INSTITUTIONALKIT POWD	2	QL(4 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	2	QL(4 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	2	QL(8 ea daily); PA
TYVASO DPI TITRATION KIT POWD	2	QL(9 ea daily); PA
TYVASO DPI TITRATION KIT POWD	2	QL(7 ea daily); PA
VENTAVIS	2	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	ST; QL(1 ea daily); PA
<i>bosentan TABS 125 MG</i>	1	ST
<i>bosentan TABS 62.5 MG</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
LETAIRIS (<i>ambrisentan</i>)	7	ST; QL(1 ea daily); PA
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST
TRACLEER TBSO	2	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

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

Drug Name	Drug Tier	Requirements/Limits
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 ea daily); PA
VYNDAQEL	2	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
SUPRAX CAPS (<i>cefixime</i>)	7	
SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	7	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN	5	Grand Fathered Plans at Tier 2; PV

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	Grand Fathered Plans at Tier 2; PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	Grand Fathered Plans at Tier 2; PV			

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	Grand Fathered Plans at Tier 2; PV

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	Grand Fathered Plans at Tier 2.; PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone & Ethinyl Estradiol-Fe) WYMZYA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG-20 MCG	5	Grand Fathered Plans at Tier 2.; PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; PV
			(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	Grand Fathered Plans at Tier 2; PV	MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV	MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>desogestrel & ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV	NATAZIA	5	Grand Fathered Plans at Tier 2; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV
<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet & estrad-fe CAPS</i>	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet & estrad-fe CHEW</i>	5	Grand Fathered Plans at Tier 2; PV
<i>ethynodiol diacet & eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG</i>	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
<i>levonorgestrel & eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acet & eth estra</i>	5	Grand Fathered Plans at Tier 2.; PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV			
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV			

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

Drug Name	Drug Tier	Requirements/Limits
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; PV
<i>norelgestromin-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
TWIRLA	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV
ANNOVERA	5	Grand Fathered Plans at Tier 2; PV
<i>etonogestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/Limits
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	Grand Fathered Plans at Tier 2; PV
ELLA	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	Grand Fathered Plans at Tier 2; PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	Grand Fathered Plans at Tier 2; PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV
OPILL	5	Grandfather Plans at Tier 2; PV

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

Drug Name	Drug Tier	Requirements/Limits
SLYND	5	Grand Fathered Plans at Tier 2; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide CPEP</i>	1	QL(3 ea daily)
CORTEF TABS (<i>hydrocortisone</i>)	7	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>hydrocortisone TABS</i>	1	
MEDROL DOSEPAK TBPB (<i>methylprednisolone</i>)	7	
MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	7	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPB</i>	1	
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	1	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG</i>	1	
<i>prednisone TBPB 10 MG</i>	1	
Mineralocorticoids		

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate 100 MG, 200 MG</i>	1	
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7	
HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	Limit 10mls per day; QL(10 ml daily); AL(At least 6 yrs old)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)	(Tretinoin) AVITA CREA 0.025 %	1	
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)	(Tretinoin) AVITA GEL 0.025 %	1	
<i>promethazine-phenylephrine-codeine</i>	1		ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 ea daily; 150 Day(s) limit)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1		ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 ea daily; 150 Day(s) limit)
Misc. Respiratory Inhalants			ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 ea daily; 150 Day(s) limit)
<i>sodium chloride (inhalant) NEBU 0.9 %</i>	1		ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 ea daily; 150 Day(s) limit)
Mucolytics			<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>acetylcysteine SOLN</i>	1		<i>adapalene CREA</i>	1	QL(45 gm per fill retail)
DERMATOLOGICALS - Drugs to Treat Skin			<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)
Conditions			<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC
Acne Products			BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 gm daily)
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC	<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	7	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)	CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	7	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) GEL</i>	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)			
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)			

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) LOTN</i>	1	
<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
DIFFERIN CREA (<i>adapalene</i>)	7	QL(45 gm per fill retail)
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 gm per fill retail; 135 per fill mail)
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 gm per fill retail); RX/OTC
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month; QL(1.5 gm daily)
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7	
<i>erythromycin (acne aid) GEL</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1	
<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)
<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)
<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)
<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)
KLARON (<i>sulfacetamide sodium (acne)</i>)	7	
RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)
RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)

Drug Name	Drug Tier	Requirements/Limits
RETIN-A CREA (<i>tretinoin</i>)	7	
RETIN-A GEL (<i>tretinoin</i>)	7	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 50gms per month; QL(1.7 gm daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
Antibiotics - Topical		
CENTANY OINT	2	
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	
Antifungals - Topical		
(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH SOLN	1	RX/OTC
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	
<i>ciclopirox SHAM</i>	1	
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail; 45 gm per 30 days retail)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(60 ml per fill retail; 60 ml per 30 days retail)	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	
<i>econazole nitrate CREA</i>	1			1	RX/OTC	
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)		1	QL(5 ml daily)	
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7			7	RX/OTC	
LOPROX CREA (<i>ciclopirox olamine</i>)	7			Antineoplastic or Premalignant Lesion Agents - Topical		
LOPROX SUSP (<i>ciclopirox olamine</i>)	7			<i>bexarotene (topical)</i>	1	
<i>nystatin (topical) CREA</i>	1			CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)
<i>nystatin (topical) OINT</i>	1			EFUDEX CREA (<i>fluorouracil (topical)</i>)	7	
<i>nystatin (topical) POWD EX</i>	1			<i>fluorouracil (topical) CREA 5 %</i>	1	
<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 gm daily)		<i>fluorouracil (topical) SOLN</i>	1	
<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 gm daily)				
Anti-inflammatory Agents - Topical						

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TARGRETIN (<i>bexarotene (topical)</i>)	7		SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
Antipsoriatics			SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)	SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
<i>calcipotriene CREA</i>	1	QL(5 gm daily)	STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage; SP; PA
<i>calcipotriene OINT</i>	1	QL(5 gm daily)	STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ml daily); SP; PA
<i>calcipotriene SOLN</i>	1		STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ml daily); SP; PA
<i>calcitriol (topical)</i>	1	Limited 100 gms per month; QL(3.4 gm daily)	<i>tazarotene CREA</i>	1	QL(1 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	<i>tazarotene GEL</i>	1	QL(1 gm daily)
COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	TAZORAC CREA	2	QL(1 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ml daily); PA	TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 gm daily)
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ml daily); PA	TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 gm daily)
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	TREMFYA SOPN	4	See plan documents for specific Coverage.; QL(0.018 ml daily); PA
DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 gm daily)			
<i>methoxsalen rapid</i>	1				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SOSY	4	See plan documents for specific Coverage.; QL(0.018 ml daily); PA	<i>amcinonide CREA</i>	1	
			APEXICON E CREA	2	
			<i>betamethasone dipropionate (topical) CREA</i>	1	
Antiseborrheic Products			<i>betamethasone dipropionate (topical) LOTN</i>	1	
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7		<i>betamethasone dipropionate (topical) OINT</i>	1	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7		<i>betamethasone dipropionate augmented CREA</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>betamethasone dipropionate augmented LOTN</i>	1	
Antivirals - Topical			<i>betamethasone dipropionate augmented OINT</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)	<i>betamethasone valerate CREA</i>	1	
ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 gm daily)	<i>betamethasone valerate LOTN</i>	1	
Burn Products			<i>betamethasone valerate OINT</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone valerate CREA</i>	1	
SILVADENE (<i>silver sulfadiazine</i>)	7		<i>betamethasone valerate LOTN</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone valerate OINT</i>	1	
Corticosteroids - Topical			CAPEX SHAM	2	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate SHAM</i>	1	
			<i>clobetasol propionate SOLN 0.05 %</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLOBEX SHAM (<i>clobetasol propionate</i>)	7		<i>fluticasone propionate</i> OINT	1	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone</i> <i>acetonide</i>)	7		<i>halobetasol propionate</i> CREA	1	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone</i> <i>acetonide</i>)	7		<i>halobetasol propionate</i> OINT	1	
<i>desonide</i> CREA	1		<i>hydrocortisone (topical)</i> CREA 2.5 %	1	
<i>desonide</i> LOTN	1		<i>hydrocortisone (topical)</i> LOTN 2.5 %	1	
<i>desonide</i> OINT	1		<i>hydrocortisone (topical)</i> OINT 2.5 %	1	
DESOWEN CREA (<i>desonide</i>)	7		<i>hydrocortisone butyrate</i> CREA	1	
<i>desoximetasone</i> CREA	1		<i>hydrocortisone butyrate</i> OINT	1	
<i>desoximetasone</i> GEL	1		KENALOG AERS (<i>triamcinolone acetonide</i> (<i>topical</i>))	7	
<i>desoximetasone</i> OINT 0.25 %	1		<i>mometasone furoate</i> CREA	1	
<i>diflorasone diacetate</i> CREA	1		<i>mometasone furoate</i> OINT	1	
<i>diflorasone diacetate</i> OINT	1		<i>mometasone furoate</i> SOLN	1	
DIPROLENE OINT (<i>betamethasone</i> <i>dipropionate augmented</i>)	7		SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
<i>fluocinolone acetonide</i> CREA	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
<i>fluocinolone acetonide</i> OIL	1		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
<i>fluocinolone acetonide</i> OINT	1		TEMOVATE CREA (<i>clobetasol propionate</i>)	7	
<i>fluocinolone acetonide</i> SOLN	1		TEMOVATE OINT (<i>clobetasol propionate</i>)	7	
<i>fluocinonide emulsified</i> <i>base</i>	1		TOPICORT CREA (<i>desoximetasone</i>)	7	
<i>fluocinonide</i> CREA 0.05 %	1		TOPICORT GEL (<i>desoximetasone</i>)	7	
<i>fluocinonide</i> GEL	1		TOPICORT OINT 0.25 % (<i>desoximetasone</i>)	7	
<i>fluocinonide</i> OINT	1		<i>triamcinolone acetonide</i> (<i>topical</i>) AERS	1	
<i>fluocinonide</i> SOLN	1				
<i>fluticasone propionate</i> CREA 0.05 %	1				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) CREA</i>	1		(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)
<i>triamcinolone acetonide (topical) LOTN</i>	1		<i>azelaic acid GEL</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		FINACEA GEL (<i>azelaic acid</i>)	7	
TRIDESILON CREA 0.05 % (<i>desonide</i>)	7		METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
Immunomodulating Agents - Topical			METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
<i>imiquimod 5 %</i>	1		METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ml per fill retail)
Immunosuppressive Agents - Topical			<i>metronidazole (topical) CREA</i>	1	
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)	<i>metronidazole (topical) GEL 1 %</i>	1	
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)	<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
Keratolytic/Antimitotic/Vesicant Agents			<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)
(Salicylic Acid) KERALYT SHAM 6 %	1		Scabicides & Pediculicides		
CONDYLOX GEL (<i>podofilox</i>)	7		<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
<i>podofilox GEL</i>	1		DIAGNOSTIC PRODUCTS		
<i>podofilox SOLN</i>	1		Diagnostic Tests		
<i>salicylic acid SHAM 6 %</i>	1		COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
Local Anesthetics - Topical			FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 %	1	QL(3 ea daily)	FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<i>lidocaine hcl SOLN</i>	1		FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without prior authorization; QL(6.7 ea daily); RX/OTC
<i>lidocaine PTCH 5 %</i>	1	QL(3 ea daily)			
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)			
Misc. Topical					
DRYSOL SOLN	2				
Rosacea Agents					
(Metronidazole (Topical)) ROSADAN CREA	1				

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

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE	2	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7	
<i>amiloride & hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
<i>furosemide SOLN OR 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS (<i>furosemide</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
SOAANZ TABS 20 MG (<i>torseamide</i>)	7	
<i>torseamide</i> TABS 5 MG, 10 MG, 20 MG	1	
<i>torseamide</i> TABS 100 MG	1	QL(2 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	7	
<i>amiloride hcl</i> TABS	1	
<i>spironolactone</i> TABS	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone</i> 25 MG, 50 MG	1	
<i>hydrochlorothiazide</i> CAPS	1	QL(1 ea daily)
<i>hydrochlorothiazide</i> TABS 25 MG, 50 MG	1	
<i>indapamide</i> TABS 1.25 MG, 2.5 MG	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium</i> TABS 35 MG, 70 MG	1	QL(0.15 ea daily)
<i>alendronate sodium</i> TABS 5 MG, 10 MG	1	QL(1 ea daily)
BONIVA TABS (<i>ibandronate sodium</i>)	7	QL(0.04 ea daily)
<i>calcitonin (salmon)</i> NA	1	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	QL(0.15 ea daily)
<i>ibandronate sodium</i> TABS	1	QL(0.04 ea daily)
Fertility Regulators		

Drug Name	Drug Tier	Requirements/Limits
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
<i>clomiphene citrate</i> TABS	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
Growth Hormones		
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	Specialty Drug refer to Caremark SP RX
<i>calcitriol</i> CAPS 0.25 MCG	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
<i>calcitriol SOLN OR</i>	1	
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
<i>paricalcitol CAPS</i>	1	
ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
ROCALTROL SOLN OR (<i>calcitriol</i>)	7	
<i>sapropterin dihydrochloride PACK</i>	1	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	1	Specialty Drug refer to Caremark SP RX
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
Posterior Pituitary Hormones		
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
CLIMARA PRO	2	QL(4 ea per 30 days retail)
<i>estradiol & norethindrone acetate TABS</i>	1	
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	7	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	2	PA
PREMPHASE	2	
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
Estrogens		

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

Drug Name	Drug Tier	Requirements/Limits
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)
CLIMARA PTWK <i>(estradiol)</i>	7	QL(4 ea per fill retail; 4 ea per 30 days retail)
ESTRACE TABS <i>(estradiol)</i>	7	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	QL(4 ea per fill retail; 4 ea per 30 days retail)
<i>estradiol TABS</i>	1	
MENEST	2	
MINIVELLE PTTW <i>(estradiol)</i>	7	QL(0.29 ea daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
PREMARIN TABS 0.9 MG	2	
VIVELLE-DOT PTTW <i>(estradiol)</i>	7	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Gallstone Solubilizing Agents		

Drug Name	Drug Tier	Requirements/Limits
URSO 250 TABS <i>(ursodiol)</i>	7	
URSO FORTE TABS <i>(ursodiol)</i>	7	
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	7	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl TABS</i>	1	
REGLAN TABS <i>(metoclopramide hcl)</i>	7	
Inflammatory Bowel Agents		
APRISO CP24 <i>(mesalamine)</i>	7	QL(4 ea daily)
ASACOL HD TBEC <i>(mesalamine)</i>	7	
AZULFIDINE EN-TABS TBEC <i>(sulfasalazine)</i>	7	QL(8 ea daily)
AZULFIDINE TABS <i>(sulfasalazine)</i>	7	QL(8 ea daily)
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily; 280 ea per fill retail)
CANASA SUPP <i>(mesalamine)</i>	7	QL(1 ea daily)
COLAZAL CAPS <i>(balsalazide disodium)</i>	7	QL(9 ea daily; 280 ea per fill retail)
DELZICOL CPDR <i>(mesalamine)</i>	7	QL(6 ea daily)
LIALDA TBEC <i>(mesalamine)</i>	7	QL(4 ea daily)
<i>mesalamine CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	QL(1 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine TBEC 800 MG</i>	1	
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Check Benefits for coverage; 1 rtl pack lmt per fill; PA
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	QL(1 ea daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
FOSRENOL PACK	2	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 ea daily)
RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
RENVELA TABS (<i>sevelamer carbonate</i>)	7	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
UROKIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
Cystinosis Agents		
CYSTAGON CAPS	2	
PROCYSBI CPDR	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX (<i>tamsulosin hcl</i>)	7	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7	
PROSCAR (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	7	
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 ea daily)
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 ea daily)
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Complement Inhibitors		
FABHALTA	2	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
<i>anagrelide hcl</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	
EFFIENT (<i>prasugrel hcl</i>)	7	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
Folic Acid/Folates		

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

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	Grand Fathered Plans at Tier 2; PV
Hematopoietic Growth Factors		
PROMACTA PACK 25 MG	2	QL(1 ea daily); PA
PROMACTA PACK 12.5 MG	2	QL(1 ea daily); PA
PROMACTA TABS	2	QL(1 ea daily); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/Limits
Hemostatics - Systemic		
LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily; 5 Day(s) limit)
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS 10 MG (<i>zolpidem tartrate</i>)	7	QL(1 ea daily; 30 ea per fill retail)
AMBIEN TABS 5 MG (<i>zolpidem tartrate</i>)	7	QL(1 ea daily; 30 ea per fill retail; 30 ea per 30 days retail)
<i>estazolam</i>	1	
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)
RESTORIL 7.5 MG (<i>temazepam</i>)	7	
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)
RESTORIL 30 MG (<i>temazepam</i>)	7	QL(1 ea daily)
<i>temazepam 30 MG</i>	1	QL(1 ea daily)
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<i>temazepam 7.5 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TABS 5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 30 ea per 30 days retail)

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate TABS 10 MG</i>	1	QL(1 ea daily; 30 ea per fill retail)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	Grand Fathered Plans at Tier 2; PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	Grand Fathered Plans at Tier 2; PV
PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	Grand Fathered Plans at Tier F

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	Grand Fathered Plans at Tier F
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limit 528gms per month; QL(17.6 gm daily)
<i>lactulose SOLN</i>	1	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	7	Limit 528gms per month; QL(17.6 gm daily)
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 gm daily)
Saline Laxatives		
OSMOPREP	5	Grand Fathered Plans at Tier 2; PV
Stimulant Laxatives		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX SUPP (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	MACROLIDES - Drugs to Treat Bacterial Infections		
			Azithromycin		
			<i>azithromycin PACK</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
ZITHROMAX PACK (<i>azithromycin</i>)	7	
ZITHROMAX SUSR (<i>azithromycin</i>)	7	
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 ea daily)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 ea per 365 days retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICI DE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV
FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV
KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	5	Grand Fathered Plans at Tier 2; PV
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	Diabetic Supplies		
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SAFE-T-PRO LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	Grand Fathered Plans at Tier 2; PV	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	Grand Fathered Plans at Tier 2; PV	ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	Grand Fathered Plans at Tier 2; PV			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTI-LANCE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AGAMATRIX ULTRA-THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AIMSCO TWIST LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AIMSCO TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AQUALANCE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE COMFORT LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVANCED MOBILE LANCET 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARESENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET SUPER THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
BD MICROTAINER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CAREONE LANCET SUPER THIN/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEANLET LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CAREONE LANCET THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHEK LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ORIGINAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT ASSURED LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS 30G/THIN TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DROPLET PERSONAL LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL SUPER THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL THIN LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
E-Z JECT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FIFTY50 SAFETY SEAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FIFTY50 SAFETY SEAL LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS COLOR	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FIFTY50 UNILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FINGERSTIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FORA LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 28G ULTRA-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FREESTYLE UNISTICK II LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GLUCOCOM LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GLUCOCOM LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GNP LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GNP LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOODSENSE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	H-E-B INCONTROL LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HY-VEE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HY-VEE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	IN TOUCH STERILE LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KINNEY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KINNEY THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS 30G TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS 30G/TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS 33G EXTRA FINE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS MICRO THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS 33G UNIVERSAL DESIGN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS ULTRATHIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIBERTY MEDICAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LITE TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LITETOUCH LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE SAFETY LANCETEXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LIVE BETTER LANCET SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE SAFETY LANCETNORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LIVE BETTER LANCET ULTRATHIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS EXTRA LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LONGS LANCETS STANDARD	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LONGS LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS LANCETS LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LONGS LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS LITE LANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS/LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE/EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MICROLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE/LITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MM TWIST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE/UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MONOLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MONOLET OPD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MONOLETTOR SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 21G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MPD SAFETY LANCET 30G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
MPD SAFETY LANCETS 23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
NOVA SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PC LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PERFECT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACY COUNTER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PIP LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRODIGY SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PIP LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRODIGY TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRECISION THINS GP LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PSS SELECT GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PREFERRED PLUS LANCETS COLORED 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PSS SELECT SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PREFERRED PLUS LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PX LANCETS MICROTHIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
QC LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/26G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	REALITY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	REALITY TRIGGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION 2-IN-1 LANCET DEVICES 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION 2-IN-1 LANCING DEVICE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION 2-IN-1 LANCING DEVICE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS ULTRA-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION ULTRA THIN LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFETY LANCET 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REXALL LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RIGHTEST GL300 LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCETS/PRESSURE ACTIVATED/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SINGLE-LET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SM MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAPSCARE TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SB LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SMART SENSE THIN LANCETS UNIVERSAL 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SMARTEST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SHOPKO ON-THE-GO COMFORTLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SHOPKO UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	STERILANCE TL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	THINLETS GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TODAYS HEALTH SUPER THINLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURELITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TODAYS HEALTH ULTRA THINLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TECHLITE AST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TOPCARE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TECHLITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TRAVEL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TECHLITE LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTILET CLASSIC LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTILET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTILET SAFETY LANCETS 21G X 2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTILET SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTRA-CARE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTRA-THIN II AUTO LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTRA-THIN II LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE II	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET LANCETS SUPER-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK TOUCH SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 23G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS THIN26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 28G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS STANDARD 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VIDA MIA UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WALGREENS THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WALGREENS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
Parenteral Therapy Supplies		

