

California

Essential Drug List

For Ambetter by Health Net Individual & Family Plans

The Essential 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 All previous versions are no longer in effect.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.

For California Individual & Family Plans:

https://ifp.healthnetcalifornia.com/Pharmacy_Information/drug_lists.html

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 1-800-839-3366

Hours of Operation

8:00am – 6:00pm Monday through Friday

8:00am – 5:00pm Saturday

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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 |
| Tier Descriptions..... | v |
| Are there any limits on my drug coverage?..... | v |
| How often does the Drug List change? | vii |
| How can I get prior authorization or an exception to the rules for drug coverage?.... | vii |
| Step Therapy Exception..... | viii |
| Are all contraceptives covered?..... | ix |
| What blood glucose supplies covered?..... | ix |
| 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? | x |
| How can I save money on my prescription drugs?..... | x |
| Definitions | xi |
| 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 complete 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 current information about existing drugs and chooses drugs based on:

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

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

Tier Descriptions

| <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. |
| 3 | Tier three shall consist of nonpreferred brand name drugs or drugs that are recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier. |
| 4 | Tier four shall consist of drugs that the FDA of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply. |
| 5 | Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply. |
| 7 | A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details. |

Are there any limits on my drug coverage?

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

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

| | | |
|--------|---------------------------------------|---|
| LA | Limited Access | <p>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 any of the following reasons:</p> <p>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 limited access drugs.</p> |
| PA | Prior Authorization | <p>This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.</p> |
| PV | Preventive Drugs | <p>Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF).</p> |
| QL | Quantity Limit | <p>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.</p> |
| RX/OTC | Prescription & Over the Counter (OTC) | <p>Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.</p> |
| ST | Step Therapy | <p>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.</p> |
| SP | Specialty Drug | <p>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.</p> |

How often does the Drug List change?

The formulary will be updated with changes monthly. The types of changes may include the following:

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

Before 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 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.

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

Can I go to any pharmacy?

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

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

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

After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or 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.

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 is a health care provider who 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 defined as a decision based on medical necessity to override an applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

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

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|--|-----------|--------------------------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders | | | | | |
| Amphetamines | | | | | |
| (Dextroamphetamine Sulfate) PROCENTRA SOLN | 1 | | <i>amphetamine-dextroamphetamine TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i> | 1 | |
| (Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG | 1 | | <i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i> | 1 | |
| (Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG | 1 | | <i>amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i> | 1 | QL(90 ea per fill retail) |
| ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>) | NF | QL(2 ea daily; 90 Day(s) limit) | DESOXYN (<i>methamphetamine hcl</i>) | NF | PA |
| ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG (<i>amphetamine-dextroamphetamine</i>) | NF | QL(90 ea per fill retail) | DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>) | NF | |
| ADDERALL TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG (<i>amphetamine-dextroamphetamine</i>) | NF | | <i>dextroamphetamine sulfate CP24</i> | 1 | |
| ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (<i>amphetamine-dextroamphetamine</i>) | NF | | <i>dextroamphetamine sulfate SOLN</i> | 1 | |
| <i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i> | 1 | QL(2 ea daily; 90 Day(s) limit) | <i>dextroamphetamine sulfate TABS 5 MG</i> | 1 | |
| | | | <i>dextroamphetamine sulfate TABS 10 MG</i> | 1 | |
| | | | <i>lisdexamfetamine dimesylate CAPS</i> | 1 | QL(1 ea daily) |
| | | | <i>lisdexamfetamine dimesylate CHEW</i> | 1 | Limited to 1 per day; QL(1 ea daily) |
| | | | <i>methamphetamine hcl</i> | 2 | PA |
| | | | VYVANSE CHEW | 2 | Limited to 1 per day; QL(1 ea daily) |
| | | | Analeptics | | |
| | | | <i>caffeine citrate SOLN OR</i> | 1 | |
| | | | Anorexiants Non-Amphetamine | | |