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC
BD NEEDLE/30G X 1/2"	2	RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Limit 200; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Limit 200; QL(6.67 ea daily); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
			Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
			AJOVY SOAJ	4	PA
			AJOVY SOSY	4	PA
			EMGALITY SOAJ	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 120 MG/ML	4	PA
UBRELVY	2	QL(10 ea per 30 days retail); ST
Migraine Combinations		
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
ERGOMAR SUBL	2	
Serotonin Agonists		
<i>almotriptan malate</i>	1	QL(0.2 ea daily)
AMERGE (<i>naratriptan hcl</i>)	7	QL(9 ea per fill retail; 9 ea per 30 days retail)
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 ea daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	QL(6 ea per fill retail; 6 ea per 30 days retail)
IMITREX TABS (<i>sumatriptan succinate</i>)	7	QL(2 ea daily)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 ea daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	QL(0.6 ea daily)
<i>naratriptan hcl</i>	1	QL(9 ea per fill retail; 9 ea per 30 days retail)
<i>rizatriptan benzoate TABS</i>	1	QL(0.6 ea daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 ea daily)
<i>sumatriptan 5 MG/ACT</i>	1	QL(6 ea per fill retail; 6 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan succinate TABS</i>	1	QL(2 ea daily)
MINERALS & ELECTROLYTES		
Fluoride		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride TABS 0.5 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	

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

Drug Name	Drug Tier	Requirements/ Limits
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
K-TAB TBCR 10 MEQ (<i>potassium chloride</i>)	7	
K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS (<i>penicillamine</i>)	7	
<i>penicillamine TABS</i>	1	
<i>trientine hcl 500 MG</i>	1	PA
Immunomodulators		
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Immunosuppressive Agents		
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
<i>azathioprine TABS 50 MG</i>	1	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7	
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	1	
IMURAN TABS (<i>azathioprine</i>)	7	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	1	
<i>mycophenolate mofetil TABS</i>	1	
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7	
PROGRAF CAPS (<i>tacrolimus</i>)	7	
SANDIMMUNE CAPS (<i>cyclosporine</i>)	7	
SANDIMMUNE SOLN OR	2	
<i>tacrolimus CAPS</i>	1	
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	7	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
<i>sodium polystyrene sulfonate POWD</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	7	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 ea daily)
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 ea daily)
MULTIVITAMINS		
Ped Multi Vitamins w/FI & FE		
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)	(Pediatric Vitamins ACD W/ Fluoride) TRIVITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)
			POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
			QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			Prenatal Vitamins		
			(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
			(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
			ATABEX EC TBEC	2	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
CITRANATAL ASSURE	2		PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
CITRANATAL BLOOM DHA	2		PRENATAL-U CAPS	2	
CITRANATAL DHA	2		PRENATRIX TABS	2	RX/OTC
CITRANATAL ESSENCE	2		PRENATRYL TABS	2	RX/OTC
COMPLETENATE CHEW	2		PREPLUS TABS	2	RX/OTC
CONCEPT DHA	2		PROVIDA OB	2	
CONCEPT OB	2		SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
FOLIVANE-OB	2		SE-NATAL 19 CHEW	2	
M-NATAL PLUS TABS	2	RX/OTC	THERANATAL CORE NUTRITION TABS	2	RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	TRICARE TABS	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC	VIRT-C DHA	2	
NESTABS DHA	2		VITATHELY/GINGER TABS	2	RX/OTC
NIVA-PLUS TABS	2	RX/OTC	VITATRUE	2	
OBSTETRIX DHA MISC	2		WESCAP-C DHA	2	
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2		WESTAB PLUS TABS	2	RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENA 1 TRUE	2		Central Muscle Relaxants		
PRENATAL 19 CHEW	2		(Carisoprodol) VANADOM TABS 350 MG	1	
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC	<i>baclofen TABS 5 MG</i>	1	
PRENATAL PLUS TABS	2	RX/OTC	<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
			<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
			<i>carisoprodol TABS 350 MG</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1		(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
<i>methocarbamol TABS 500 MG, 750 MG</i>	1				
<i>orphenadrine citrate TB12</i>	1				
SOMA TABS 350 MG (<i>carisoprodol</i>)	7				
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)			
<i>tizanidine hcl TABS 2 MG</i>	1				
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 ea daily)			
Direct Muscle Relaxants			(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7				
<i>dantrolene sodium CAPS</i>	1				
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPATOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)
Nasal Antiallergy					
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC			
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC	Nasal Anticholinergics	1	Limit 1 inhaler per month; QL(1.2 ml daily)
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)			
Nasal Anticholinergics			Nasal Steroids	1	
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids					

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

Drug Name	Drug Tier	Requirements/Limits
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(32 gm per fill retail; 32 gm per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
XHANCE EXHU	2	QL(1.07 ml daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	2	PA
NUTRIENTS		
Lipids		
DOJOLVI	2	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
<i>atropine sulfata (ophthalmic) OINT</i>	1	
<i>atropine sulfata (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfata (ophthalmic)</i>)	7	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
CYCLOGYL	2	
<i>cyclopentolate hcl</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISOPTO ATROPINE SOLN	2		<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1		<i>neomycin-polymyxin-gramicidin</i>	1	
Miotics			OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)
ISOPTO CARPINE SOLN 1 % (<i>pilocarpine hcl</i>)	7	QL(0.5 ml daily)	<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)	<i>polymyxin b-trimethoprim</i>	1	
Ophthalmic Adrenergic Agents			POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7	
ALPHAGAN P (<i>brimonidine tartrate</i>)	7		<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>brimonidine tartrate</i>	1		<i>sulfacetamide sodium (ophth) SOLN</i>	1	
Ophthalmic Anti-infectives			<i>tobramycin (ophth) SOLN</i>	1	
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1		TOBREX OINT	2	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1		<i>trifluridine</i>	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)
<i>bacitracin (ophthalmic)</i>	2		ZYMAXID (<i>gatifloxacin (ophth)</i>)	7	
<i>bacitracin-polymyxin b (ophth)</i>	1		Ophthalmic Immunomodulators		
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	7		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
CILOXAN OINT	2		Ophthalmic Steroids		
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)
ERYTHROMYCIN	2		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>erythromycin (ophth)</i>	1		<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)
<i>gatifloxacin (ophth)</i>	1		BLEPHAMIDE S.O.P. OINT	2	
<i>gentamicin sulfate (ophth) SOLN</i>	1		BLEPHAMIDE SUSP	2	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)	<i>dexamethasone sodium phosphate (ophth)</i>	1	
NATACYN	2		FLAREX	2	

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

Drug Name	Drug Tier	Requirements/Limits
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
FML OINT	2	
MAXIDEX SUSP OP	2	
MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	7	
MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	7	
<i>neomycin-polymyx-dexameth OINT</i>	1	
<i>neomycin-polymyx-dexameth SUSP</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	2	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
Ophthalmics - Misc.		

Drug Name	Drug Tier	Requirements/Limits
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month without prior authorization; QL(0.34 ml daily); RX/OTC
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	7	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7	
ALOCRIAL	2	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.4 ml daily)
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	2	Limit 4 bottles per month; QL(2.15 ml daily)
<i>diclofenac sodium (ophth)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl</i>	1	
DORZOLAMIDE HCL	2	
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month without prior authorization; QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month without prior authorization; QL(0.34 ml daily); RX/OTC
PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
TRUSOPT (<i>dorzolamide hcl</i>)	7	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.09 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ml daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone</i> CAPS	1	QL(1 ea daily)
PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 ea daily)
PROVERA 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	7	
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 ea daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	2	QL(224 ea per 14 days retail); PA
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	7	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)
<i>donepezil hydrochloride</i> TABS 5 MG, 10 MG	1	
<i>donepezil hydrochloride</i> TABS 23 MG	1	QL(1 ea daily)
<i>donepezil hydrochloride</i> TBDP	1	QL(1 ea daily)
EXELON (<i>rivastigmine</i>)	7	
<i>galantamine hydrobromide</i> CP24	1	QL(1 ea daily)
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS	1	
<i>memantine hcl</i> SOLN	1	
<i>memantine hcl</i> TABS 5 MG	1	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl</i> TABS	1	
<i>memantine hcl</i> TABS 10 MG	1	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7	
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 ea daily)
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 ea daily)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i> CAPS	1	
Movement Disorder Drug Therapy		
INGREZZA CAPS 60 MG	2	PA
Multiple Sclerosis Agents		
AMPYRA (<i>dalfampridine</i>)	7	PA
AUBAGIO (<i>teriflunomide</i>)	7	QL(1 ea daily)
<i>dalfampridine</i>	1	PA
<i>dimethyl fumarate</i> CDPK	1	QL(60 ea per 365 days retail)
<i>dimethyl fumarate</i> CPDR	1	QL(2 ea daily)
<i>fingolimod hcl</i>	1	QL(1 ea daily)
GILENYA 0.5 MG	2	QL(1 ea daily)
GILENYA (<i>fingolimod hcl</i>)	7	QL(1 ea daily)
MAYZENT STARTER PACK TBPK	2	not available thru mail order; PA
MAYZENT STARTER PACK TBPK	2	not available thru mail order; QL(12 ea per 5 days retail); PA
MAYZENT TABS 0.25 MG	2	not available thru mail order; QL(4 ea daily); PA
MAYZENT TABS 1 MG	2	not available thru mail order; PA

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS 2 MG	2	not available thru mail order; QL(1 ea daily); PA
PLEGRIDY SOSY IM	4	PA
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	7	QL(60 ea per 365 days retail)
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	QL(2 ea daily)
<i>teriflunomide</i>	1	QL(1 ea daily)
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	Grand Fathered Plans at Tier 2; PV

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	Grand Fathered Plans at Tier 2; PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR		
			APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	Grand Fathered Plans at Tier 2; PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex GUM</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex LOZG</i>	5	Grand Fathered Plans at Tier 2; PV
			NICOTINE TRANSDERMAL SYSTEM KIT	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine MISC XX</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	Grand Fathered Plans at Tier 2; PV
			NICOTROL INHALER INHA	5	Grand Fathered Plans at Tier 2; PV

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV
<i>varenicline tartrate TABS</i>	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	2	PA
KALYDECO TABS	2	PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO 75 MG-50 MG	2	PA
SYMDEKO 150 MG-100 MG	2	PA
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 ea daily); PA
TRIKAFTA TBPK 50 MG-25 MG	2	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	2	QL(3 ea daily); PA
ESBRIET TABS (<i>pirfenidone</i>)	2	QL(3 ea daily); PA
<i>pirfenidone CAPS</i>	1	QL(3 ea daily); PA
<i>pirfenidone TABS</i>	1	QL(3 ea daily); PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	

Drug Name	Drug Tier	Requirements/Limits
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	1	Use MONODOX generic
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>tetracycline hcl CAPS</i>	1	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		NP THYROID 15 TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	NP THYROID 30 TABS	2	
ADTHYZA TABS	2		NP THYROID 60 TABS	2	
ARMOUR THYROID TABS	2		NP THYROID 90 TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 ea daily)	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	2	QL(1 ea daily)
CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2	
<i>levothyroxine sodium</i> CAPS 125 MCG	1	QL(1 ea daily)	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	Antispasmodics		
<i>liothyronine sodium</i> TABS 5 MCG	1		(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 ea daily)	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
NIVA THYROID TABS	2		CUVPOSA SOLN OR <i>(glycopyrrolate)</i>	7	
NP THYROID 120 TABS	2		<i>dicyclomine hcl</i> CAPS	1	
			<i>dicyclomine hcl</i> SOLN OR <i>dicyclomine hcl</i> TABS	1	
			<i>glycopyrrolate</i> SOLN OR 1 MG/5ML	1	
			<i>glycopyrrolate</i> TABS 1 MG, 2 MG	1	
			<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
			<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	
			LEVSIN/SL SUBL <i>(hyoscyamine sulfate)</i>	7	

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

Drug Name	Drug Tier	Requirements/Limits
LEVSIN TABS <i>(hyoscyamine sulfate)</i>	7	
<i>methscopolamine bromide</i>	1	
ROBINUL FORTE TABS <i>(glycopyrrolate)</i>	7	
ROBINUL TABS <i>(glycopyrrolate)</i>	7	
H-2 Antagonists		

Drug Name	Drug Tier	Requirements/Limits
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	1	QL(4 ea daily); RX/OTC
<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	1	
<i>cimetidine TABS 300 MG, 800 MG</i>	1	
<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famotidine TABS 20 MG</i>	1	QL(4 ea daily); RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)
<i>nizatidine CAPS</i>	1				
<i>nizatidine SOLN</i>	1				
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC			
PEPCID AC TABS 20 MG (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC			
PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 ea daily)			
PEPCID TABS 20 MG (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC			
Misc. Anti-Ulcer					
CARAFATE SUSP (<i>sucralfate</i>)	7				
CARAFATE TABS (<i>sucralfate</i>)	7	QL(4 ea daily)			
<i>sucralfate SUSP</i>	1				
<i>sucralfate TABS</i>	1	QL(4 ea daily)			
Proton Pump Inhibitors					
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)
			<i>lansoprazole CPDR</i>	1	QL(1 ea daily)
			<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
			<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
			<i>omeprazole CPDR 10 MG</i>	1	
			<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
			PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 ea daily); RX/OTC
			PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily)
			PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	7	
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rti MAX day(s) supply; 365 rti lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat		
Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 ea daily)
DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	7	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 ea daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flvoxate hcl</i>	1	
VACCINES		
Viral Vaccines		

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2021-2022 SUSP	5	PV
AFLURIA QUADRIVALENT 2022-2023 SUSP	5	PV
AFLURIA QUADRIVALENT 2023-2024 SUSP	5	PV
COVID VACCINES	5	
FLUBLOK QUADRIVALENT 2021-2022	5	PV
FLUBLOK QUADRIVALENT 2022-2023	5	PV
FLUBLOK QUADRIVALENT 2023-2024	5	PV
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	5	PV
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	5	PV
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE QUADRIVALENT 2021-2022 SUSP	5	PV
FLUZONE QUADRIVALENT 2022-2023 SUSP	5	PV
FLUZONE QUADRIVALENT 2023-2024 SUSP	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV

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

Drug Name	Drug Tier	Requirements/Limits
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
Vaginal Anti-infectives		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
<i>clindamycin phosphate vaginal CREA</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	Grand Fathered Plans at Tier 2; PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	2	QL(168 gm per 180 days retail); PA

VASOPRESSORS - Drugs to Treat Heart and

Drug Name	Drug Tier	Requirements/Limits
Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	4	See plan documents for specific Coverage ; QL(2 ea per fill retail; 4 ea per 30 days retail); PA
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>ergocalciferol CAPS</i>	5	Grand Fathered Plans at Tier 2; PV
MEPHYTON TABS (<i>phytonadione</i>)	7	
<i>phytonadione TABS 5 MG</i>	1	

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

INDEX

(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	48	ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	7	GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	63
(Amiodarone Hcl) PACERONE TABS	11	(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	94	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	63
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	6	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN	96	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	12
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	96	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .	5
		(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB		(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	5
				(Calcipotriene) CALCITRENE OINT 51	
				(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	59
				(Carbamazepine) EPITOL TABS ..	13
				(Carisoprodol) VANADOM TABS 350 MG	93
				(Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD	91
				(Cholestyramine Light) PREVALITE POWD	21
				(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ..	48
				(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	52
				(Clobetasol Propionate) CLODAN	

SHAM 52	PAIN, GNP ARTHRITIS PAIN, GNP	(Drospirenone-Ethinyl Estradiol)
(Clomiphene Citrate) CLOMID TABS	DICLOFENAC SODIUM,	JASMIEL, LO-ZUMANDIMINE,
56	GOODSENSE ARTHRITIS PAIN,	LORYNA, NIKKI, OCELLA, SYEDA,
(Clotrimazole (Topical)) CVS	KLS ARTHRITIS PAIN RELIEF, KLS	VESTURA, ZUMANDIMINE 0.03
CLOTRIMAZOLE	DICLOFENAC SODIUM, MOTRIN	MG-3 MG 42
MAXIMUMSTRENGTH SOLN 49	ARTHRTIS PAIN, PHARMACIST	(Drospirenone-Ethinyl Estradiol-
(Cyclosporine Modified (For	CHOICE DICLOFENAC SODIUM,	Levomefolate Calcium) TYDEMY
Microemulsion)) GENGRAF CAPS	QC DICLOFENAC SODIUM, SM	0.03 MG-3 MG-0.451 MG 42
25 MG, 100 MG 90	ARTHRTIS PAIN GEL EX 50	(Erythromycin Base) ERY-TAB TBEC
(Cyclosporine Modified (For	(Digoxin) DIGITEK, DIGOX TABS 64
Microemulsion)) GENGRAF SOLN	0.125 MG, 0.25 MG, 125 MCG, 250	(Erythromycin Stearate)
90	MCG 39	ERYTHROCIN STEARATE TABS
(Desogestrel & Ethinyl Estradiol)	(Digoxin) DIGITEK, DIGOX TABS	250 MG 64
APRI, CYRED, CYRED EQ,	125 MCG, 250 MCG 39	(Estradiol & Norethindrone Acetate)
EMOQUETTE, ENSKYCE,	(Diltiazem Hcl Coated Beads)	AMABELZ, MIMVEY TABS 1 MG-0.5
ISIBLOOM, JULEBER, KALLIGA,	CARTIA XT CP24 120 MG, 180 MG,	MG 57
RECLIPSEN 0.03 MG-0.15 MG ... 41	240 MG, 300 MG 38	(Estradiol & Norethindrone Acetate)
(Desogestrel & Ethinyl Estradiol)	(Diltiazem Hcl Extended Release	AMABELZ, MIMVEY TABS 57
APRI, CYRED, CYRED EQ,	Beads) TAZTIA XT, TIADYLT ER . 38	(Estradiol Vaginal) YUVAFEM TABS .
EMOQUETTE, ENSKYCE,	(Diltiazem Hcl Extended Release	113
ISIBLOOM, JULEBER, KALLIGA,	Beads) TAZTIA XT, TIADYLT ER	(Estradiol) DOTTI, LYLLANA PTTW .
RECLIPSEN 30 MCG-0.15 MG 41	120 MG, 180 MG, 240 MG, 300 MG,	58
(Desogestrel-Ethinyl Estradiol	360 MG 38	(Ethinodiol Diacet & Eth Estrad)
(Biphasic)) AZURETTE, KARIVA,	(Diltiazem Hcl) DILT-XR CP24 38	KELNOR 1/35, KELNOR 1/50,
PIMTREA, SIMLIYA, VIORELE,	(Diltiazem Hcl) MATZIM LA TB24	ZOVIA 1/35 35 MCG-1 MG 42
VOLNEA 41	180 MG, 240 MG, 300 MG, 360 MG,	(Ethinodiol Diacet & Eth Estrad)
(Desogestrel-Ethinyl Estradiol	420 MG 38	KELNOR 1/35, KELNOR 1/50,
(Triphasic)) CAZIAN 41	(Doxycycline (Monohydrate))	ZOVIA 1/35 50 MCG-1 MG 42
(Dextroamphetamine Sulfate)	AVIDOXY TABS 100 MG 108	(Etonogestrel-Ethinyl Estradiol)
ZENZEDI TABS 5 MG, 10 MG 1	(Doxycycline (Monohydrate))	ELURYNG, ENILLORING,
(Diazepam) DIAZEPAM INTENSOL	MONDOXYNE NL CAPS 100 MG	HALOETTE 46
CONC 10	108	(Famotidine) ACID CONTROL
(Diclofenac Sodium (Topical)) ALEVE	(Doxycycline Hyclate) LYMEPAK	MAXIMUM STRENGTH, ACID
ARTHRTIS PAIN, ARTHRITIS PAIN	TABS 100 MG 108	CONTROLLER MAXIMUM
RELIEVER, ASPERCREME	(Drospirenone-Ethinyl Estradiol)	STRENGTH, ACID REDUCER
ARTHRTIS PAIN RELIEVER, CVS	JASMIEL, LO-ZUMANDIMINE,	MAXIMUM STRENGTH, CVS ACID
DICLOFENAC SODIUM, CVS	LORYNA, NIKKI, OCELLA, SYEDA,	CONTROLLER MAXIMUM
DICLOFENAC SODIUM, EQ	VESTURA, ZUMANDIMINE 0.02	STRENGTH, EQ FAMOTIDINE
ARTHRTIS PAIN, EQ ARTHRITIS	MG-3 MG 42	MAXIMUM STRENGTH, EQL
PAIN RELIEVER, FT ARTHRITIS		HEARTBURN

PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	MCG/ACT, 500 MCG/ACT-50 MCG/ACT	MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %
	12	9
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	61	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG
		109
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	61	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG
		109
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	61	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG
		4
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	61	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..
		48
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	61	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..
		48
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	61	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..
		48
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	61	(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG
		48
(Gentamicin Sulfate (Ophth)) GENTAK OINT	96	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC
		59
(Glipizide) GLIPIZIDE XL TB24	19	(Lactulose) CONSTULOSE SOLN 10 GM/15ML
		62
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	47	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT
		13
(Guaifenesin-Codeine) GUAIA TUSSIN AC, GUAIFENESIN AC SYRP	47	(Lamotrigine) SUBVENITE TABS ..
		13
(Homatropine Hbr) HOMATROPAIRE	95	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG ..
		111
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN .	47	
(Hydrocortisone (Rectal)) PROCTO-		

(Levetiracetam) ROWEEPRA TABS 500 MG13	DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 43	METHERGINE TABS98
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .42	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG42	(Metronidazole (Topical)) ROSADAN CREA 54 (Metronidazole (Topical)) ROSADAN GEL 0.75 % 54 (Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP .94 (Nabumetone) RELAFEN 500 MG .4 (Nabumetone) RELAFEN 750 MG .4
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE43 (Levonorgestrel-Ethinyl Estradiol- Iron) JOYEUX 43 (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG109	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN96 (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG 100
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG . 42	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG109 (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 108	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG 100
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG 46	(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 %54 (Lorazepam) LORAZEPAM INTENSOL CONC 10	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-2842	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC7 (Methadone Hcl) METHADOSE TBSO7	(Methylergonovine Maleate)

NICOTINE, GOODSENSE
NICOTINE POLACRILEX, HM
NICOTINE POLACRILEX, KLS
QUIT2, KLS QUIT4, NICOTINE MINI
LOZENGE, NICOTINE POLACRILEX
MINI, PX STOP SMOKING AID, RA
MINI NICOTINE, RA NICOTINE
POLACRILEX, SM NICOTINE, SM
NICOTINE POLACRILEX LOZG 4
MG101

(Nicotine Polacrilex) CVS NICOTINE
LOZENGE, CVS NICOTINE
POLACRILEX, EQ NICOTINE
LOZENGES, EQ NICOTINE
POLACRILEX, EQL NICOTINE
POLACRILEX, FT NICOTINE, FT
NICOTINE MINI, GNP NICOTINE
MINI LOZENGE, GNP NICOTINE
POLACRILEX, GNP NICOTINE
POLACRILEX MINI, GOODSENSE
NICOTINE, GOODSENSE
NICOTINE POLACRILEX, HM
NICOTINE POLACRILEX, KLS
QUIT2, KLS QUIT4, NICOTINE MINI
LOZENGE, NICOTINE POLACRILEX
MINI, PX STOP SMOKING AID, RA
MINI NICOTINE, RA NICOTINE
POLACRILEX, SM NICOTINE, SM
NICOTINE POLACRILEX LOZG .101

(Nicotine Polacrilex) CVS NICOTINE,
CVS NICOTINE GUM, CVS
NICOTINE POLACRILEX, CVS
NICOTINE POLACRILEX STARTER,
EQ NICOTINE POLACRILEX, EQL
NICOTINE POLACRILEX REFILL,
EQL NICOTINE POLACRILEX
STARTER, GNP NICOTINE GUM,
GNP NICOTINE POLACRILEX,
GOODSENSE NICOTINE GUM,
GOODSENSE NICOTINE
POLACRILEX GUM, HM NICOTINE
POLACRILEX, KLS QUIT2, KLS
QUIT4, PX STOP SMOKING AID,
RA NICOTINE, RA NICOTINE GUM,

SM NICOTINE, SM NICOTINE
POLACRILEX, THRIVE GUM 2 MG
102

(Nicotine Polacrilex) CVS NICOTINE,
CVS NICOTINE GUM, CVS
NICOTINE POLACRILEX, CVS
NICOTINE POLACRILEX STARTER,
EQ NICOTINE POLACRILEX, EQL
NICOTINE POLACRILEX REFILL,
EQL NICOTINE POLACRILEX
STARTER, GNP NICOTINE GUM,
GNP NICOTINE POLACRILEX,
GOODSENSE NICOTINE GUM,
GOODSENSE NICOTINE
POLACRILEX GUM, HM NICOTINE
POLACRILEX, KLS QUIT2, KLS
QUIT4, PX STOP SMOKING AID,
RA NICOTINE, RA NICOTINE GUM,
SM NICOTINE, SM NICOTINE
POLACRILEX, THRIVE GUM 4 MG
102

(Nicotine Polacrilex) CVS NICOTINE,
CVS NICOTINE GUM, CVS
NICOTINE POLACRILEX, CVS
NICOTINE POLACRILEX STARTER,
EQ NICOTINE POLACRILEX, EQL
NICOTINE POLACRILEX REFILL,
EQL NICOTINE POLACRILEX
STARTER, GNP NICOTINE GUM,
GNP NICOTINE POLACRILEX,
GOODSENSE NICOTINE GUM,
GOODSENSE NICOTINE
POLACRILEX GUM, HM NICOTINE
POLACRILEX, KLS QUIT2, KLS
QUIT4, PX STOP SMOKING AID,
RA NICOTINE, RA NICOTINE GUM,
SM NICOTINE, SM NICOTINE
POLACRILEX, THRIVE GUM102

(Nicotine) CVS NICOTINE
TRANSDERMALSYSYTEM, CVS
NICOTINE
TRANSDERMALSYSYTEM STEP 1,
CVS NICOTINE
TRANSDERMALSYSYTEM STEP 2,

CVS NICOTINE
TRANSDERMALSYSYTEM/STEP 3,
EQ NICOTINE, EQ NICOTINE STEP
3, GNP NICOTINE
TRANSDERMALSYSYTEM, GNP
NICOTINE
TRANSDERMALSYSYTEM STEP 2,
HABITROL, HM NICOTINE
TRANSDERMAL SYSYTEM STEP 1,
HM NICOTINE TRANSDERMAL
SYSYTEM STEP 2, HM NICOTINE
TRANSDERMAL SYSYTEM STEP 3,
NICOTINE STEP 1, NICOTINE
STEP 3, NICOTINE TRANSDERMAL
SYSYTEM STEP 1, NICOTINE
TRANSDERMAL SYSYTEM STEP
1/CLEAR, NICOTINE
TRANSDERMAL SYSYTEM STEP 2,
NICOTINE TRANSDERMAL
SYSYTEM STEP 2/CLEAR,
NICOTINE TRANSDERMAL
SYSYTEM STEP 3, NICOTINE
TRANSDERMAL SYSYSTEM STEP
3/CLEAR, QC NICOTINE
TRANSDERMAL SYSYTEM/STEP 1,
QC NICOTINE TRANSDERMAL
SYSYTEM/STEP 2, RA NICOTINE,
RA NICOTINE TRANSDERMAL
SYSYTEM, SM NICOTINE
TRANSDERMAL SYSYTEM/STEP
1/CLEAR, SM NICOTINE
TRANSDERMAL SYSYTEM/STEP
2/CLEAR, SM NICOTINE
TRANSDERMAL SYSYTEM/STEP
3/CLEAR PT24 TD 14 MG/24HR, 21
MG/24HR 105

(Nicotine) CVS NICOTINE
TRANSDERMALSYSYTEM, CVS
NICOTINE
TRANSDERMALSYSYTEM STEP 1,
CVS NICOTINE
TRANSDERMALSYSYTEM STEP 2,
CVS NICOTINE
TRANSDERMALSYSYTEM/STEP 3,
EQ NICOTINE, EQ NICOTINE STEP

SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..106 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 46 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG43 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG43 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE,	HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 43 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 43 (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS43 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 44 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 43 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG 44 (Norethindrone & Ethinyl Estradiol-	Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG 44 (Norethindrone & Ethinyl Estradiol- Fe) WYMZYA FE 35 MCG-0.4 MG 44 (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 46 (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG 44 (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG 44 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 57 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 57 (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 44 (Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/744
--	--	---

(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . . .	20 MG111	MULTIVITAMIN/FLUORIDE CHEW 92
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	20.6 MG111	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 92
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	20.6 MG111	(Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE DROPS SOLN 92
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX . . .	300 MG/5ML 13	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 92
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG8	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 92
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG8	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBATE62
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML92	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM 62
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG8	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % 95
	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML91	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG15
	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML92	(Phenytoin) PHENYTOIN INFATABS CHEW15
	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE,	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350,

SM CLEARLAX, SMOOTH LAX POWD62	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS92	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS41
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP59	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW .92	(Testosterone) ANDROGEL, TESTIM GEL TD 1 %9
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL89	(Prochlorperazine) COMPRO34	(Testosterone) ANDROGEL, TESTIM GEL TD 50 MG/5GM9
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..90	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG20	(Tretinoin) AVITA CREA 0.025 % .48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ90	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG20	(Tretinoin) AVITA GEL 0.025 % ...48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ90	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML47	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE91
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ90	(Salicylic Acid) KERALYT SHAM 6 %54	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPATOM, RA NASAL ALLERGY SPRAY AERO94
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ90	(Sapropterin Dihydrochloride) JAVYGTOR PACK56	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %52
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ90	(Sapropterin Dihydrochloride) JAVYGTOR TABS56	(Vigabatrin) VIGADRONE TABS ..15
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ90	(Silver Sulfadiazine) SSD52	(Vigabatrin) VIGADRONE, VIGPODER PACK15
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK59	(Sodium Citrate & Citric Acid) CYTRA-259	(Warfarin Sodium) JANTOVEN TABS13
(Potassium Citrate-Citric Acid) CYTRA-K SOLN59	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP89	1ST TIER UNILET COMFORTOUCH LANCETS 28G66
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS90	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG89	1ST TIER UNILET COMFORTOUCH LANCETS 30G66
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F .96	(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML91	abacavir sulfate SOLN35
	(Sotalol Hcl) SORINE TABS38	abacavir sulfate TABS35
	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM48	abacavir sulfate-lamivudine35
	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %48	
	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..25	

ABILIFY TABS 15 MG (aripiprazole) . 35	acetazolamide CP1255	adapalene CREA 48
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)35	acetazolamide TABS 125 MG 55	adapalene GEL 0.1 % 48
ABILIFY TABS 20 MG (aripiprazole) . 35	acetazolamide TABS 250 MG 55	adapalene GEL 0.3 % 48
abiraterone acetate28	acetic acid (otic) 98	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % 48
ABSORICA 10 MG, 25 MG (isotretinoin)48	acetylcysteine SOLN48	ADCIRCA TABS (tadalafil (pulmonary hypertension))41
ABSORICA 20 MG (isotretinoin) ..48	ACTI-LANCE LANCETS 28G67	ADDERALL TABS (amphetamine- dextroamphetamine) 1
ABSORICA 30 MG (isotretinoin) ..48	ACTI-LANCE LITE SAFETY LANCETS 28G67	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1
ABSORICA 35 MG, 40 MG (isotretinoin)48	ACTI-LANCE SPECIAL SAFETY LANCETS 17G67	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1
acamprosate calcium99	ACTI-LANCE SPECIAL SAFETYLANCETS 17G67	adefovir dipivoxil37
acarbose17	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G67	ADIPEX-P CAPS (phentermine hcl) 1
ACCU-CHEK FASTCLIX LANCETS . 66	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 57	ADTHYZA TABS109
ACCU-CHEK SAFE-T-PRO LANCETS66	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 17	ADVAIR DISKUS AEPB (fluticasone- salmeterol) 12
ACCU-CHEK SAFE-T-PRO PLUSLANCETS66	ACTOS 15 MG (pioglitazone hcl) ..19	ADVANCED MOBILE LANCET 30G 67
ACCU-CHEK SOFTCLIX LANCETS 66	ACTOS 30 MG, 45 MG (pioglitazone hcl) 19	ADVOCATE LANCETS67
ACCUPRIL (quinapril hcl)22	ACULAR (ketorolac tromethamine (ophth))97	ADVOCATE LANCETS 30G67
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide)23	ACULAR LS (ketorolac tromethamine (ophth))97	ADVOCATE SAFETY LANCETS .67
ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)23	acyclovir CAPS37	ADVOCATE SAFETY LANCETS 26G67
acebutolol hcl CAPS38	acyclovir SUSP37	AFINITOR TABS (everolimus)29
acetaminophen w/ codeine SOLN ..8	acyclovir TABS OR 400 MG37	AFLURIA QUADRIVALENT 2021- 2022 SUSP 112
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG8	acyclovir TABS OR 800 MG37	AFLURIA QUADRIVALENT 2022- 2023 SUSP 112
acetaminophen w/ codeine TABS 60 MG-300 MG8	acyclovir topical OINT52	AFLURIA QUADRIVALENT 2023- 2024 SUSP 112
	ADALIMUMAB-ADAZ SOAJ3	AGAMATRIX ULTRA-THIN LANCETS 33G67
	ADALIMUMAB-ADAZ SOSY3	AGRYLIN 0.5 MG (anagrelide hcl) 60

AIMSCO LUBRICATED MISC	64	ALPHAGAN P (brimonidine tartrate) 320 MG	23
AIMSCO TWIST LANCETS 32G	67	96	amlodipine-valsartan- hydrochlorothiazide
AIMSCO TWIST LANCETS 33G	67	alprazolam TABS	10
AJOVY SOAJ	88	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	22
AJOVY SOSY	88	ALUNBRIG TABS	29
albuterol sulfate AERS	12	ALUNBRIG TBPK	29
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	12	amantadine hcl CAPS	33
ALBUTEROL SULFATE NEBU	12	AMARYL (glimepiride)	19
albuterol sulfate SYRP	12	AMBIEN TABS 10 MG (zolpidem tartrate)	61
albuterol sulfate TABS	12	AMBIEN TABS 5 MG (zolpidem tartrate)	61
alclometasone dipropionate CREA 52		ambrisentan	40
alclometasone dipropionate OINT .52		amcinonide CREA	52
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	55	AMERGE (naratriptan hcl)	89
ALDACTAZIDE	55	amiloride & hydrochlorothiazide	55
ALDACTONE TABS (spironolactone)	56	amiloride hcl TABS	56
ALECENSA	29	amiodarone hcl TABS	11
alendronate sodium TABS 35 MG, 70 MG	56	AMITIZA (lubiprostone)	58
alendronate sodium TABS 5 MG, 10 MG	56	amitriptyline hcl TABS	17
alfuzosin hcl	60	amlodipine besylate TABS 2.5 MG 39	
ALKERAN (melphalan)	27	amlodipine besylate TABS 5 MG, 10 MG	39
allopurinol 100 MG	60	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	23
allopurinol 300 MG	60	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 23	
almotriptan malate	89	amlodipine besylate-valsartan 10 MG-160 MG	23
ALOCRIL	97	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-	
ALOMIDE	97		
ALORA PTTW	58		
		amphetamines-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
		amphetamines-dextroamphetamine TABs	1
		ampicillin CAPS 500 MG	99
		AMPYRA (dalfampridine)	100
		ANAFRANIL (clomipramine hcl)	17
		anagrelide hcl	60
		ANAPROX DS TABS (naproxen sodium)	4
		anastrozole	28

ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone)	9	armodafinil 200 MG	2	ATABEX EC TBEC	92
ANDROGEL PUMP GEL TD 1.62 % (testosterone)	9	armodafinil 50 MG, 150 MG, 250 MG 2		ATACAND 32 MG (candesartan cilexetil)	23
ANNOVERA	46	ARMOUR THYROID TABS	109	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	23
ANORO ELLIPTA	12	ARNUITY ELLIPTA	11	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	23
ANUSOL-HC EX (hydrocortisone (rectal))	9	AROMASIN (exemestane)	28	atazanavir sulfate CAPS	35
APEXICON E CREA	52	ASACOL HD TBEC (mesalamine)	58	atenolol & chlorthalidone	23
APO-VARENICLINE TABS	107	aspirin CHEW	7	atenolol TABS	38
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	35	aspirin TBEC 81 MG	7	ATIVAN TABS (lorazepam)	10
APRISO CP24 (mesalamine)	58	ASSURE COMFORT LANCETS ULTRA THIN 28G	67	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1
APTENSIO XR CP24 (methylphenidate hcl)	1	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	67	atomoxetine hcl 60 MG, 80 MG, 100 MG	1
APTIVUS CAPS	35	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	67	atorvastatin calcium TABS	21
AQUALANCE LANCETS ULTRA THIN 30G	67	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	67	atovaquone	25
ARAVA 10 MG (leflunomide)	5	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	67	atovaquone-proguanil hcl 25 MG- 62.5 MG	26
ARAVA 20 MG (leflunomide)	5	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	67	atropine sulfate (ophthalmic) OINT 95	95
arformoterol tartrate	12	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	87	atropine sulfate (ophthalmic) SOLN 95	95
ARICEPT TABS 23 MG (donepezil hydrochloride)	99	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	87	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	95
ARICEPT TABS 5 MG, 10 MG (donepezil hydrochloride)	99	ASSURE LANCE LANCETS	68	ATROPINE SULFATE SOLN 1 %	95
ARIKAYCE	2	ASSURE LANCE LANCETS 21G	68	ATROVENT HFA	11
ARIMIDEX (anastrozole)	28	ASSURE LANCE PLUS SAFETYLANCETS 25G	68	AUBAGIO (teriflunomide)	100
aripiprazole SOLN OR	35	ASSURE LANCE PLUS SAFETYLANCETS 30G	68	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	99
aripiprazole TABS 15 MG	35	ASSURE LANCE SAFETY LANCET 28G	68	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	99
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	35			AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	99
aripiprazole TABS 20 MG	35			AURORA LANCET SUPER	

THIN30G	68	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	25	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	88
AURORA LANCET THIN 23G	68	BACTRIM TABS (sulfamethoxazole- trimethoprim)	25	BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM	88
AVALIDE (irbesartan- hydrochlorothiazide)	23	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	45	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM	88
AVAPRO (irbesartan)	23	balsalazide disodium CAPS	58	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ...	88
AVODART (dutasteride)	60	BALVERSA	30	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" .	88
AYGESTIN TABS (norethindrone acetate)	99	BANZEL SUSP (rufinamide)	13	BELSOMRA	62
azathioprine TABS 50 MG	90	BANZEL TABS 200 MG (rufinamide) . 13		benazepril & hydrochlorothiazide .	23
azelaic acid GEL	54	BANZEL TABS 400 MG (rufinamide) . 13		benazepril hcl	22
azelastine hcl (ophth)	97	BARACLUDE TABS (entecavir) ...	37	BENICAR 40 MG (olmesartan medoxomil)	23
azelastine hcl 0.1 %, 137 MCG/SPRAY	94	BD AUTOSHIELD DUO 30G X 5MM	87	BENICAR 5 MG, 20 MG (olmesartan medoxomil)	23
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	94	BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2"	87	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide)	24
AZILECT (rasagiline mesylate) ...	33	BD MICROTAINER LANCETS ...	68	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide)	24
azithromycin PACK	63	BD NEEDLE/30G X 1/2"	87	BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	48
azithromycin SUSR	64	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM	87	BENZNIDAZOLE	10
azithromycin TABS 250 MG	64	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM	87	benzonatate 100 MG, 200 MG	47
azithromycin TABS 500 MG	64	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	87	benzoyl peroxide-erythromycin GEL . 48	
azithromycin TABS 600 MG	64	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM	87	benztropine mesylate TABS	33
AZOPT (brinzolamide)	97	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	87	betamethasone dipropionate (topical) CREA	52
AZULFIDINE EN-TABS TBEC (sulfasalazine)	58	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM	87	betamethasone dipropionate (topical) LOTN	52
AZULFIDINE TABS (sulfasalazine) 58		BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	88	betamethasone dipropionate (topical)	
bacitracin (ophthalmic)	96				
bacitracin-polymyxin b (ophth)	96				
bacitracin-poly-neomycin-hc	96				
baclofen TABS 10 MG	93				
baclofen TABS 20 MG	93				
baclofen TABS 5 MG	93				

OINT	52	bisacodyl SUPP	63	dihydrate	12
betamethasone dipropionate augmented CREA	52	bisacodyl TBEC	63	bumetanide TABS 0.5 MG, 1 MG ..	55
betamethasone dipropionate augmented GEL 0.05 %	52	bisoprolol & hydrochlorothiazide ..	24	bumetanide TABS 2 MG	55
betamethasone dipropionate augmented LOTN	52	bisoprolol fumarate	38	BUMEX TABS 0.5 MG (bumetanide) .	55
betamethasone dipropionate augmented OINT	52	BLEPH-10 SOLN (sulfacetamide sodium (ophth))	96	buprenorphine hcl SUBL 2 MG	8
betamethasone valerate CREA	52	BLEPHAMIDE S.O.P. OINT	96	buprenorphine hcl SUBL 8 MG	8
betamethasone valerate LOTN	52	BLEPHAMIDE SUSP	96	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1	8
betamethasone valerate OINT	52	BONIVA TABS (ibandronate sodium)	56	MG-4 MG, 2 MG-8 MG	8
BETAPACE AF (sotalol hcl (afib/af))	38	bosentan TABS 125 MG	40	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	8
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	38	bosentan TABS 62.5 MG	40	buprenorphine hcl-naloxone hcl dihydrate SUBL	8
betaxolol hcl (ophth) SOLN	95	BOSULIF CAPS	30	bupropion hcl (smoking deterrent)	107
betaxolol hcl	38	BOSULIF TABS	30	bupropion hcl TABS	16
bethanechol chloride	112	BRAFTOVI 75 MG	30	bupropion hcl TB12	16
BETHKIS NEBU (tobramycin)	2	BREZTRI AEROSPHERE	12	bupropion hcl TB24 150 MG, 300 MG	16
BETIMOL	95	BRILINTA	60	buspirone hcl	10
BETOPTIC-S SUSP	95	brimonidine tartrate	96	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5
bexarotene (topical)	50	brinzolamide	97	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5
bexarotene	32	bromfenac sodium (ophth) 0.09 %	97	butalbital-aspirin-caffeine CAPS	6
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	45	bromocriptine mesylate CAPS	33	BYSTOLIC (nebivolol hcl)	38
bicalutamide	28	bromocriptine mesylate TABS 2.5 MG	33	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	35
BIDIL (isosorbide dinitrate- hydralazine hcl)	40	BROVANA (arformoterol tartrate) .	12	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	35
BIKTARVY 200 MG-50 MG-25 MG 35		budesonide (inhalation) SUSP 0.25 MG/2ML	11	cabergoline	57
BILTRICIDE (praziquantel)	10	budesonide (inhalation) SUSP 0.5 MG/2ML	11		
bimatoprost SOLN	98	budesonide (inhalation) SUSP 1 MG/2ML	11		
		budesonide CPEP	47		
		budesonide-formoterol fumarate			