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1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost 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 |
|--|-----------|---|---|-----------|--|
| ADIPEX-P CAPS (<i>phentermine hcl</i>) | SP | Check Plan Documents for coverage; PA | <i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i> | 1 | QL(1 ea daily) |
| ADIPEX-P TABS (<i>phentermine hcl</i>) | SP | Check Plan Documents for coverage; PA | <i>clonidine hcl (adhd) TB12</i> | 1 | QL(4 ea daily) |
| <i>benzphetamine hcl 50 MG</i> | SP | Check Plan Documents for coverage; PA | <i>guanfacine hcl (adhd)</i> | 1 | QL(1 ea daily) |
| <i>diethylpropion hcl TABS</i> | SP | Check Plan Documents for coverage; PA | INTUNIV (<i>guanfacine hcl (adhd)</i>) | NF | QL(1 ea daily) |
| <i>diethylpropion hcl TB24</i> | SP | Check Plan Documents for coverage; PA | KAPVAY TB12 (<i>clonidine hcl (adhd)</i>) | NF | QL(4 ea daily) |
| LOMAIRA TABS | SP | Check plan documents for coverage; PA | STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>) | NF | QL(1 ea daily) |
| <i>phentermine hcl CAPS</i> | SP | Check Plan Documents for coverage; PA | STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>) | NF | QL(2 ea daily) |
| <i>phentermine hcl TABS</i> | SP | Check Plan Documents for coverage; PA | Stimulants - Misc. | | |
| QSYMIA | SP | Check Plan Documents for coverage; QL(1 ea daily); PA | APTENSIO XR CP24 (<i>methylphenidate hcl</i>) | NF | QL(1 ea daily) |
| Anti-Obesity Agents | | | <i>armodafinil 150 MG, 200 MG, 250 MG</i> | 1 | PA |
| CONTRAVE | SP | Check plan documents for coverage; PA | <i>armodafinil 50 MG</i> | 1 | PA |
| <i>orlistat</i> | SP | Check Plan Documents for coverage; PA | CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>) | NF | QL(1 ea daily; 90 ea per fill retail) |
| SAXENDA | SP | Check Plan Documents for coverage; QL(0.5 ml daily); PA | CONCERTA TBCR 54 MG (<i>methylphenidate hcl</i>) | NF | QL(2 ea daily) |
| XENICAL (<i>orlistat</i>) | SP | Check Plan Documents for coverage; PA | CONCERTA TBCR 18 MG, 27 MG (<i>methylphenidate hcl</i>) | NF | QL(1 ea daily) |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents | | | DAYTRANA PTCH (<i>methylphenidate</i>) | NF | QL(1 ea daily) |
| <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i> | 1 | QL(2 ea daily) | <i>dexmethylphenidate hcl CP24</i> | 1 | QL(1 ea daily; 90 ea per 90 days retail) |
| | | | <i>dexmethylphenidate hcl TABS</i> | 1 | QL(2 ea daily) |
| | | | FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>) | NF | QL(1 ea daily; 90 ea per 90 days retail) |
| | | | FOCALIN TABS (<i>dexmethylphenidate hcl</i>) | NF | QL(2 ea daily) |
| | | | METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>) | NF | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| METADATE CD CPR 20 MG, 30 MG (<i>methylphenidate hcl</i>) | NF | QL(2 ea daily) |
| METHYLIN SOLN (<i>methylphenidate hcl</i>) | NF | |
| <i>methylphenidate hcl CHEW</i> | 1 | |
| <i>methylphenidate hcl CP24 60 MG</i> | 1 | QL(1 ea daily; 90 ea per fill retail) |
| <i>methylphenidate hcl CP24</i> | 1 | QL(1 ea daily) |
| <i>methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG</i> | 1 | |
| <i>methylphenidate hcl CPR 20 MG, 30 MG</i> | 1 | QL(2 ea daily) |
| <i>methylphenidate hcl SOLN</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, 54 MG</i> | 1 | QL(1 ea daily; 90 Day(s) limit) |
| <i>methylphenidate hcl TB24 36 MG</i> | 1 | QL(2 ea daily; 90 Day(s) limit) |