CABOMETYX TABS 20 MG, 60 MG . 30	captopril 22	CAREONE LANCET THIN 68
CABOMETYX TABS 40 MG 30	CARAC CREA (fluorouracil (topical)) 50	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" 88
CAFERGOT TABS (ergotamine w/ caffeine) 89	CARAFATE SUSP (sucralfate) ... 111	CARESENS LANCETS 68
caffeine citrate SOLN OR 1	CARAFATE TABS (sucralfate) ... 111	CARETOUCH SAFETY LANCETS/26G 68
CALAN SR TBCR 120 MG (verapamil hcl) 39	carbamazepine CHEW 13	CARETOUCH SAFETY LANCETS/28G 68
CALAN SR TBCR 180 MG, 240 MG (verapamil hcl) 39	carbamazepine SUSP 13	CARETOUCH SAFETY LANCETS/30G 68
calcipotriene CREA 51	carbamazepine TB12 100 MG 14	CARETOUCH TWIST LANCETS 28G 68
calcipotriene OINT 51	carbamazepine TB12 200 MG 13	CARETOUCH TWIST LANCETS 30G 68
calcipotriene SOLN 51	carbamazepine TB12 400 MG 13	CARETOUCH TWIST LANCETS 33G 68
calcitonin (salmon) NA 56	CARBATROL CP12 (carbamazepine) 14	CARETOUCH TWIST LANCETS MULTI COLOR/30G 68
calcitriol (topical) 51	carbidopa-levodopa TABS 33	carisoprodol TABS 350 MG 93
calcitriol CAPS 0.25 MCG 56	carbidopa-levodopa TBCR 100 MG- 25 MG 33	carvedilol 38
calcitriol CAPS 0.5 MCG 57	carbidopa-levodopa TBCR 200 MG- 50 MG 33	carvedilol phosphate 38
calcitriol SOLN OR 57	carbidopa-levodopa-entacapone .. 33	CASODEX (bicalutamide) 28
calcium acetate (phosphate binder) CAPS 59	carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG ... 33	CAYA DPRH 64
calcium acetate (phosphate binder) TABs 59	carbinoxamine maleate SOLN 20	cefaclor CAPS 41
CALQUENCE 30	CARDIZEM CD CP24 (diltiazem hcl coated beads) 39	cefaclor SUSR 125 MG/5ML, 375 MG/5ML 41
CANASA SUPP (mesalamine) 58	CARDIZEM LA TB24 (diltiazem hcl) 39	cefadroxil CAPS 41
candesartan cilexetil 32 MG 23	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) 39	cefadroxil SUSR 41
candesartan cilexetil 4 MG, 8 MG, 16 MG 23	CARDURA (doxazosin mesylate) .23	cefadroxil TABS 41
candesartan cilexetil- hydrochlorothiazide 24	CAREONE LANCET SUPER THIN/30G 68	cefdinir CAPS 41
capecitabine 150 MG 27		cefdinir SUSR 41
capecitabine 500 MG 27		cefixime CAPS 41
CAPEX SHAM 52		cefixime SUSR 41
CAPRELSA 30		

cefpodoxime proxetil SUSR 41	chlorthalidone 25 MG, 50 MG 56	citalopram hydrobromide TABS ... 16
cefpodoxime proxetil TABS 41	cholestyramine light POWD 21	CITRANATAL 90 DHA 120 MG-20
cefprozil SUSR 41	cholestyramine POWD 21	MG-1 MG-3 MG-400 UNIT-3.4 MG-
cefprozil TABS 41	choline fenofibrate 135 MG 21	20 MG-50 MG-25 MG-2 MG-159 MG-
cefuroxime axetil TABS 41	choline fenofibrate 45 MG 21	90 MG-150 MCG-30 UNIT-0.75 MG-
CELEBREX 400 MG (celecoxib) 4	CIALIS 2.5 MG (tadalafil) 40	300 MG 93
CELEBREX 50 MG, 100 MG, 200	CIALIS 5 MG, 10 MG, 20 MG	CITRANATAL ASSURE 93
MG (celecoxib) 4	(tadalafil) 40	CITRANATAL BLOOM DHA 93
celecoxib 400 MG 4	ciclopirox GEL 49	CITRANATAL DHA 93
celecoxib 50 MG, 100 MG, 200 MG 4	ciclopirox olamine CREA 49	CITRANATAL ESSENCE 93
CELEXA TABS (citalopram	ciclopirox olamine SUSP 49	clarithromycin SUSR 64
hydrobromide) 16	ciclopirox SHAM 49	clarithromycin TABS 64
CELLCEPT CAPS (mycophenolate	cilostazol 60	clarithromycin TB24 64
mofetil) 90	CILOXAN OINT 96	CLEANLET LANCETS 28G 68
CELLCEPT SUSR (mycophenolate	CIMDUO 35	clemastine fumarate SYRP 20
mofetil) 90	cimetidine hcl OR 300 MG/5ML, 400	clemastine fumarate TABS 2.68 MG .
CELLCEPT TABS (mycophenolate	MG/6.67ML 110	20
mofetil) 90	cimetidine TABS 300 MG, 800 MG	CLEOCIN (clindamycin hcl) 25
CELONTIN (methsuximide) 15	110	CLEOCIN CREA (clindamycin
CENTANY OINT 49	cimetidine TABS 400 MG 110	phosphate vaginal) 113
cephalexin CAPS 250 MG, 500 MG	CIPRO SUSR 58	CLEOCIN-T LOTN (clindamycin
41	CIPRO TABS 250 MG, 500 MG	phosphate (topical)) 48
cephalexin SUSR 41	(ciprofloxacin hcl) 58	CLEVER CHEK LANCETS
CETRAXAL (ciprofloxacin hcl (otic)) .	CIPRODEX (ciprofloxacin-	ULTRATHIN 68
98	dexamethasone) 98	CLEVER CHEK LANCETS
chlordiazepoxide hcl CAPS 10	ciprofloxacin hcl (ophth) SOLN 96	ULTRATHIN 30G 69
chlorhexidine gluconate (mouth-	ciprofloxacin hcl (otic) 98	CLEVER CHOICE COMFORT
throat) 91	ciprofloxacin hcl TABS 58	EZLANCETS 21G 69
chloroquine phosphate TABS 250	ciprofloxacin SUSR 5 GM/100ML,	CLEVER CHOICE COMFORT
MG 26	500 MG/5ML 58	EZLANCETS 23G 69
chloroquine phosphate TABS 500	ciprofloxacin-dexamethasone 98	CLEVER CHOICE COMFORT
MG 26	citalopram hydrobromide SOLN ... 16	EZLANCETS 28G 69
chlorpromazine hcl TABS 34		CLIMARA PRO 57
		CLIMARA PTWK (estradiol) 58

CLINDAGEL GEL (clindamycin phosphate (topical))	48	clotrimazole w/ betamethasone CREA	49	LANCETS PRESSURE ACTIVATED 28G	69
clindamycin hcl	25	clotrimazole w/ betamethasone LOTN	50	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	69
clindamycin phosphate (topical) 48		clozapine TABS	34	COMPLERA	35
clindamycin phosphate (topical) LOTN	49	CLOZARIL TABS (clozapine)	34	COMPLETENATE CHEW	93
clindamycin phosphate (topical) SOLN	49	COAGUCHEK LANCETS	69	CONCEPT DHA	93
clindamycin phosphate vaginal CREA	113	COARTEM	26	CONCEPT OB	93
clindamycin phosphate-benzoyl peroxide (refrigerate)	49	codeine sulfate TABS 15 MG, 30 MG	7	CONDOMS	64
clobetasol propionate CREA 0.05 %	52	CODEINE SULFATE TABS 60 MG	7	CONDYLOX GEL (podofilox)	54
clobetasol propionate emollient base 0.05 %	52	COLAZAL CAPS (balsalazide disodium)	58	CONTRAVE	1
clobetasol propionate GEL 0.05 %	52	colchicine TABS	60	COREG (carvedilol)	38
clobetasol propionate OINT 0.05 %	52	colchicine w/ probenecid	60	COREG CR (carvedilol phosphate)	38
clobetasol propionate SHAM	52	COLCRYS TABS (colchicine)	60	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)	38
clobetasol propionate SOLN 0.05 %	52	COLESTID FLAVORED GRAN (colestipol hcl)	21	CORTEF TABS (hydrocortisone)	47
CLOBEX SHAM (clobetasol propionate)	53	COLESTID GRAN (colestipol hcl)	21	CORTENEMA (hydrocortisone (intrarectal))	9
clomiphene citrate TABS	56	COLESTID TABS (colestipol hcl)	21	CORTIFOAM EX 10 %	9
clomipramine hcl	17	colestipol hcl GRAN	21	COSENTYX SENSOREADY PEN SOAJ	51
clonazepam TABS	13	colestipol hcl TABS	21	COSENTYX SOSY 150 MG/ML	51
clonazepam TBDP	13	COMBIVIR (lamivudine-zidovudine)	35	COSENTYX SOSY 75 MG/0.5ML	51
clonidine hcl TABS	23	COMETRIQ KIT	30	COSENTYX UNOREADY SOAJ	51
clopidogrel bisulfate	60	COMFORT ASSURED LANCETS MICRO THIN 33G	69	COSOPT (dorzolamide hcl-timolol maleate)	95
clorazepate dipotassium TABS	10	COMFORT ASSURED LANCETS SUPER THIN 28G	69	COTELLIC	30
clotrimazole (topical) SOLN	49	COMFORT LANCETS	69	COVID VACCINES	112
clotrimazole	91	COMFORT TOUCH LANCETS ULTRA THIN 31G	69	COVID-19 AT HOME TEST KITS	54
		COMFORT TOUCH PLUS SAFETY		COZAAR (losartan potassium)	23
				CREON CPEP	55

CRESTOR TABS (rosuvastatin calcium)	21	(divalproex sodium)	16
CRINONE GEL 8 %	113	DEPAKOTE TBEC (divalproex sodium)	16
cromolyn sodium (ophth)	97	DEPEN TITRATABS TABS (penicillamine)	90
cromolyn sodium NEBU	11	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	46
CUVPOSA SOLN OR (glycopyrrolate)	109	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	53
CVS LANCETS 21G	69	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	53
CVS LANCETS MICRO THIN 33G 69		DESCOVY 200 MG-25 MG	35
CVS LANCETS MICRO-THIN 33G 69		desipramine hcl TABS	17
CVS LANCETS ORIGINAL	69	desmopressin acetate spray	57
CVS LANCETS THIN 26G	69	desmopressin acetate spray refrigerated	57
CVS LANCETS ULTRA THIN 30G 69		desmopressin acetate TABS 0.1 MG 57	
CVS LANCETS ULTRA-THIN 30G 69		desmopressin acetate TABS 0.2 MG 57	
CVS ULTRA THIN LANCETS	69	desogestrel & ethinyl estradiol	45
cyclobenzaprine hcl TABS 5 MG, 10 MG	94	desogestrel-ethinyl estradiol (biphasic)	45
CYCLOGYL (cyclopentolate hcl) ..	95	desonide CREA	53
CYCLOGYL	95	desonide LOTN	53
cyclopentolate hcl	95	desonide OINT	53
cyclophosphamide CAPS	27	DESOWEN CREA (desonide)	53
CYCLOPHOSPHAMIDE TABS	27	desoximetasone CREA	53
cyclosporine (ophth) EMUL	96	desoximetasone GEL	53
cyclosporine CAPS	91	desoximetasone OINT 0.25 %	53
cyclosporine modified (for microemulsion) CAPS	90	desvenlafaxine succinate	17
cyclosporine modified (for microemulsion) SOLN	91	DETROL LA CP24 (tolterodine	
CYMBALTA CPEP (duloxetine hcl)			
17			
cyproheptadine hcl SYRP	21		
cyproheptadine hcl TABS	21		
CYSTAGON CAPS	60		
CYSTARAN	97		
CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	109		
CYTOMEL TABS 5 MCG (liothyronine sodium)	109		
CYTOTEC (misoprostol)	112		
dalfampridine	100		
DALIRESP (roflumilast)	11		
danazol CAPS	9		
DANTRIUM CAPS 25 MG (dantrolene sodium)	94		
dantrolene sodium CAPS	94		
dapsone 100 MG	25		
dapsone 25 MG	25		
darunavir TABS	35		
DAURISMO	28		
DAYPRO TABS (oxaprozin)	4		
DDAVP TABS 0.1 MG (desmopressin acetate)	57		
DDAVP TABS 0.2 MG (desmopressin acetate)	57		
deferasirox TABS	20		
DELSTRIGO	35		
DELZICOL CPDR (mesalamine) ..	58		
demeclocycline hcl TABS	108		
DEPAKOTE ER TB24 (divalproex sodium)	15		
DEPAKOTE SPRINKLES CSDR			

tartrate) 112	dicyclomine hcl CAPS 109	dimethyl fumarate CDPK 100
DETROL TABS (tolterodine tartrate) . 112	dicyclomine hcl SOLN OR 109	dimethyl fumarate CPDR 100
dexamethasone ELIX 47	dicyclomine hcl TABS 109	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide) 24
DEXAMETHASONE INTENSOL CONC 47	DIFFERIN CREA (adapalene) 49	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ... 24
dexamethasone sodium phosphate (ophth) 96	DIFFERIN GEL 0.1 % (adapalene) 49	DIOVAN TABS 160 MG (valsartan) 23
dexamethasone SOLN 47	DIFFERIN GEL 0.3 % (adapalene) 49	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan) 23
dexamethasone TABS 47	diflorasone diacetate CREA 53	diphenoxylate w/ atropine LIQD ... 19
DEXEDRINE CP24 (dextroamphetamine sulfate) 1	diflorasone diacetate OINT 53	diphenoxylate w/ atropine TABS ... 20
dexmethylphenidate hcl TABS 2	DIFLUCAN SUSR (fluconazole) ... 20	DIPROLENE OINT (betamethasone dipropionate augmented) 53
dextroamphetamine sulfate CP24 ... 1	DIFLUCAN TABS (fluconazole) ... 20	dipyridamole 60
dextroamphetamine sulfate TABS 5 MG, 10 MG 1	digoxin SOLN OR 0.05 MG/ML ... 39	disopyramide phosphate CAPS ... 11
DHIVY TABS 33	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG 39	disulfiram 99
DIATHRIVE LANCETS 69	DILANTIN (phenytoin sodium extended) 15	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride) 112
DIATHRIVE LANCETS ULTRA THIN 30G 70	DILANTIN 30 MG 15	divalproex sodium CSDR 16
diazepam CONC 10	DILANTIN INFATABS CHEW (phenytoin) 15	divalproex sodium TB24 16
diazepam SOLN OR 5 MG/5ML ... 10	DILANTIN-125 SUSP (phenytoin) . 15	divalproex sodium TBEC 16
diazepam TABS 10 MG 10	DILAUDID LIQD (hydromorphone hcl) 7	dofetilide 11
diazepam TABS 2 MG, 5 MG 10	DILAUDID TABS (hydromorphone hcl) 7	DOJOLVI 95
DIBENZYLINE (phenoxybenzamine hcl) 22	diltiazem hcl coated beads CP24 .. 39	donepezil hydrochloride TABS 23 MG 99
diclofenac sodium (ophth) 97	diltiazem hcl CP12 39	donepezil hydrochloride TABS 5 MG, 10 MG 99
diclofenac sodium (topical) GEL EX 50	diltiazem hcl CP24 39	donepezil hydrochloride TBDP 99
diclofenac sodium (topical) SOLN EX 1.5 % 50	diltiazem hcl extended release beads 39	dorzolamide hcl 98
diclofenac sodium TBEC 4	diltiazem hcl TABS 39	DORZOLAMIDE HCL 98
dicloxacillin sodium 99	diltiazem hcl TB24 39	

DORZOLAMIDE HCL/TIMOLOL MALEATE	31GX6MM 1ML	88	30G/THIN TOP	70
dorzolamide hcl-timolol maleate ..		95	EASY COMFORT LANCETS TWIST TOP	70
DOVATO	drosiprenone-ethinyl estradiol	35	drosiprenone-ethinyl estradiol- levomefolate calcium	45
DOVONEX CREA (calcipotriene) ..	DROXIA CAPS	51	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	88
doxazosin mesylate	DRUG MART LANCETS THIN	23	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	88
doxepin hcl CAPS	DRUG MART ON-THE-GO LANCETS GENTLE 30G	17	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	70
doxepin hcl CONC	DRUG MART UNILET LANCETSSUPER THIN 30G	17	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	70
doxycycline (monohydrate) CAPS 150 MG	DRUG MART UNILET LANCETSULTRA THIN 28G	108	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	70
doxycycline (monohydrate) CAPS 50 MG, 100 MG	DRUG MART UNILET MICRO THIN LANCETS 33G	108	EASY TOUCH LANCETS 26G/PULL- TOP	70
doxycycline (monohydrate) SUSR 108	DRYSOL SOLN	108	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	70
doxycycline (monohydrate) TABS 108	DUETACT (pioglitazone hcl- glimepiride)	108	EASY TOUCH LANCETS 28G/PULL- TOP	70
doxycycline hyclate CAPS	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	108	EASY TOUCH LANCETS 28G/TWIST	70
doxycycline hyclate TABS 100 MG 108	DULCOLAX SUPP (bisacodyl)	108	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	70
DRISDOL CAPS (ergocalciferol) ..	DULCOLAX TBEC (bisacodyl)	113	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	71
DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	88	EASY TOUCH LANCETS 30G/PULL- TOP	71
DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64"	DUOPA SUSP	88	EASY TOUCH LANCETS 30G/TWIST	71
DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	DUREX EXTRA SENSITIVE THIN DEVI	88	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	71
DROPLET LANCETS ULTRA THIN 30G	dutasteride	70	EASY TOUCH LANCETS 32G/PULL- TOP	71
DROPLET PERSONAL LANCETS30G	dutasteride-tamsulosin hcl	70	EASY TOUCH LANCETS 32G/TWIST	71
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	88	EASY COMFORT LANCETS 30G/PULL TOP	70
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE	EASY COMFORT LANCETS		EASY TOUCH LANCETS 32G/TWIST	71
	EASY COMFORT LANCETS 30G/PULL TOP		EASY TOUCH LANCETS	
	EASY COMFORT LANCETS		EASY TOUCH LANCETS	

33G/TWIST	71	ELLA	46	epinastine hcl (ophth)	98
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	71	EMBRACE LANCETS ULTRA THIN 30G	71	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	113
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	71	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	71	EPIVIR SOLN (lamivudine)	35
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	71	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	71	EPIVIR TABS (lamivudine)	35
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	71	EMCYT	28	eplerenone	25
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	71	EMGALITY SOAJ	88	EPZICOM (abacavir sulfate- lamivudine)	35
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	71	EMGALITY SOSY 120 MG/ML	89	EQL COLOR LANCETS 21G	71
ECONAZOLE NITRATE CREA	50	emtricitabine CAPS	35	EQL COLOR LANCETS MICRO THIN 33G	71
EDURANT	35	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	35	EQL SUPER THIN LANCETS 30G 71	
EFAVIRENZ CAPS	35	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	35	EQL THIN LANCETS 26G	71
EFAVIRENZ TABS	35	EMTRIVA CAPS (emtricitabine) ...	35	ergocalciferol CAPS	113
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	35	EMTRIVA SOLN	35	ERGOMAR SUBL	89
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE	35	enalapril maleate & hydrochlorothiazide	24	ergotamine w/ caffeine TABS	89
EFFEXOR XR CP24 150 MG (venlafaxine hcl)	17	enalapril maleate TABS	22	ERIVEDGE	28
EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	17	ENBREL MINI SOCT	5	ERLEADA 240 MG	28
EFFIENT (prasugrel hcl)	60	ENBREL SOLN	5	ERLEADA 60 MG	28
EFUDEX CREA (fluorouracil (topical))	50	ENBREL SOLR	5	erlotinib hcl	28
ELIQUIS STARTER PACK TBPK .	13	ENBREL SOSY 25 MG/0.5ML	5	ERYGEL GEL (erythromycin (acne aid))	49
ELIQUIS TABS	13	ENBREL SOSY 50 MG/ML	5	ERYPED 200 SUSR (erythromycin ethylsuccinate)	64
		ENBREL SURECLICK SOAJ	5	ERYPED 400 SUSR (erythromycin ethylsuccinate)	64
		ENCARE SUPP 100 MG	112	erythromycin (acne aid) GEL	49
		entecavir TABS	37	erythromycin (acne aid) SOLN	49
		EPCLUSA PACK	37	erythromycin (ophth)	96
		EPCLUSA TABS	37	ERYTHROMYCIN	96
		EPIDUO GEL (adapalene-benzoyl peroxide)	49	erythromycin base CPEP	64

erythromycin base TABS	64	etoposide CAPS	33	EZ-LETS LANCETS 30G	72
erythromycin base TBEC	64	etravirine	35	FABHALTA	60
erythromycin ethylsuccinate SUSR 64		EULEXIN	28	famciclovir	37
ESBRIET CAPS (pirfenidone)	108	everolimus (immunosuppressant) .	91	famotidine TABS 20 MG	111
ESBRIET TABS (pirfenidone)	108	everolimus TABS	30	famotidine TABS 40 MG	110
escitalopram oxalate SOLN	16	EVISTA (raloxifene hcl)	56	FANTASY LUBRICATED MISC ...	64
escitalopram oxalate TABS 10 MG, 20 MG	16	EVOTAZ	35	FANTASY LUBRICATED/SPERMICIDE MISC	64
escitalopram oxalate TABS 5 MG .	16	EVRYSDI	95	FARESTON (toremifene citrate) ..	29
ESGIC TABS (butalbital- acetaminophen-caffeine)	6	EXELON (rivastigmine)	99	FARXIGA	19
estazolam	61	exemestane	28	FARYDAK	30
ESTRACE CREA (estradiol vaginal) .	113	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	24	FASENRA PEN SOAJ	11
ESTRACE TABS (estradiol)	58	EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	24	FC2 FEMALE CONDOM	64
estradiol & norethindrone acetate TABS	57	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	24	febuxostat 40 MG	60
estradiol PTTW	58	E-Z JECT LANCETS	72	febuxostat 80 MG	60
estradiol PTWK	58	E-Z JECT LANCETS 21G	72	felbamate SUSP	15
estradiol TABS	58	E-Z JECT LANCETS COLOR	72	felbamate TABS	15
estradiol vaginal CREA	113	E-Z JECT LANCETS SUPER THIN 30G	72	FELBATOL SUSP (felbamate)	15
estradiol vaginal TABS	113	E-Z JECT LANCETS THIN 26G ..	72	FELBATOL TABS (felbamate)	15
ESTRING RING	113	ezetimibe	22	FELDENE CAPS 10 MG (piroxicam) .	4
ethambutol hcl TABS	26	EZETIMIBE/ATORVASTATIN	21	FELDENE CAPS 20 MG (piroxicam) .	4
ethosuximide CAPS	15	ezetimibe-simvastatin	21	felodipine 10 MG	39
ethosuximide SOLN	15	E-ZJECT LANCETS MICRO-THIN 33G	72	felodipine 2.5 MG, 5 MG	39
ethynodiol diacet & eth estrad	45	EZ-LETS LANCETS 21G	72	FEMARA (letrozole)	29
etodolac CAPS	4	EZ-LETS LANCETS 26G SUPER- SOFT	72	FEMCAP DEVI	64
etodolac TABS	4	EZ-LETS LANCETS 28G ULTRA- SOFT	72	FEMHRT (norethindrone acetate- ethinyl estradiol)	57
etodolac TB24	4			fenofibrate micronized 130 MG, 200 MG	21
etonogestrel-ethinyl estradiol	46				

fenofibrate micronized 43 MG, 67 MG, 134 MG	21	CHILDRENS SUSP (fluticasone propionate (nasal))	95	fluoxetine hcl CAPS 10 MG, 20 MG	16
fenofibrate TABS 145 MG, 160 MG	21	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))	95	fluoxetine hcl CAPS 40 MG	16
fenofibrate TABS 48 MG	21	FLORIVA PLUS SOLN	92	fluoxetine hcl SOLN	16
fenofibrate TABS 54 MG	21	FLUBLOK QUADRIVALENT 2021-2022	112	fluoxetine hcl TABS 10 MG	16
FENOFIBRATE TABS	21	FLUBLOK QUADRIVALENT 2022-2023	112	fluoxetine hcl TABS 20 MG	16
fenopropfen calcium CAPS 200 MG .	4	FLUBLOK QUADRIVALENT 2023-2024	112	fluphenazine hcl ELIX	34
FENOPROFEN CALCIUM CAPS 200 MG	4	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	112	fluphenazine hcl TABS	34
FENORTHO CAPS 200 MG	4	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	112	flurazepam hcl 15 MG	61
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	7	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	112	flurazepam hcl 30 MG	61
fesoterodine fumarate	112	fluconazole SUSR	20	flurbiprofen sodium	98
FIFTY50 SAFETY SEAL LANCETS 30G	72	fluconazole TABS	20	flurbiprofen TABS 50 MG	4
FIFTY50 SAFETY SEAL LANCETS 32G	72	fludrocortisone acetate TABS	47	flutamide	29
FIFTY50 UNILET LANCETS 33G .	72	FLUMIST QUADRIVALENT	112	fluticasone furoate-vilanterol	12
FINACEA GEL (azelaic acid)	54	fluocinolone acetonide CREA	53	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	11
finasteride	60	fluocinolone acetonide OIL	53	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	12
FINE 30	72	fluocinolone acetonide OINT	53	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	12
FINGERSTIX LANCETS	72	fluocinolone acetonide SOLN	53	fluticasone propionate (nasal) SUSP .	95
fingolimod hcl	100	fluocinonide CREA 0.05 %	53	fluticasone propionate CREA 0.05 %	53
FLAGYL CAPS (metronidazole) ...	25	fluocinonide emulsified base	53	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	12
FLAREX	96	fluocinonide GEL	53	fluticasone propionate hfa 44 MCG/ACT	12
flavoxate hcl	112	fluocinonide OINT	53	fluticasone propionate OINT	53
flecainide acetate	11	fluocinonide SOLN	53	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	12
FLOMAX (tamsulosin hcl)	60	fluorometholone (ophth) SUSP	97	fluticasone-salmeterol AERO	12
FLONASE ALLERGY RELIEF		fluorouracil (topical) CREA 5 % ...	50		
		fluorouracil (topical) SOLN	50		

fluvastatin sodium CAPS	21	fosinopril sodium	22	gabapentin TABS 600 MG, 800 MG 14	
fluvastatin sodium TB24	21	FOSRENOL CHEW 1000 MG (lanthanum carbonate)	59	galantamine hydrobromide CP24 ..	99
fluvoxamine maleate CP24 100 MG 16		FOSRENOL CHEW 500 MG (lanthanum carbonate)	59	galantamine hydrobromide SOLN ..	99
fluvoxamine maleate CP24 150 MG 16		FOSRENOL CHEW 750 MG (lanthanum carbonate)	59	galantamine hydrobromide TABS ..	99
fluvoxamine maleate TABS 100 MG . 16		FOSRENOL PACK	59	gatifloxacin (ophth)	96
fluvoxamine maleate TABS 25 MG, 50 MG	16	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	72	gefitinib	28
FLUZONE QUADRIVALENT 2021- 2022 SUSP	112	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	72	gemfibrozil TABS	21
FLUZONE QUADRIVALENT 2022- 2023 SUSP	112	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	54	GENERESS FE (norethindrone & ethinyl estradiol-fe)	45
FLUZONE QUADRIVALENT 2023- 2024 SUSP	112	FREESTYLE LANCETS	72	gentamicin sulfate (ophth) SOLN ..	96
FML FORTE SUSP	97	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	72	gentamicin sulfate (topical) CREA ..	49
FML LIQUIFILM SUSP (fluorometholone (ophth))	97	FREESTYLE LITE TEST STRIPS STRP	54	gentamicin sulfate (topical) OINT ..	49
FML OINT	97	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	73	GENTEEL BUTTERFLY TOUCH LANCETS	73
FOCALIN TABS (dexmethylphenidate hcl)	2	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	73	GENTLE-LET GP LANCETS	73
folic acid TABS 1 MG	61	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	54	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	73
folic acid TABS 400 MCG, 800 MCG . 61		FREESTYLE TEST STRIPS STRP 55		GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 73	
FOLIVANE-OB	93	FREESTYLE UNISTICK II LANCETS	73	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	73
FORA LANCETS	72	furosemide SOLN OR 10 MG/ML ..	55	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	73
formoterol fumarate NEBU	12	furosemide TABS	55	GENVOYA	35
FORTESTA GEL TD (testosterone) 9		gabapentin CAPS	14	GEODON 20 MG, 40 MG (ziprasidone hcl)	34
FOSAMAX TABS 70 MG (alendronate sodium)	56	gabapentin SOLN	14	GEODON 60 MG, 80 MG (ziprasidone hcl)	34
fosamprenavir calcium TABS	35			GILENYA (fingolimod hcl)	100
fosinopril sodium & hydrochlorothiazide	24			GILENYA 0.5 MG	100
				GILOTRIF	28

GLEOSTINE 10 MG, 40 MG, 100 MG27	GNP STERILE LANCETS 30G ... 73	HAEMOLANCE PLUS MAX FLOW 74
glimpiride19	GNP STERILE LANCETS 33G ... 73	HAEMOLANCE PLUS PEDIATRIC FLOW74
glipizide TABS 19	GOJJI STERILE LANCETS 30G ..73	HALCION 0.25 MG (triazolam) 61
glipizide TB2419	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 62	halobetasol propionate CREA53
glipizide-metformin hcl 18	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL .. 73	halobetasol propionate OINT53
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...88	GOODSENSE LANCETS MICRO- THIN 33G74	haloperidol lactate CONC34
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"88	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL74	haloperidol TABS 34
GLOBAL INJECT EASE LANCETS 28G73	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL74	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G74
GLOBAL INJECT EASE LANCETS 30G73	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL74	H-E-B INCONTROL LANCETS MICRO THIN 33G74
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR18	GOODSENSE LANCETS ULTRA- THIN 30G74	H-E-B INCONTROL LANCETS SUPER THIN 30G74
GLUCOCOM LANCETS 28G73	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL74	H-E-B INCONTROL LANCETS ULTRA THIN 28G74
GLUCOCOM LANCETS 30G73	griseofulvin microsize SUSP20	HEPSERA (adefovir dipivoxil)37
GLUCOCOM LANCETS 33G73	griseofulvin microsize TABS20	HUMALOG JUNIOR KWIKPEN SOPN 18
GLUCOTROL XL TB24 (glipizide) .19	griseofulvin ultramicrosize 20	HUMALOG KWIKPEN SOPN 100 UNIT/ML18
glyburide micronized 1.5 MG, 3 MG, 6 MG 19	guaifenesin-codeine SOLN 47	HUMALOG KWIKPEN SOPN 200 UNIT/ML18
glyburide TABS 19	guanfacine hcl (adhd)1	HUMALOG MIX 50/50 KWIKPEN SUPN18
glyburide-metformin 18	guanfacine hcl23	HUMALOG MIX 50/50 SUSP18
glycopyrrolate SOLN OR 1 MG/5ML . 109	HADLIMA PUSHTOUCH SOAJ3	HUMALOG MIX 75/25 KWIKPEN SUPN18
glycopyrrolate TABS 1 MG, 2 MG 109	HADLIMA SOSY 3	HUMALOG MIX 75/25 SUSP18
GLYNASE (glyburide micronized) 19	HAEMOLANCE74	HUMALOG SOCT18
GLYXAMBI 18	HAEMOLANCE LOW FLOW LANCETS 74	HUMALOG SOLN IJ 19
GNP LANCETS 21G73	HAEMOLANCE PLUS74	HUMATIN2
GNP LANCETS THIN 26G73	HAEMOLANCE PLUS HIGH FLOW . 74	HUMATROPE CART IJ56
GNP STERILE LANCETS 28G ... 73	HAEMOLANCE PLUS LOW FLOW . 74	

HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	hydralazine hcl TABS	25	hydrocortisone butyrate OINT	53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3	HYDREA (hydroxyurea)	32	hydrocortisone TABS	47
HUMIRA PEN PNKT 40 MG/0.4ML ..	3	hydrochlorothiazide CAPS	56	hydromorphone hcl LIQD	7
HUMIRA PEN PNKT 40 MG/0.8ML ..	3	hydrochlorothiazide TABS 25 MG, 50 MG	56	hydromorphone hcl TABS	7
HUMIRA PEN PNKT 80 MG/0.8ML ..	3	hydrocodone bitartrate-homatropine methylbromide SOLN	47	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	7
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	3	hydrocodone bitartrate-homatropine methylbromide TABS	47	hydroxychloroquine sulfate 200 MG 26	
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	3	hydrocodone polistirex- chlorpheniramine polistirex SUER ..	47	hydroxyurea	32
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	hydroxyzine hcl SYRP	10
HUMIRA PEN-PS/UV STARTER PNKT	3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	8	hydroxyzine hcl TABS	10
HUMIRA PSKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	hydroxyzine pamoate CAPS	10
HUMIRA PSKT	3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	hyoscyamine sulfate SUBL 0.125 MG	109
HUMULIN 70/30 KWIKPEN SUPN ..	19	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	8	hyoscyamine sulfate TABS 0.125 MG	109
HUMULIN 70/30 SUSP	19	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG ..	8	HYPODERMIC NEEDLE 30GX1/2" . 88	
HUMULIN N KWIKPEN SUPN	19	hydrocodone-ibuprofen 10 MG-200 MG	8	HY-VEE LANCETS	74
HUMULIN N SUSP	19	hydrocortisone (intrarectal)	9	HY-VEE THIN LANCETS	74
HUMULIN R SOLN IJ	19	hydrocortisone (rectal) EX 2.5 %	9	HYZAAR (losartan potassium & hydrochlorothiazide)	24
HUMULIN R U-500 (CONCENTRATED) SOLN SC	19	hydrocortisone (topical) CREA 2.5 % 53		ibandronate sodium TABS	56
HUMULIN R U-500 KWIKPEN SOPN SC	19	hydrocortisone (topical) LOTN 2.5 % . 53		IBRANCE CAPS	30
HYCAMTIN CAPS	33	hydrocortisone (topical) OINT 2.5 % . 53		IBRANCE TABS	30
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	47	hydrocortisone butyrate CREA	53	ibuprofen TABS 400 MG, 600 MG, 800 MG	4
HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	47			ICLUSIG 10 MG, 30 MG	30
				ICLUSIG 15 MG, 45 MG	30
				icosapent ethyl	21
				IDHIFA	30
				imatinib mesylate 100 MG	30

imatinib mesylate 400 MG 30	INTELENCE (etravirine) 35	itraconazole CAPS 20
IMBRUVICA CAPS 30	INTELENCE 25 MG 35	itraconazole SOLN 20
IMBRUVICA TABS 30	INTUNIV (guanfacine hcl (adhd)) ... 1	ivermectin 10
imipramine hcl TABS 10 MG, 25 MG . 17	ipratropium bromide (nasal) 94	JADENU TABS (deferasirox) 20
imipramine hcl TABS 50 MG 17	ipratropium bromide SOLN 0.02 % 11	JAKAFI 30
imiquimod 5 % 54	ipratropium-albuterol SOLN 12	JALYN (dutasteride-tamsulosin hcl) . 60
IMITREX 20 MG/ACT (sumatriptan) 89	irbesartan 23	JANUMET TABS 18
IMITREX 5 MG/ACT (sumatriptan) 89	irbesartan-hydrochlorothiazide ... 24	JANUMET XR TB24 1000 MG-100 MG 18
IMITREX TABS (sumatriptan succinate) 89	IRESSA (gefitinib) 28	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG 18
IMPAVIDO 25	ISENTRESS CHEW 35	JANUVIA 18
IMURAN TABS (azathioprine) 91	ISENTRESS HD TABS 35	JARDIANCE 19
IN TOUCH STERILE LANCETS30G 74	ISENTRESS PACK 36	JULUCA 36
INBRIJA CAPS 33	isoniazid SYRP 26	KALETRA SOLN (lopinavir-ritonavir) . 36
INCRUSE ELLIPTA 11	isoniazid TABS 26	KALETRA TABS (lopinavir-ritonavir) . 36
indapamide TABS 1.25 MG, 2.5 MG . 56	ISOPTO ATROPINE SOLN 96	KALYDECO PACK 108
INDERAL LA CP24 (propranolol hcl) . 38	ISOPTO CARPINE SOLN 1 % (pilocarpine hcl) 96	KALYDECO TABS 108
INDOCIN SUSP (indomethacin) 4	ISORDIL TITRADOSE TABS (isosorbide dinitrate) 10	KAMELEON LUBRICATED MISC .64
indomethacin CAPS 25 MG, 50 MG 4	isosorbide dinitrate TABS 10	KENALOG AERS (triamcinolone acetoneide (topical)) 53
indomethacin CPCR 4	isosorbide dinitrate-hydralazine hcl 40	KEPPRA SOLN OR 100 MG/ML (levetiracetam) 14
indomethacin SUSP 4	isosorbide mononitrate TABS 10	KEPPRA TABS 1000 MG (levetiracetam) 14
INGREZZA CAPS 60 MG 100	isosorbide mononitrate TB24 10	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam) 14
INLYTA 27	isotretinoin 10 MG, 25 MG 49	KEPPRA XR TB24 (levetiracetam) 14
INQOVI 29	isotretinoin 20 MG 49	ketoconazole (topical) CREA 50
INSPRA (eplerenone) 25	isotretinoin 30 MG 49	ketoconazole 20
INSULIN LISPRO PROTAMINE/INSULIN LISPRO	isotretinoin 35 MG, 40 MG 49	
KWIKPEN SUPN 19	ISTALOL SOLN (timolol maleate (ophth)) 95	

KETONE STRP	55	KISQALI FEMARA 600 DOSE	29	K-Y ME & YOU EXTRA LUBRICATED DEVI	65
ketorolac tromethamine (ophth) ...	98	KITABIS PAK NEBU (tobramycin) ..	2	K-Y ME & YOU INTENSE DEVI ...	65
ketorolac tromethamine TABS	4	KLARON (sulfacetamide sodium (acne))	49	labetalol hcl TABS	38
KETOSTIX STRP	55	KLONOPIN TABS (clonazepam) ..	13	lacosamide SOLN OR 10 MG/ML .	14
KEVZARA SOAJ	4	KLOXXADO LIQD	20	lacosamide TABS	14
KEVZARA SOSY	4	KOSELUGO	30	lactulose (encephalopathy)	59
KIMONO COLORS DEVI	64	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	90	lactulose SOLN	62
KIMONO LUBRICATED MISC	64	K-PHOS NO 2	59	LAGEVRIO	37
KIMONO MAXX/LARGE FLARE MISC	65	K-PHOS TABS (potassium phosphate monobasic)	90	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 14	
KIMONO MICRO THIN MISC	65	KRINTAFEL	26	LAMICTAL ODT TBDP (lamotrigine) . 14	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 65		KROGER HEALTHPRO TWIST LANCETS/26G	75	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) . 14	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	65	KROGER LANCETS	75	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine)	14
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 65		KROGER LANCETS 21G	75	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	14
KIMONO PS LUBRICATED MISC .	65	KROGER LANCETS MICRO THIN33G	75	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	14
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 65		KROGER LANCETS SUPER THIN 75		LAMICTAL TABS (lamotrigine)	14
KIMONO SENSATION LUBRICATED MISC	65	KROGER LANCETS THIN	75	lamivudine SOLN	36
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 65		KROGER LANCETS THIN 26G ...	75	lamivudine TABS	36
KIMONO SPECIAL DEVI	65	KROGER LANCETS ULTRATHIN30G	75	lamivudine-zidovudine	36
KINNEY LANCETS	74	K-TAB TBCR 10 MEQ (potassium chloride)	90	lamotrigine CHEW	14
KINNEY THIN LANCETS	75	K-TAB TBCR 8 MEQ (potassium chloride)	90	lamotrigine KIT 25 MG	14
KISQALI	30	KUVAN PACK (sapropterin dihydrochloride)	57	lamotrigine TABS	14
KISQALI FEMARA 200 DOSE	29	KUVAN TABS (sapropterin dihydrochloride)	57	lamotrigine TBDP	14
KISQALI FEMARA 400 DOSE	29			LAMPIT	25
				LANCETS	75
				LANCETS 30G	75

LANCETS 30G TWIST TOP 75	LENVIMA 18 MG DAILY DOSE ... 27	45
LANCETS 30G/TWIST TOP 75	LENVIMA 20 MG DAILY DOSE ... 27	levothyroxine sodium CAPS 125 MCG 109
LANCETS 33G EXTRA FINE 75	LENVIMA 24 MG DAILY DOSE ... 27	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG 109
LANCETS 33G UNIVERSAL DESIGN 75	LENVIMA 4 MG DAILY DOSE ... 27	
LANCETS MICRO THIN 33G 75	LENVIMA 8 MG DAILY DOSE ... 28	
LANCETS SUPER THIN 28G 75	LESCOL XL TB24 (fluvastatin sodium) 21	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 109
LANCETS THIN 75	LETAIRIS (ambrisentan) 40	
LANCETS ULTRA THIN 75	letrozole 29	
LANCETS ULTRA THIN 30G 75	leucovorin calcium TABS 33	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG 109
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin) 40	LEUKERAN 27	
lansoprazole CPDR 111	levalbuterol hcl 12	
lanthanum carbonate CHEW 1000 MG 59	levalbuterol tartrate 12	LEVSIN TABS (hyoscyamine sulfate) 110
lanthanum carbonate CHEW 500 MG 59	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML 14	LEVSIN/SL SUBL (hyoscyamine sulfate) 109
lanthanum carbonate CHEW 750 MG 59	levetiracetam TABS 1000 MG 14	
LANTUS SOLN 19	levetiracetam TABS 250 MG, 500 MG, 750 MG 14	LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate) 16
LANTUS SOLOSTAR SOPN 19	levetiracetam TB24 14	LEXAPRO TABS 5 MG (escitalopram oxalate) 16
lapatinib ditosylate 31	levobunolol hcl 0.5 % 95	LEXIVA SUSP 36
LASIX TABS (furosemide) 55	levofloxacin SOLN OR 58	LEXIVA TABS (fosamprenavir calcium) 36
latanoprost SOLN 98	levofloxacin TABS 58	LIALDA TBEC (mesalamine) 58
LATANOPROST SOLN 98	levonorgestrel & eth estradiol TABS 45	LIBERTY MEDICAL LANCETS 30G . 76
LATUDA (lurasidone hcl) 34	levonorgestrel (emergency oc) 1.5 MG 46	lidocaine hcl (mouth-throat) 2 % ... 91
leflunomide 10 MG 5	levonorgestrel-eth estradiol (triphasic) 45	lidocaine hcl SOLN 54
leflunomide 20 MG 5	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 45	lidocaine PTCH 5 % 54
lenalidomide 90	levonorgestrel-ethinyl estradiol (continuous) 45	LIDODERM PTCH (lidocaine) 54
LENVIMA 10 MG DAILY DOSE ... 27		linezolid SUSR 25
LENVIMA 12MG DAILY DOSE ... 27		linezolid TABS 26
LENVIMA 14 MG DAILY DOSE ... 27	levonorgestrel-ethinyl estradiol-iron	

LINZESS	59	LOMAIRA TABS	1 24
liothyronine sodium TABS 25 MCG, 50 MCG	109	LOMOTIL TABS (diphenoxylate w/ atropine)	20
liothyronine sodium TABS 5 MCG 109		LONGS LANCETS STANDARD ..	76
LIPITOR TABS (atorvastatin calcium)	22	LONGS LANCETS THIN	76
lisdexamfetamine dimesylate CAPS 1		LONGS LANCETS ULTRA THIN ..	76
lisdexamfetamine dimesylate CHEW . 1		LONSURF	29
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24	LOPID TABS (gemfibrozil)	21
lisinopril & hydrochlorothiazide 25 MG-20 MG	24	lopinavir-ritonavir SOLN	36
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	22	lopinavir-ritonavir TABS	36
lisinopril TABS 40 MG	22	LOPRESSOR TABS (metoprolol tartrate)	38
LITE TOUCH LANCETS	76	LOPROX CREA (ciclopirox olamine) . 50	
LITETOUCH LANCETS MICRO THIN 33G	76	LOPROX SHAMPOO SHAM (ciclopirox)	50
lithium	33	LOPROX SUSP (ciclopirox olamine) . 50	
lithium carbonate CAPS 150 MG, 600 MG	33	lorazepam CONC	10
lithium carbonate CAPS 300 MG ..	33	lorazepam TABS	10
lithium carbonate TABS	33	LORBRENA	31
lithium carbonate TBCR	34	losartan potassium & hydrochlorothiazide	24
LITHOBID TBCR (lithium carbonate) . 34		losartan potassium	23
LIVE BETTER LANCET SUPERTHIN 30G	76	LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	45
LIVE BETTER LANCET ULTRATHIN 28G	76	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	22
LO LOESTRIN FE TABS	45	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 24	
LODINE TABS (etodolac)	4	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .	
		lovastatin TABS 10 MG, 20 MG ...	22
		lovastatin TABS 40 MG	22
		LOVAZA (omega-3-acid ethyl esters)	21
		loxapine succinate	34
		lubiprostone	58
		LUCEMYRA	99
		LUMIGAN SOLN 0.01 %	98
		lurasidone hcl	34
		LYNPARZA TABS	31
		LYSODREN	29
		LYSTEDA TABS (tranexamic acid) 61	
		MACROBID (nitrofurantoin monohyd macro)	26
		MACRODANTIN (nitrofurantoin macrocrystal)	26
		MALARONE 25 MG-62.5 MG (atovaquone-proguanil hcl)	26
		maraviroc TABS	36
		MATULANE	32
		MAXALT TABS 10 MG (rizatriptan benzoate)	89
		MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	89
		MAXIDEX SUSP OP	97
		MAXITROL OINT (neomycin-polymy- dexameth)	97
		MAXITROL SUSP (neomycin- polymy-dexameth)	97
		MAXX LUBRICATED MISC	65
		MAXX PLUS SPERMICIDE	

LUBRICATED MISC	65	30G/COMFORT MAX	77	meloxicam TABS 7.5 MG	4
MAXZIDE TABS (triamterene & hydrochlorothiazide)	55	MEDLANCE PLUS UNIVERSAL LANCETS 21G	77	melphalan	27
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	55	MEDLANCE PLUS/LITE 25G	77	memantine hcl SOLN	99
MAYZENT STARTER PACK TBPB 100		MEDLANCE/EXTRA	77	memantine hcl TABS 10 MG	100
MAYZENT TABS 0.25 MG	100	MEDLANCE/LITE	77	memantine hcl TABS 5 MG	99
MAYZENT TABS 1 MG	100	MEDLANCE/UNIVERSAL	77	memantine hcl TABS	100
MAYZENT TABS 2 MG	100	MEDROL DOSEPAK TBPB (methylprednisolone)	47	MENEST	58
meclofenamate sodium CAPS	4	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	47	meperidine hcl SOLN OR 50 MG/5ML	7
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	76	MEDROL TABS	47	meperidine hcl TABS 50 MG	7
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	76	medroxyprogesterone acetate 10 MG	99	MEPHYTON TABS (phytonadione) 113	
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	76	medroxyprogesterone acetate 2.5 MG, 5 MG	99	MEPRON (atovaquone)	25
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	76	mefloquine hcl	26	mercaptopurine TABS	27
MEDICHOICE SAFETY LANCETEXTRA	76	megestrol acetate SUSP	29	mesalamine CP24	58
MEDICHOICE SAFETY LANCETNORMAL	76	megestrol acetate TABS	29	mesalamine CPDR	58
MEDLANCE PLUS EXTRA LANCETS 21G	76	MEIJER COLOR LANCETS UNIVERSAL 33G	77	mesalamine ENEM	58
MEDLANCE PLUS LANCETS	76	MEIJER LANCETS	77	mesalamine SUPP	58
MEDLANCE PLUS LANCETS LITE 25G	76	MEIJER LANCETS THIN	77	mesalamine TBEC 1.2 GM	58
MEDLANCE PLUS LITE LANCETS 25G	76	MEIJER LANCETS UNIVERSAL21G	77	mesalamine TBEC 800 MG	59
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	76	MEIJER LANCETS UNIVERSAL30G	77	MESTINON TABS (pyridostigmine bromide)	26
MEDLANCE PLUS SUPERLITE 30G	76	MEIJER LANCETS UNIVERSAL33G	77	MESTINON TIMESPAN TBCR (pyridostigmine bromide)	26
MEDLANCE PLUS SUPERLITE		MEIJER SUPER THIN LANCETS	77	METADATE CD CPCR (methylphenidate hcl)	2
		MEKINIST TABS	31	metformin hcl SOLN	18
		MEKTOVI	31	metformin hcl TABS 500 MG, 850 MG, 1000 MG	18
		meloxicam TABS 15 MG	4	metformin hcl TB24 500 MG, 750 MG	18
				methadone hcl CONC	7

methadone hcl SOLN OR 5 MG/5ML 7	methylphenidate hcl TB24 36 MG .. 2	(telmisartan) 23
methadone hcl TABS 7	methylphenidate hcl TB24 54 MG .. 2	MICARDIS 80 MG (telmisartan) ... 23
methadone hcl TBSO 7	methylphenidate hcl TBCR 10 MG .. 2	MICARDIS HCT (telmisartan- hydrochlorothiazide) 24
METHADOSE CONC (methadone hcl) 7	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG 2	MICROLET LANCETS 77
METHADOSE SUGAR-FREE CONC (methadone hcl) 7	methylphenidate hcl TBCR 20 MG .. 2	MIFEPREX (mifepristone) 57
methazolamide TABS 55	methylphenidate hcl TBCR 54 MG .. 2	mifepristone 57
methenamine mandelate 0.5 GM, 1 GM 26	methylprednisolone TABS 47	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) 45
methimazole TABS 108	methylprednisolone TBPK 47	MINIPRESS CAPS (prazosin hcl) . 23
METHITEST TABS 9	methyltestosterone CAPS 9	MINIVELLE PTTW (estradiol) 58
methocarbamol TABS 500 MG, 750 MG 94	metoclopramide hcl TABS 58	minocycline hcl CAPS 108
methotrexate sodium TABS 2.5 MG 27	metolazone 56	minoxidil 2.5 MG, 10 MG 25
methoxsalen rapid 51	metoprolol & hydrochlorothiazide TABs 24	MIRALAX POWD (polyethylene glycol 3350) 62
methscopolamine bromide 110	metoprolol succinate TB24 38	MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) 45
methsuximide 15	metoprolol tartrate TABS 38	mirtazapine TABS 16
methyldopa TABS 23	METROCREAM CREA (metronidazole (topical)) 54	mirtazapine TBDP 16
methylergonovine maleate TABS .. 98	METROGEL GEL 1 % (metronidazole (topical)) 54	misoprostol 112
METHYLIN SOLN 5 MG/5ML (methylphenidate hcl) 2	METROLOTION LOTN (metronidazole (topical)) 54	MM TWIST LANCETS 77
methylphenidate hcl CP24 2	metronidazole (topical) CREA 54	M-NATAL PLUS TABS 93
methylphenidate hcl CPCR 2	metronidazole (topical) GEL 0.75 % 54	moexipril hcl 22
methylphenidate hcl SOLN 5 MG/5ML 2	metronidazole (topical) GEL 1 % .. 54	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) 37
methylphenidate hcl TABS 20 MG .. 2	metronidazole (topical) LOTN 54	mometasone furoate (nasal) SUSP 95
methylphenidate hcl TABS 5 MG, 10 MG 2	metronidazole CAPS 25	mometasone furoate CREA 53
methylphenidate hcl TB24 18 MG, 27 MG 2	metronidazole TABS 25	mometasone furoate OINT 53
	metronidazole vaginal 113	mometasone furoate SOLN 53
	mexiletine hcl 11	MONOLET LANCETS 77
	MICARDIS 20 MG, 40 MG	MONOLET OPD LANCETS 77

MONOLETTOR SAFETY LANCETS 77	mupirocin OINT 49	NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal))95
montelukast sodium CHEW11	MYAMBUTOL TABS 400 MG (ethambutol hcl)26	NASONEX 24HR SUSP (mometasone furoate (nasal)) 95
montelukast sodium PACK 11	MYCOBUTIN (rifabutin)26	NATACYN96
montelukast sodium TABS11	mycophenolate mofetil CAPS91	NATAZIA 45
morphine sulfate beads7	mycophenolate mofetil SUSR 91	nateglinide19
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG7	mycophenolate mofetil TABS91	nebivolol hcl 38
morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML7	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G78	NEBUPENT IN (pentamidine isethionate)25
morphine sulfate SUPP 20 MG, 30 MG7	MYLERAN TABS27	nefazodone hcl17
morphine sulfate TABS8	MYSOLINE (primidone)14	neomycin sulfate TABS 2
morphine sulfate TBCR 8	nabumetone 500 MG4	neomycin-bacitracin zn-polymyxin 96
MOVANTIK59	nabumetone 750 MG4	neomycin-polymy-dexameth OINT 97
moxifloxacin hcl (ophth) SOLN OP 96	nadolol TABS 20 MG, 40 MG, 80 MG38	neomycin-polymy-dexameth SUSP 97
moxifloxacin hcl TABS58	naltrexone hcl 20	neomycin-polymyxin-gramicidin ...96
MPD SAFETY LANCET 21G/1.8MM 77	NAMENDA TABS 10 MG (memantine hcl) 100	neomycin-polymyxin-hc (ophth) ...97
MPD SAFETY LANCET 28G/1.8MM 77	NAMENDA TABS 5 MG (memantine hcl)100	neomycin-polymyxin-hc (otic) SOLN . 98
MPD SAFETY LANCET 30G/1.8MM 78	NAMENDA TITRATION PAK TABS (memantine hcl) 100	neomycin-polymyxin-hc (otic) SUSP . 98
MPD SAFETY LANCETS 23G/1.8MM78	NAPROSYN SUSP (naproxen)4	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG 93
MS CONTIN TBCR (morphine sulfate)8	NAPROSYN TABS 500 MG (naproxen)4	NEONATAL PLUS TABS93
MULTIVITAMIN + FLUORIDE CHEW92	naproxen sodium TABS 275 MG, 550 MG5	NEORAL CAPS (cyclosporine modified (for microemulsion))91
MULTIVITAMIN WITH FLUORIDE CHEW92	naproxen SUSP 5	NEORAL SOLN (cyclosporine modified (for microemulsion))91
MULTI-VIT-FLOR CHEW92	naproxen TABS 5	NERLYNX31
	naratriptan hcl 89	
	NARDIL (phenelzine sulfate)16	
	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..95	

NESTABS DHA	93	nifedipine TB24	39	norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG	45
NEURONTIN CAPS (gabapentin) .	14	NILANDRON (nilutamide)	29	norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG	45
NEURONTIN SOLN (gabapentin) .	14	nilutamide	29	norethindrone (contraceptive)	46
NEURONTIN TABS (gabapentin) .	14	nimodipine CAPS	39	norethindrone acet & eth estra ...	45
nevirapine SUSP	36	NINLARO	31	norethindrone acetate TABS	99
nevirapine TABS	36	nisoldipine	39	norethindrone acetate-ethinyl estradiol	57
nevirapine TB24	36	NITRO-BID OINT	10	norethindrone acetate-ethinyl estradiol-fe	45
NEXAVAR (sorafenib tosylate) ...	31	NITRO-DUR PT24 (nitroglycerin) ..	10	norgestimate-ethinyl estradiol (triphasic)	45
NEXTSTELLIS	45	NITRO-DUR PT24	10	norgestimate-ethinyl estradiol ...	45
niacin (antihyperlipidemic) TBCR ..	22	nitrofurantoin	26	NORPACE CAPS (disopyramide phosphate)	11
NIASPAN TBCR (niacin (antihyperlipidemic))	22	nitrofurantoin macrocrystal	26	NORPACE CR CP12	11
NICODERM CQ PT24 TD (nicotine) .	107	nitrofurantoin monohyd macro ...	26	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	17
NICORETTE GUM (nicotine polacrilex)	107	nitroglycerin (intra-anal)	9	nortriptyline hcl CAPS	17
NICORETTE LOZG (nicotine polacrilex)	107	nitroglycerin PT24	10	nortriptyline hcl SOLN	17
NICORETTE MINI LOZG (nicotine polacrilex)	107	nitroglycerin SOLN TL 0.4 MG/SPRAY	10	NORVASC TABS 2.5 MG (amlodipine besylate)	39
NICORETTE STARTER KIT GUM (nicotine polacrilex)	107	nitroglycerin SUBL	10	NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	39
nicotine MISC XX	107	NITROLINGUAL SOLN TL (nitroglycerin)	10	NORVIR PACK	36
nicotine polacrilex GUM	107	NITROSTAT SUBL (nitroglycerin) .	10	NORVIR SOLN	36
nicotine polacrilex LOZG	107	NIVA THYROID TABS	109	NORVIR TABS (ritonavir)	36
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	107	NIVA-PLUS TABS	93	NOVA SAFETY LANCETS 23G ..	78
NICOTINE TRANSDERMAL SYSTEM KIT	107	nizatidine CAPS	111	NOVA SAFETY LANCETS 28G ..	78
NICOTROL INHALER INHA	107	nizatidine SOLN	111	NOVA SUREFLEX LANCETS	78
NICOTROL NS SOLN	108	NORDITROPIN FLEXPPO SOPN .	56	NP THYROID 120 TABS	109
nifedipine CAPS	39	norelgestromin-ethinyl estradiol ..	46	NP THYROID 15 TABS	109
nifedipine TB24 30 MG, 60 MG ...	39	norethin acet & estrad-fe CAPS ...	45		
		norethin acet & estrad-fe CHEW ..	45		
		norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	45		

NP THYROID 30 TABS	109	MG, 10 MG	34	ONETOUCH ULTRA 2 KIT	78
NP THYROID 60 TABS	109	olmesartan medoxomil 40 MG	23	ONETOUCH ULTRA STRP	55
NP THYROID 90 TABS	109	olmesartan medoxomil 5 MG, 20 MG		ONETOUCH ULTRASOFT 2	
NUBEQA	29	23		LANCETS FINE 30G	78
NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	62	olmesartan medoxomil-amlodipine- hydrochlorothiazide	24	ONETOUCH ULTRASOFT LANCETS	78
NUVARING (etonogestrel-ethinyl estradiol)	46	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG .	24	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	78
NUVIGIL 200 MG (armodafinil)	2	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG,		ONETOUCH VERIO REFLECT KIT	
NUVIGIL 50 MG, 150 MG, 250 MG (armodafinil)	2	25 MG-40 MG	24	78	
nystatin (mouth-throat)	91	olopatadine hcl 0.1 %	98	ONETOUCH VERIO TEST STRIPS STRP	55
nystatin (topical) CREA	50	olopatadine hcl 0.2 %	98	ONUREG TABS	27
nystatin (topical) OINT	50	omega-3-acid ethyl esters	21	OPILL	46
nystatin (topical) POWD EX	50	omeprazole CPDR 10 MG	111	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 113	
nystatin TABS	20	omeprazole CPDR 20 MG, 40 MG		113	
nystatin-triamcinolone CREA	50	111		ORIAHNN	57
nystatin-triamcinolone OINT	50	omeprazole magnesium CPDR ..	111	orlistat	1
OBSTETRIX DHA MISC	93	OMNIFLEX DIAPHRAGM	65	orphenadrine citrate TB12	94
OBTREX DHA MISC 120 MG-1 MG- 3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	93	ondansetron hcl SOLN OR 4 MG/5ML	20	oseltamivir phosphate CAPS	37
OCUFLOX (ofloxacin (ophth))	96	ondansetron hcl TABS 4 MG, 8 MG		oseltamivir phosphate SUSR	37
ODEFSEY	36	20		OSMOPREP	62
ODOMZO	28	ondansetron TBDP	20	OTEZLA TABS	5
ofloxacin (ophth)	96	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	93	OTEZLA TBPK	5
ofloxacin (otic)	98	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	78	OVACE PLUS WASH LIQD (sulfacetamide sodium)	52
ofloxacin 300 MG	58	ONETOUCH DELICA PLUS LANCETS FINE 30G	78	OVACE WASH LIQD (sulfacetamide sodium)	52
olanzapine TABS 15 MG, 20 MG ..	34	ONETOUCH DELICA SAFETY LANCING DEVICE	78	oxandrolone 10 MG	9
olanzapine TABS 2.5 MG, 5 MG, 7.5		ONETOUCH DELICA SAFETY LANCING DEVICE 30G	78	oxandrolone 2.5 MG	9
				oxaprozin TABS	5

OXAYDO TABS 5 MG8	PATADAY 0.1 % (olopatadine hcl) 98	PEPCID TABS 40 MG (famotidine) 111
oxazepam CAPS 10 MG, 15 MG ..10	PATADAY 0.2 % (olopatadine hcl) 98	PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen)8
oxazepam CAPS 30 MG10	PAXIL CR TB24 (paroxetine hcl) ..16	PERFECT LANCETS 30G78
oxcarbazepine SUSP14	PAXIL SUSP (paroxetine hcl)17	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G78
oxcarbazepine TABS 150 MG14	PAXIL TABS (paroxetine hcl)17	PERFOROMIST NEBU (formoterol fumarate)12
oxcarbazepine TABS 300 MG14	PAXLOVID 100 MG-150 MG37	PERIDEX (chlorhexidine gluconate (mouth-throat))91
oxcarbazepine TABS 600 MG14	pazopanib hcl31	perindopril erbumine22
oxybutynin chloride TABS 5 MG .112	PC LANCETS SUPER THIN 30G .78	permethrin CREA54
oxybutynin chloride TB24112	PEDIAPRED SOLN (prednisolone sodium phosphate)47	perphenazine TABS34
oxycodone hcl CAPS8	pediatric multivitamins w/fl CHEW .92	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN .78
oxycodone hcl CONC 100 MG/5ML 8	pediatric vitamins acid w/ fluoride SOLN92	PHARMACIST CHOICE ULTRA THIN LANCETS78
oxycodone hcl SOLN8	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid62	PHARMACIST CHOICE ULTRA THIN LANCETS 28G79
oxycodone hcl TABS 30 MG8	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM62	PHARMACIST CHOICE ULTRA THIN LANCETS 30G79
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG8	peg 3350-potassium chloride-sod bicarbonate-sod chloride62	PHARMACIST CHOICE ULTRA THIN LANCETS 31G79
oxycodone w/ acetaminophen TABS 325 MG-5 MG8	PEG-PREP62	PHARMACIST CHOICE ULTRA THIN LANCETS 33G79
oxymorphone hcl TB128	penicillamine TABS90	PHARMACY COUNTER LANCETS .79
OZEMPIC SOPN18	penicillin v potassium SOLR99	phenelzine sulfate16
PAMELOR CAPS (nortriptyline hcl) 17	penicillin v potassium TABS99	phenobarbital ELIX61
pantoprazole sodium TBEC111	pentamidine isethionate IN25	phenobarbital TABS61
paricalcitol CAPS57	pentoxifylline60	phenoxybenzamine hcl22
PARLODEL CAPS (bromocriptine mesylate)33	PEPCID AC MAXIMUM STRENGTH TABS (famotidine)111	phentermine hcl CAPS1
PARLODEL TABS (bromocriptine mesylate)33	PEPCID AC TABS 20 MG (famotidine)111	phenylephrine hcl (mydriatic) SOLN
PARNATE (tranylcypromine sulfate) 16	PEPCID TABS 20 MG (famotidine) 111	
paroxetine hcl SUSP16		
paroxetine hcl TABS16		
paroxetine hcl TB2416		

2.5 %	96	60	prasugrel hcl	60
phenytoin CHEW	15	PLEGRIDY SOSY IM	100	pravastatin sodium 10 MG, 20 MG, 80 MG
phenytoin sodium extended 100 MG, 200 MG, 300 MG	15	podofilox GEL	54	pravastatin sodium 40 MG
phenytoin SUSP	15	podofilox SOLN	54	praziquantel
PHEXXI	113	POLY HUB NEEDLE/30G X 1/2" ..	88	prazosin hcl CAPS
phytonadione TABS 5 MG	113	polyethylene glycol 3350 POWD ..	62	PRECISION THINS GP LANCET ..
PIFELTRO	36	polymyxin b-trimethoprim	96	PRECISION XTRA
pilocarpine hcl (oral) 5 MG	91	POLYTRIM (polymyxin b- trimethoprim)	96	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..
pilocarpine hcl (oral) 7.5 MG	91	POLY-VI-FLOR CHEW	92	PRECOSE (acarbose)
pilocarpine hcl SOLN 1 %, 2 %, 4 % ..	96	POLY-VI-FLOR/IRON CHEW	92	PRED MILD
pindolol TABS	38	POMALYST	29	prednisolone acetate (ophth)
pioglitazone hcl 15 MG	19	pot phosphate monobasic w/ sod		PREDNISOLONE SODIUM PHOSPHATE
pioglitazone hcl 30 MG, 45 MG	19	phosphate dibasic & monobasic ..	90	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML
pioglitazone hcl-glimepiride	18	potassium chloride CPCR	90	PREDNISONE INTENSOL CONC ..
pioglitazone hcl-metformin hcl TABS ..	18	potassium chloride microencapsulated crystals er	90	prednisone SOLN
PIP LANCETS/28G	79	potassium chloride PACK OR 20 MEQ	90	prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG
PIP LANCETS/30G	79	potassium chloride SOLN OR 10 %, 20 %	90	prednisone TBPK 10 MG
PIQRAY 200MG DAILY DOSE	31	potassium chloride TBCR 8 MEQ, 10 MEQ	90	PREFERRED PLUS LANCETS COLORED 21G
PIQRAY 250MG DAILY DOSE	31	potassium citrate (alkalinizer) TBCR ..	59	PREFERRED PLUS LANCETS SUPER THIN 30G
PIQRAY 300MG DAILY DOSE	31	potassium citrate-citric acid SOLN ..	59	PREFERRED PLUS LANCETS THIN 26G
pirfenidone CAPS	108	PRALUENT SOAJ	22	PREMARIN
pirfenidone TABS	108	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	33	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG
piroxicam CAPS 10 MG	5	pramipexole dihydrochloride TABS 1 MG	33	PREMARIN TABS 0.9 MG
piroxicam CAPS 20 MG	5	pramipexole dihydrochloride TABS 1.5 MG	33	
PLAN B ONE-STEP (levonorgestrel (emergency oc))	46			
PLAQUENIL (hydroxychloroquine sulfate)	26			
PLAVIX 75 MG (clopidogrel bisulfate).				

PREMIUM CONDOMS LUBRICATED MISC	65	primidone 50 MG, 250 MG	14	promethazine w/codeine SOLN ...	48
PREMPHASE	57	PRISTIQ (desvenlafaxine succinate) 17		promethazine w/codeine SYRP ...	48
PREMPRO 1.5 MG-0.3 MG	57	PRO COMFORT LANCETS 30G .	79	promethazine-dm SYRP	48
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ...	57	PRO COMFORT LANCETS 31G .	79	promethazine-phenylephrine-codeine	48
PRENA 1 TRUE	93	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	79	PROMETRIUM CAPS (progesterone)	99
PRENATAL 19 CHEW	93	probenecid	60	propafenone hcl CP12	11
PRENATAL PLUS TABS	93	PROCARDIA XL TB24 (nifedipine) 39		propafenone hcl TABS 150 MG ...	11
PRENATAL PLUS VITAMIN ANDMINERAL TABS	93	prochlorperazine	34	propafenone hcl TABS 225 MG, 300 MG	11
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG- 1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG	93	prochlorperazine maleate TABS ...	34	propranolol hcl CP24	38
PRENATAL VITAMINS PLUS LOW IRON TABS	93	PROCTOFOAM HC FOAM EX	9	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	38
PRENATAL-U CAPS	93	PROCYSBI CPDR	60	propranolol hcl TABS	38
PRENATRIX TABS	93	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	79	propylthiouracil	108
PRENATRYL TABS	93	PRODIGY SAFETY LANCETS ...	79	PROSCAR (finasteride)	60
PREPLUS TABS	93	PRODIGY TWIST TOP LANCETS 79		PROTONIX TBEC (pantoprazole sodium)	111
PREVACID 24HR CPDR (lansoprazole)	111	progesterone CAPS	99	PROVERA 10 MG (medroxyprogesterone acetate) ...	99
PREVACID CPDR 30 MG (lansoprazole)	111	PROGRAF CAPS (tacrolimus)	91	PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) ...	99
PREZCOBIX	36	PROMACTA PACK 12.5 MG	61	PROVIDA OB	93
PREZISTA SUSP	36	PROMACTA PACK 25 MG	61	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	17
PREZISTA TABS (darunavir)	36	PROMACTA TABS	61	PROZAC CAPS 40 MG (fluoxetine hcl)	17
PREZISTA TABS 75 MG, 150 MG	36	promethazine & phenylephrine SYRP	48	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	48
PRIFTIN	26	promethazine hcl SOLN OR 6.25 MG/5ML	20	PSS SELECT GP LANCETS	79
PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	26	promethazine hcl SUPP 12.5 MG, 25 MG	21	PSS SELECT SAFETY LANCETS 79	
primaquine phosphate TABS	26	promethazine hcl TABS 12.5 MG .	21		
		promethazine hcl TABS 25 MG ...	21		
		promethazine hcl TABS 50 MG ...	21		

PULMICORT FLEXHALER AEPB 180 MCG/ACT	12	QUESTRAN POWD (cholestyramine)	21	READYLANCE SAFETY LANCETS/23G/1.8MM	80
PULMICORT FLEXHALER AEPB 90 MCG/ACT	12	quetiapine fumarate TABS 200 MG 34		READYLANCE SAFETY LANCETS/26G/1.8MM	80
PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	12	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	34	READYLANCE SAFETY LANCETS/28G/1.8MM	80
PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	12	quetiapine fumarate TABS 300 MG, 400 MG	34	READYLANCE SAFETY LANCETS/30G/1.6MM	80
PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	12	QUFLORA FE PEDIATRIC LIQD ..	92	REALITY LANCETS	80
PULMOZYME	108	QUFLORA GUMMIES CHEW	92	REALITY LATEX CONDOMS/LUBRICATED MISC ..	65
PURE COMFORT LANCETS 30G 79		QUFLORA PEDIATRIC CHEW	92	REALITY LATEX/ULTRA TEXTURED DEVI	65
PX LANCETS MICROTHIN 33G ..	80	QUFLORA PEDIATRIC SOLN	92	REALITY LATEX/ULTRA THIN DEVI	65
PX LANCETS ULTRA THIN	80	quinapril hcl	22	REALITY LATEX/ULTRA THIN DEVI 65	
PX LANCETS ULTRA THIN 28G ..	80	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24	REALITY TRIGGER LANCETS ...	80
pyrazinamide	26	quinapril-hydrochlorothiazide 25 MG- 20 MG	24	RECTIV (nitroglycerin (intra-anal)) .	9
pyridostigmine bromide TABS 60 MG	26	quinidine gluconate TBCR	11	REGLAN TABS (metoclopramide hcl)	58
pyridostigmine bromide TBCR	26	quinine sulfate CAPS 324 MG	26	RELION 2-IN-1 LANCET DEVICES 30G	80
QC LANCETS SUPER THIN	80	QVAR REDIHALER 80 MCG/ACT .	12	RELION 2-IN-1 LANCING DEVICE 25G	80
QC LANCETS ULTRA THIN	80	RA E-ZJECT LANCETS 28G	80	RELION 2-IN-1 LANCING DEVICE 30G	81
QC UNILET LANCETS 28G/ULTRA THIN	80	RA E-ZJECT LANCETS THIN 26G 80		RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	88
QC UNILET LANCETS 33G/MICRO THIN	80	RA E-ZJECT LANCETS THIN 28G 80		RELION INSULIN SYRINGE 1ML/31GX15/64"	88
QINLOCK	31	RA E-ZJECT LANCETS ULTRATHIN 30G	80	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	88
QSYMIA	1	raloxifene hcl	56	RELION LANCETS MICRO- THIN33G	81
QUALAQUIN CAPS (quinine sulfate) 26		ramipril CAPS	22	RELION LANCETS THIN 26G	81
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	46	rasagiline mesylate	33	RELION LANCETS ULTRA-	
QUESTRAN LIGHT POWD (cholestyramine light)	21	RAZADYNE ER CP24 (galantamine hydrobromide)	100		
		READYLANCE SAFETY LANCETS/21G/2.2MM	80		

THIN30G	81	(atazanavir sulfate)	36	ROBINUL TABS (glycopyrrolate) .	110
RELION ULTRA THIN LANCETS/30G	81	REYATAZ PACK	36	ROCALTROL CAPS 0.25 MCG (calcitriol)	57
RELION ULTRA THIN LANCETS30G	81	ribavirin (hepatitis c) CAPS	37	ROCALTROL CAPS 0.5 MCG (calcitriol)	57
RELION ULTRA THIN PLUS LANCETS 32G	81	RIDAURA	4	ROCALTROL SOLN OR (calcitriol) 57	
RELION ULTRA THIN PLUS LANCETS 33G	81	rifabutin	26	roflumilast	11
REMERON SOLTAB TBDP (mirtazapine)	16	rifampin CAPS	27	ropinirole hydrochloride TABS	33
REMERON TABS 15 MG, 30 MG (mirtazapine)	16	RIGHTEST GL300 LANCETS	81	ropinirole hydrochloride TB24 12 MG 33	
RENEVELA PACK 0.8 GM (sevelamer carbonate)	59	rimantadine hydrochloride TABS ..	37	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	33
RENEVELA PACK 2.4 GM (sevelamer carbonate)	59	RINVOQ	2	rosuvastatin calcium TABS	22
RENEVELA TABS (sevelamer carbonate)	59	RIOMET SOLN (metformin hcl)	18	ROXICODONE TABS 30 MG (oxycodone hcl)	8
repaglinide	19	RISPERDAL SOLN (risperidone) ..	34	ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl)	8
RESTORIL 15 MG (temazepam) ..	61	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	34	RUBRACA	31
RESTORIL 30 MG (temazepam) ..	61	RISPERDAL TABS 3 MG (risperidone)	34	rufinamide SUSP	14
RESTORIL 7.5 MG (temazepam) .	61	risperidone SOLN	34	rufinamide TABS 200 MG	14
RETEVMO	31	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	34	rufinamide TABS 400 MG	14
RETIN-A CREA (tretinoin)	49	risperidone TABS 3 MG	34	RUKOBIA	36
RETIN-A GEL (tretinoin)	49	risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	34	RYBELSUS TABS 3 MG	18
RETIN-A MICRO (tretinoin microsphere)	49	RITALIN TABS 20 MG (methylphenidate hcl)	2	RYBELSUS TABS 7 MG, 14 MG ..	18
RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	49	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	2	RYDAPT	31
RETROVIR CAPS (zidovudine) ...	36	ritonavir TABS	36	RYTHMOL SR CP12 (propafenone hcl)	11
RETROVIR SYRP (zidovudine) ...	36	rivastigmine	100	SABRIL PACK (vigabatrin)	15
REXALL LANCETS ULTRA THIN 81		rivastigmine tartrate CAPS	100	SABRIL TABS (vigabatrin)	15
REYATAZ CAPS 200 MG, 300 MG		rizatriptan benzoate TABS	89	SAFE-T-LANCE LOW FLOW 25G 81	
		rizatriptan benzoate TBDP	89	SAFE-T-LANCE NORMAL	
		ROBINUL FORTE TABS (glycopyrrolate)	110		

FLOW21G	81	LANCETS 30G	82	sevelamer carbonate TABS	59
SAFE-T-LANCE PLUS		SAPSCARE TWIST TOP LANCETS		SFROWASA ENEM	59
SAFETYLANCET HIGH FLOW ...	81	30G	82	SHOPKO ON-THE-GO	
SAFE-T-LANCE PLUS		saxagliptin hcl	18	COMFORTLANCETS 30G	82
SAFETYLANCET LOW FLOW ...	81	saxagliptin-metformin hcl	18	SHOPKO UNILET LANCETS	
SAFE-T-LANCE PLUS		SB LANCETS THIN	82	SUPER THIN 30G	82
SAFETYLANCET NORMAL FLOW		SB LANCETS ULTRA THIN	82	SHOPKO UNILET LANCETS ULTRA	
81				THIN 28G	82
SAFETY LANCET 30G/PRESSURE		SEASONIQUE (levonorgestrel-		sildenafil citrate	40
ACTIVATED	81	ethinyl estradiol (91-day))	46	SILVADENE (silver sulfadiazine) .	52
SAFETY LANCETS	81	SELECT-OB CHEW 60 MG-2.5 MG-		silver sulfadiazine	52
SAFETY LANCETS 21G	81	0.4 MG-1.6 MG-400 UNIT-5 MCG-		simvastatin TABS	22
SAFETY LANCETS 23G	81	1.8 MG-15 MG-1700 UNIT-25 MG-15		SINEMET TABS 100 MG-10 MG,	
SAFETY LANCETS 28G	81	MG-30 UNIT-29 MG-0.6 MG	93	100 MG-25 MG (carbidopa-levodopa)	
SAFETY LANCETS/PRESSURE		selegiline hcl CAPS	33	33
ACTIVATED/28G	82	selegiline hcl TABS	33	SINGLE-LET	82
SAFYRAL (drospirenone-ethinyl		selenium sulfide LOTN 2.5 %	52	SINGULAIR CHEW (montelukast	
estradiol-levomefolate calcium) ...	46	SELZENTRY SOLN	36	sodium)	11
SALAGEN 5 MG (pilocarpine hcl		SELZENTRY TABS (maraviroc) ...	36	SINGULAIR PACK (montelukast	
(oral))	91	SELZENTRY TABS 25 MG, 75 MG		sodium)	11
SALAGEN 7.5 MG (pilocarpine hcl		36		SINGULAIR TABS (montelukast	
(oral))	91	SE-NATAL 19 CHEW	93	sodium)	11
salicylic acid SHAM 6 %	54	SEREVENT DISKUS	12	SIVEXTRO TABS	26
salsalate	7	SEROQUEL TABS 200 MG		SKYRIZI PEN SOAJ	51
SANDIMMUNE CAPS (cyclosporine)		(quetiapine fumarate)	34	SKYRIZI PSKT	51
91		SEROQUEL TABS 25 MG, 50 MG,		SKYRIZI SOCT	59
SANDIMMUNE SOLN OR	91	100 MG (quetiapine fumarate)	34	SKYRIZI SOSY	51
sapropterin dihydrochloride PACK	.57	SEROQUEL TABS 300 MG, 400 MG		SLYND	47
sapropterin dihydrochloride TABS	.57	(quetiapine fumarate)	34	SM MICRO THIN LANCETS 33G	.82
SAPS HEALTH CARE TWIST TOP		sertraline hcl CONC	17	SMART SENSE COLOR LANCETS	
LANCETS	82	sertraline hcl TABS	17	UNIVERSAL 33G	82
SAPS HEALTH PLUS TWIST TOP		sevelamer carbonate PACK 0.8 GM .		SMART SENSE STANDARD	
LANCETS 30G	82	59		LANCETS UNIVERSAL 21G	82
SAPS HEALTH TWIST TOP		sevelamer carbonate PACK 2.4 GM .			
		59			

SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G82	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT11	dihydrate)9
SMART SENSE THIN LANCETSUNIVERSAL 26G 82	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT11	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)9
SMARTEST LANCETS 28G 82	spironolactone & hydrochlorothiazide55	sucralfate SUSP111
SOAANZ TABS 20 MG (torsemide) 56	spironolactone TABS 56	sucralfate TABS 111
sodium chloride (inhalant) NEBU 0.9 %48	SPORANOX CAPS (itraconazole) .20	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)39
sodium citrate & citric acid 59	SPORANOX PULSEPAK CAPS (itraconazole)20	sulfacetamide sodium (acne) 49
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG89	SPORANOX SOLN (itraconazole) .20	sulfacetamide sodium (ophth) OINT 96
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML 89	SPRAVATO 56MG DOSE 16	sulfacetamide sodium (ophth) SOLN . 96
sodium fluoride TABS 0.5 MG89	SPRAVATO 84MG DOSE 16	sulfacetamide sodium LIQD 52
sodium fluoride TABS 1 MG89	SPRYCEL31	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %49
sodium polystyrene sulfonate POWD 91	STALEVO 50 (carbidopa-levodopa- entacapone)33	sulfacetamide sod-prednisolone SOLN97
sodium sulfate-potassium sulfate- magnesium sulfate62	stavudine CAPS36	sulfamethoxazole-trimethoprim SUSP25
SOLTAMOX SOLN 29	STELARA SOLN 45 MG/0.5ML ... 51	sulfamethoxazole-trimethoprim TABS25
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G82	STELARA SOSY 45 MG/0.5ML ... 51	sulfasalazine TABS59
SOLUS V2 TWIST LANCETS 30G 82	STELARA SOSY 90 MG/ML51	sulfasalazine TBEC59
SOMA TABS 350 MG (carisoprodol) . 94	STERILANCE TL82	sulindac TABS 150 MG 5
sorafenib tosylate31	STIOLTO RESPIMAT13	sulindac TABS 200 MG 5
sotalol hcl (afib/af)38	STIVARGA 31	sumatriptan 20 MG/ACT89
sotalol hcl TABS38	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)1	sumatriptan 5 MG/ACT 89
SOTYLIZE SOLN OR38	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl) 1	sumatriptan succinate TABS 89
SOVUNA 200 MG26	STRIBILD36	sumatriptan succinate TABS 89
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .11	STRIVERDI RESPIMAT13	sunitinib malate 12.5 MG, 37.5 MG, 50 MG31
	STROMECTOL (ivermectin) 10	sunitinib malate 25 MG 31
	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl	SUPER THIN LANCETS83

SUPRAX CAPS (cefixime)	41	SYNALAR SOLN (fluocinolone acetone)	53	TARGRETIN (bexarotene (topical))	51
SUPRAX SUSR 100 MG/5ML (cefixime)	41	SYNAREL	56	TARGRETIN (bexarotene)	32
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	62	SYNJARDY TABS	18	TASIGNA	32
SURE COMFORT LANCETS 18G 83		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	18	TAYTULLA CAPS (norethin acet & estradiol)	46
SURE COMFORT LANCETS 21G 83		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	18	tazarotene CREA	51
SURE COMFORT LANCETS 23G 83		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	109	tazarotene GEL	51
SURE COMFORT LANCETS 28G 83		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	109	TAZORAC CREA (tazarotene)	51
SURE COMFORT LANCETS 30G 83		TABLOID	27	TAZORAC CREA	51
SURELITE LANCETS	83	TABRECTA	32	TAZORAC GEL (tazarotene)	51
SUSTIVA CAPS (efavirenz)	36	tacrolimus (topical) OINT 0.03 % ..	54	TAZVERIK	32
SUSTIVA TABS (efavirenz)	36	tacrolimus (topical) OINT 0.1 % ...	54	TECFIDERA CPDR (dimethyl fumarate)	100
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	32	tacrolimus CAPS	91	TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	100
SUTENT 25 MG (sunitinib malate)	32	tadalafil (pulmonary hypertension) TABS	41	TECHLITE AST LANCETS	83
SYMBICORT (budesonide- formoterol fumarate dihydrate)	13	tadalafil 2.5 MG	40	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64"	88
SYMDEKO 150 MG-100 MG	108	tadalafil 5 MG, 10 MG, 20 MG	40	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64"	88
SYMDEKO 75 MG-50 MG	108	TAFINLAR CAPS	32	TECHLITE LANCETS	83
SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	36	TAGRISSO	28	TECHLITE LANCETS 26G	83
SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	36	TALZENNA 0.25 MG, 1 MG	32	TECHLITE LANCETS 30G	83
SYMTUZA	36	TAMIFLU CAPS (oseltamivir phosphate)	37	TEGRETOL SUSP (carbamazepine) .	14
SYNALAR CREA (fluocinolone acetone)	53	TAMIFLU SUSR (oseltamivir phosphate)	37	TEGRETOL TABS (carbamazepine) .	14
SYNALAR OINT (fluocinolone acetone)	53	TAMIFLU SUSR (oseltamivir phosphate)	37	TEGRETOL-XR TB12 100 MG (carbamazepine)	14
		tamoxifen citrate TABS	29	TEGRETOL-XR TB12 200 MG (carbamazepine)	14
		tamsulosin hcl	60	TEGRETOL-XR TB12 400 MG (carbamazepine)	14
		TARCEVA (erlotinib hcl)	28		

telmisartan 20 MG, 40 MG	23	testosterone GEL TD 10 MG/ACT ..	9	TIROSINT CAPS 37.5 MCG, 44	
telmisartan 80 MG	23	tetracycline hcl CAPS	108	MCG, 62.5 MCG	109
telmisartan-amlodipine	24	TGT LANCET MICRO THIN 33G ..	83	TIVICAY TABS	36
telmisartan-hydrochlorothiazide ..	24	TGT LANCET THIN 26G	83	tizanidine hcl TABS 2 MG	94
temazepam 15 MG	61	TGT LANCET ULTRA THIN 30G ..	83	tizanidine hcl TABS 4 MG	94
temazepam 30 MG	61	THALITONE	56	TOBI NEBU (tobramycin)	2
temazepam 7.5 MG	61	theophylline TB12 300 MG	13	TOBI PODHALER CAPS	2
TEMODAR CAPS 100 MG, 140 MG,		theophylline TB12 450 MG	13	TOBRADEX SUSP (tobramycin-	
180 MG, 250 MG (temozolomide) .	27	theophylline TB24	13	dexamethasone)	97
TEMOVATE CREA (clobetasol		THERANATAL CORE NUTRITION		tobramycin (ophth) SOLN	96
propionate)	53	TABS	93	tobramycin NEBU	2
TEMOVATE OINT (clobetasol		THINLETS GP LANCETS	83	tobramycin-dexamethasone SUSP	
propionate)	53	thioridazine hcl 10 MG, 25 MG, 100		97	
temozolomide CAPS	27	MG	34	TOBREX OINT	96
tenofovir disoproxil fumarate TABS		thioridazine hcl 50 MG	34	TODAY SPONGE MISC	113
36		thiothixene	35	TODAYS HEALTH SUPER	
TENORETIC 100 (atenolol &		THYROID TABS 15 MG, 30 MG, 60		THINLANCETS 30G	83
chlorthalidone)	24	MG, 90 MG, 120 MG	109	TODAYS HEALTH ULTRA	
TENORETIC 50 (atenolol &		TIAZAC (diltiazem hcl extended		THINLANCETS 28G	83
chlorthalidone)	24	release beads)	39	TOLSURA CAPS	20
TENORMIN TABS (atenolol)	38	TIKOSYN (dofetilide)	11	tolterodine tartrate CP24	112
terazosin hcl 1 MG, 2 MG, 5 MG ..	23	timolol maleate (ophth) SOLG	95	tolterodine tartrate TABS	112
terazosin hcl 10 MG	23	timolol maleate (ophth) SOLN	95	TOPAMAX SPRINKLE CPSP	
terbinafine hcl TABS	20	timolol maleate (ophth) SOLN	95	(topiramate)	14
terbutaline sulfate TABS	13	timolol maleate TABS 10 MG	38	TOPAMAX TABS 100 MG	
terconazole vaginal CREA	113	timolol maleate TABS 20 MG	38	(topiramate)	14
teriflunomide	100	timolol maleate TABS 5 MG	38	TOPAMAX TABS 200 MG	
testosterone GEL TD 1 %, 25		TIMOPTIC SOLN (timolol maleate		(topiramate)	15
MG/2.5GM, 50 MG/5GM	9	(ophth))	95	TOPAMAX TABS 25 MG	
testosterone GEL TD 1 %	9	TIMOPTIC-XE SOLG (timolol		(topiramate)	15
testosterone GEL TD 1.62 %, 20.25		maleate (ophth))	95	TOPAMAX TABS 50 MG	
MG/1.25GM, 25 MG/2.5GM, 40.5		tiotropium bromide monohydrate		(topiramate)	15
MG/2.5GM	9	CAPS	11	TOPCARE LANCETS MICRO-THIN	
				33G	83

TOPICORT CREA (desoximetasone)	53	tranexamic acid TABS	61	LOTN	54
TOPICORT GEL (desoximetasone)	53	TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	10	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	54
TOPICORT OINT 0.25 % (desoximetasone)	53	tranylcyromine sulfate	16	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	55
topiramate CPSP	15	TRAVATAN Z SOLN (travoprost)	98	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	55
topiramate TABS 100 MG	15	TRAVEL LANCETS 30G	83	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	55
topiramate TABS 200 MG	15	TRAVEL LANCETS ADVANCED 28G	83	triazolam 0.125 MG	61
topiramate TABS 25 MG	15	travoprost SOLN	98	triazolam 0.25 MG	61
topiramate TABS 50 MG	15	trazodone hcl TABS	17	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	25
TOPROL XL TB24 (metoprolol succinate)	38	TRECTOR	27	TRICARE TABS	93
toremifene citrate	29	TRELEGY ELLIPTA	13	TRICOR TABS 145 MG (fenofibrate) .	21
torseamide TABS 100 MG	56	TREMFYA SOPN	51	TRICOR TABS 48 MG (fenofibrate)	21
torseamide TABS 5 MG, 10 MG, 20 MG	56	TREMFYA SOSY	52	TRIDESILON CREA 0.05 % (desonide)	54
TOUJEO MAX SOLOSTAR SOPN	19	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	19	trientine hcl 500 MG	90
TOUJEO SOLOSTAR SOPN	19	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	19	trifluoperazine hcl TABS	34
TOVIAZ (fesoterodine fumarate)	112	TRESIBA SOLN	19	trifluridine	96
TPOXX (TECOVIRIMAT CAP 200 MG)	38	tretinoin (chemotherapy)	32	trihexyphenidyl hcl SOLN	33
TPOXX CAPS	38	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	49	trihexyphenidyl hcl TABS	33
TPOXX SOLN	38	tretinoin GEL 0.01 %, 0.025 %	49	TRIJARDY XR	18
TRACLEER TABS 125 MG (bosentan)	40	tretinoin microsphere 0.04 %, 0.1 %	49	TRIKAFTA TBPK 100 MG-50 MG	108
TRACLEER TABS 62.5 MG (bosentan)	40	triamcinolone acetonide (mouth)	91	TRIKAFTA TBPK 50 MG-25 MG .	108
TRACLEER TBSO	40	triamcinolone acetonide (nasal) AERO	95	TRILEPTAL TABS 150 MG (oxcarbazepine)	15
tramadol hcl TABS 100 MG	8	triamcinolone acetonide (topical) AERS	53	TRILEPTAL TABS 300 MG (oxcarbazepine)	15
tramadol hcl TABS 50 MG	8	triamcinolone acetonide (topical) CREA	54		
trandolapril	22	triamcinolone acetonide (topical)			

TRILEPTAL TABS 600 MG (oxcarbazepine)	15	TRUSOPT (dorzolamide hcl)	98	(emtricitabine-tenofovir disoproxil fumarate)	36
TRILIPIX 135 MG (choline fenofibrate)	21	TRUSTEX COLOR CONDOMS + LUBE MISC	65	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	36
TRILIPIX 45 MG (choline fenofibrate)	21	TRUSTEX LUBRICATED EXTRALARGE MISC	65	TUKYSA	28
trimethobenzamide hcl CAPS	20	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	65	TURALIO 200 MG	32
trimethoprim TABS	25	TRUSTEX LUBRICATED MISC	66	TWIRLA	46
TRINTELLIX	17	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	65	TWIST TOP LANCETS 30G	84
TRIUMEQ PD TBSO	36	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	65	TYBLUME CHEW	46
TRIUMEQ TABS	36	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	66	TYBOST	36
TRIZIVIR	36	TRUSTEX LUBRICATED/SPERMICIDE MISC 66		TYKERB (lapatinib ditosylate)	32
tropium chloride CP24	112	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	66	TYVASO DPI INSTITUTIONALKIT POWD	40
tropium chloride TABS	112	TRUSTEX NON-LUBRICATED MISC	66	TYVASO DPI MAINTENANCE KIT POWD	40
TRUE COMFORT SAFETY LANCETS/30G	84	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDDED MISC	66	TYVASO DPI TITRATION KIT POWD	40
TRUE COMFORT TWIST TOP LANCETS 30G	84	TRUSTEX/RIA LUBRICATED MISC . 66		UBRELVY	89
TRUEPLUS LANCETS 26G	84	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	66	ULORIC 40 MG (febuxostat)	60
TRUEPLUS LANCETS 28G	84	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 66		ULORIC 80 MG (febuxostat)	60
TRUEPLUS LANCETS 28G SUPER THIN	84	TRUSTEX/RIA NON-LUBRICATED MISC	66	ULTILET CLASSIC LANCETS	84
TRUEPLUS LANCETS 30G	84	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG		ULTILET LANCETS	84
TRUEPLUS LANCETS 30G ULTRA THIN	84			ULTILET LANCETS 33G	84
TRUEPLUS LANCETS 33G	84			ULTILET SAFETY LANCETS 21G X 2.2MM	84
TRUEPLUS LANCETS 33G MICRO THIN	84			ULTILET SAFETY LANCETS 23G 84	
TRUEPLUS SAFETY LANCETS 28G	84			ULTRA THIN LANCETS 31G	84
TRULICITY 0.75 MG/0.5ML, 1.5 MG/0.5ML	18			ULTRA-CARE LANCETS 30G	84
TRULICITY 3 MG/0.5ML, 4.5 MG/0.5ML	18			ULTRAM TABS (tramadol hcl)	8
				ULTRA-THIN II AUTO LANCET ..	84
				ULTRA-THIN II LANCETS 28G ...	84

ULTRA-THIN II LANCETS 30G ...85	UNISTIK TOUCH SAFETY LANCETS 30G86	valproic acid CAPS 16
UNILET COMFORTOUCH LANCET 85	UNIVERSAL 1 LANCETS THIN26G . 86	valsartan TABS 160 MG23
UNILET EXCELITE85	UNIVERSAL 1 LANCETS ULTRA THIN 30G86	valsartan TABS 40 MG, 80 MG, 320 MG 23
UNILET EXCELITE II85	UNIVERSAL 1 LANCETS/33G/MICRO-THIN86	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG25
UNILET G.P. LANCET85	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))59	valsartan-hydrochlorothiazide 25 MG-160 MG 25
UNILET G.P. SUPERLITE LANCET . 85	UROCIT-K 15 TBCR (potassium citrate (alkalinizer))60	VALTREX 1 GM (valacyclovir hcl) .37
UNILET GP 28 ULTRA THIN 85	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))60	VALTREX 500 MG (valacyclovir hcl) . 37
UNILET LANCET85	UROXATRAL (alfuzosin hcl)60	VALUE PLUS LANCETS STANDARD 21G86
UNILET LANCETS MICRO-THIN33G85	URSO 250 TABS (ursodiol)58	VALUE PLUS LANCETS SUPERTHIN 30G 86
UNILET LANCETS SUPER-THIN30G85	URSO FORTE TABS (ursodiol) ... 58	VALUE PLUS LANCETS THIN 26G . 86
UNILET LANCETS ULTRA-THIN 28G85	ursodiol CAPS 58	VALUMARK LANCET SUPER THIN 30G86
UNILET SUPERLITE LANCET ... 85	ursodiol TABS58	VALUMARK LANCET ULTRA THIN 28G86
UNISTIK 3 GENTLE85	VAGIFEM TABS (estradiol vaginal) 113	VANOCIN CAPS 125 MG (vancomycin hcl)25
UNISTIK PRO SAFETY LANCET 21G85	valacyclovir hcl 1 GM, 1000 MG ...37	vancomycin hcl CAPS 125 MG25
UNISTIK PRO SAFETY LANCET 25G85	valacyclovir hcl 500 MG37	VANDAZOLE113
UNISTIK PRO SAFETY LANCET 28G85	VALCYTE SOLR (valganciclovir hcl) . 37	varenicline tartrate TABS108
UNISTIK SAFETY LANCETS 28G 85	VALCYTE TABS (valganciclovir hcl) . 37	VASCEPA (icosapent ethyl) 21
UNISTIK SAFETY LANCETS 30G 85	valganciclovir hcl SOLR37	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...25
UNISTIK TOUCH SAFETY LANCETS 21G85	valganciclovir hcl TABS37	VASOTEC TABS (enalapril maleate) 22
UNISTIK TOUCH SAFETY LANCETS 23G85	VALIUM TABS 10 MG (diazepam) 10	VCF VAGINAL CONTRACEPTIVE FILM FILM 113
UNISTIK TOUCH SAFETY LANCETS 28G86	VALIUM TABS 2 MG, 5 MG (diazepam)10	VCF VAGINAL
	valproate sodium SOLN OR 250 MG/5ML16	

CONTRACEPTIVEGEL GEL113	VERIFINE SAFETY LANCET MINI 28G X 1.8MM86	VIMPAT SOLN OR 10 MG/ML (lacosamide) 15
VENCLEXTA STARTING PACK TBPk28	VERIFINE SAFETY LANCET MINI 30G X 1.8MM86	VIMPAT TABS (lacosamide)15
VENCLEXTA TABS 10 MG28	VERIFINE UNIVERSAL LANCETS 28G86	VIRACEPT TABS36
VENCLEXTA TABS 100 MG28	VERIFINE UNIVERSAL LANCETS 30G86	VIREAD POWD36
VENCLEXTA TABS 50 MG28	VERIFINE UNIVERSAL LANCETS 33G86	VIREAD TABS (tenofovir disoproxil fumarate)36
venlafaxine hcl CP24 150 MG17	VERIFINE UNIVERSAL LANCETS 33G86	VIREAD TABS 150 MG, 200 MG, 250 MG36
venlafaxine hcl CP24 37.5 MG, 75 MG17	VERZENIO32	VIRT-C DHA93
venlafaxine hcl TABS17	VFEND SUSR (voriconazole)20	VISTARIL CAPS (hydroxyzine pamoate)10
venlafaxine hcl TB24 225 MG17	VFEND TABS (voriconazole)20	VITATHELY/GINGER TABS93
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG17	VIAGRA (sildenafil citrate)40	VITATRUE93
VENTAVIS40	VIBRAMYCIN CAPS (doxycycline hydrate)108	VITRAKVI CAPS32
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...39	VIBRAMYCIN SUSR (doxycycline monohydrate))108	VITRAKVI SOLN32
verapamil hcl CP24 180 MG39	VICTOZA18	VIVAGUARD LANCETS86
verapamil hcl CP24 360 MG39	VIDA MIA UNILET LANCETS SUPER THIN 30G86	VIVAGUARD LANCETS 30G87
verapamil hcl TABS39	VIDA MIA UNILET LANCETS ULTRA THIN 28G86	VIVAGUARD SAFETY LANCETS/28G87
verapamil hcl TBCR 120 MG39	vigabatrin PACK15	VIVELLE-DOT PTTW (estradiol) ..58
verapamil hcl TBCR 180 MG, 240 MG39	vigabatrin TABS15	VIZIMPRO28
VERELAN CP24 120 MG, 240 MG (verapamil hcl)39	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))96	VOGELXO GEL TD (testosterone) .9
VERELAN CP24 180 MG (verapamil hcl)39	VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)17	VOGELXO PUMP GEL TD (testosterone)9
VERELAN CP24 360 MG (verapamil hcl)39	VIIBRYD TABS 20 MG (vilazodone hcl)17	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...50
VERELAN PM CP24 (verapamil hcl) . 39	vilazodone hcl TABS 10 MG, 40 MG . 17	voriconazole SUSR20
VERIFINE SAFETY LANCET MINI 21G X 2.4MM86	vilazodone hcl TABS 20 MG17	voriconazole TABS20
VERIFINE SAFETY LANCET MINI 23G X 1.8MM86		VOSEVI37
		VOTRIENT (pazopanib hcl)32
		VOTRIENT32

VYNDAMAX	41	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	66	XTANDI TABS	29
VYND AQEL	41	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	66	YASMIN 28 (drospirenone-ethinyl estradiol)	46
VYTORIN (ezetimibe-simvastatin)	21	XALATAN SOLN (latanoprost)	98	YAZ (drospirenone-ethinyl estradiol) 46	
VYVANSE CAPS	1	XALKORI CAPS	32	zaleplon	61
WALGREENS ADVANCED TRAVELLANCETS 28G	87	XANAX TABS (alprazolam)	10	ZANAFLEX TABS 4 MG (tizanidine hcl)	94
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	87	XARELTO STARTER PACK TBPK 13		ZARONTIN CAPS (ethosuximide) ..	15
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	87	XARELTO SUSR	13	ZARONTIN SOLN (ethosuximide) ..	15
WALGREENS LANCETS	87	XARELTO TABS 10 MG	13	ZEJULA CAPS	32
WALGREENS THIN LANCETS ...	87	XARELTO TABS 2.5 MG, 15 MG, 20 MG	13	ZEJULA TABS	32
WALGREENS ULTRA THIN LANCETS	87	XATMEP SOLN	27	ZELBORAF	32
warfarin sodium TABS	13	XELJANZ SOLN	3	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	57
WELLBUTRIN SR TB12 (bupropion hcl)	16	XELJANZ TABS	3	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	55
WELLBUTRIN XL TB24 (bupropion hcl)	16	XELJANZ XR TB24	2	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	25
WESCAP-C DHA	93	XELODA 150 MG (capecitabine) ..	27	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	25
WESTAB PLUS TABS	93	XELODA 500 MG (capecitabine) ..	27	ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	22
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	66	XENICAL (orlistat)	1	ZESTRIL TABS 40 MG (lisinopril) ..	22
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	66	XHANCE EXHU	95	ZETIA (ezetimibe)	22
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	66	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	18	ZEV RX TWIST TOP LANCETS 30G 87	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	66	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	18		
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	66	XOPENEX (levalbuterol hcl)	13		
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	66	XOPENEX CONCENTRATE (levalbuterol hcl)	13		
		XOSPATA	32		
		XPOVIO	29		
		XPOVIO 80 MG TWICE WEEKLY 29			
		XTANDI CAPS	29		

ZIAC (bisoprolol & hydrochlorothiazide)	25	zonisamide CAPS 25 MG, 50 MG .	15
ZIAGEN SOLN (abacavir sulfate) .	37	ZORTRESS (everolimus (immunosuppressant))	91
ZIAGEN TABS (abacavir sulfate) ..	37	ZOVIRAX OINT (acyclovir topical) .	52
zidovudine CAPS	37	ZOVIRAX SUSP (acyclovir)	37
zidovudine SYRP	37	ZYDELIG	32
zidovudine TABS	37	ZYLOPRIM 100 MG (allopurinol) ..	60
ziprasidone hcl 20 MG, 40 MG	34	ZYLOPRIM 300 MG (allopurinol) ..	60
ziprasidone hcl 60 MG, 80 MG	34	ZYMAXID (gatifloxacin (ophth)) ..	96
ZITHROMAX PACK (azithromycin) 64		ZYPREXA TABS 15 MG, 20 MG (olanzapine)	34
ZITHROMAX SUSR (azithromycin) 64		ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	34
ZITHROMAX TABS 250 MG (azithromycin)	64	ZYTIGA (abiraterone acetate)	29
ZITHROMAX TABS 500 MG (azithromycin)	64	ZYVOX SUSR (linezolid)	26
ZITHROMAX TRI-PAK TABS (azithromycin)	64	ZYVOX TABS (linezolid)	26
ZITHROMAX Z-PAK TABS (azithromycin)	64		
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	22		
ZOLINZA	32		
ZOLOFT CONC (sertraline hcl)	17		
ZOLOFT TABS (sertraline hcl)	17		
zolpidem tartrate TABS 10 MG	62		
zolpidem tartrate TABS 5 MG	61		
ZONEGRAN CAPS 100 MG (zonisamide)	15		
ZONEGRAN CAPS 25 MG (zonisamide)	15		
zonisamide CAPS 100 MG	15		