| <i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i> | 1 | QL(1 ea daily; 90 ea per fill retail) |
| <i>methylphenidate hcl TBCR 18 MG, 27 MG</i> | 1 | QL(1 ea daily) |
| <i>methylphenidate hcl TBCR 54 MG</i> | 1 | QL(2 ea daily) |
| <i>methylphenidate PTCH</i> | 1 | QL(1 ea daily) |
| <i>modafinil</i> | 2 | QL(1 ea daily); ST |
| NUVIGIL 150 MG, 200 MG, 250 MG (<i>armodafinil</i>) | NF | PA |
| NUVIGIL 50 MG (<i>armodafinil</i>) | NF | PA |
| PROVIGIL (<i>modafinil</i>) | NF | QL(1 ea daily); ST |
| QUILLIVANT XR SRER | 3 | QL(12 ml daily); PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| RELEXXII TBCR 54 MG | 2 | QL(2 ea daily) |
| RELEXXII TBCR 18 MG, 27 MG | 2 | QL(1 ea daily) |
| RELEXXII TBCR 36 MG | 2 | QL(1 ea daily; 90 ea per fill retail) |
| RITALIN LA CP24 (<i>methylphenidate hcl</i>) | NF | QL(1 ea daily) |
| RITALIN TABS 20 MG (<i>methylphenidate hcl</i>) | NF | QL(3 ea daily) |
| RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>) | NF | |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides | | |
| ARIKAYCE | SP | PA |
| BETHKIS NEBU (<i>tobramycin</i>) | SP | PA |
| HUMATIN | 2 | |
| KITABIS PAK NEBU (<i>tobramycin</i>) | NF | |
| <i>neomycin sulfat</i> TABS | 1 | |
| <i>streptomycin sulfat</i> SOLR | SP | PA |
| TOBI PODHALER CAPS | SP | PA |
| TOBI NEBU (<i>tobramycin</i>) | NF | |
| <i>tobramycin sulfat</i> SOLN IJ 10 MG/ML, 80 MG/2ML | SP | PA |
| <i>tobramycin NEBU</i> | SP | PA |
| <i>tobramycin NEBU</i> | 2 | PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions | | |
| Antirheumatic - Enzyme Inhibitors | | |
| RINVOQ | SP | QL(1 ea daily); PA |
| XELJANZ XR TB24 | SP | QL(1 ea daily); SP; PA |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|--|
| XELJANZ SOLN | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML | SP | Check plan documents for coverage; 1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA |
| XELJANZ TABS 10 MG | SP | 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 | SP | Check plan documents for coverage; QL(0.072 ea daily); PA |
| XELJANZ TABS 5 MG | SP | QL(2 ea daily); PA | HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML | SP | Check Plan Documents for coverage; QL(0.143 ea daily); PA |
| Antirheumatic Antimetabolites | | | | | |
| OTREXUP SOAJ 10 MG/0.4ML | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA | HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT | SP | Check plan documents for coverage; QL(0.072 ea daily); PA |
| OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | SP | PA | HUMIRA PEN PNKT 40 MG/0.4ML | SP | Check plan documents for coverage; QL(0.143 ea daily); PA |
| RASUVO SOAJ 20 MG/0.4ML | SP | PA | HUMIRA PEN PNKT 40 MG/0.8ML | SP | Check Plan Documents for coverage; QL(0.143 ea daily); PA |
| RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA | HUMIRA PEN PNKT 80 MG/0.8ML | SP | Check plan documents for coverage; QL(0.072 ea daily); PA |
| Anti-TNF-alpha - Monoclonal Antibodies | | | HUMIRA PEN-PS/UV STARTER PNKT | SP | Check plan documents for coverage; 1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA |
| ADALIMUMAB-ADAZ SOAJ | SP | QL(0.143 ml daily); PA | HUMIRA PEN-PS/UV STARTER PNKT | SP | Check Plan Documents for coverage; QL(0.143 ea daily); PA |
| ADALIMUMAB-ADAZ SOSY | SP | QL(0.143 ml daily); PA | | | |
| HADLIMA PUSH TOUCH SOAJ | SP | QL(0.143 ml daily); PA | | | |
| HADLIMA SOSY | SP | QL(0.143 ml daily); PA | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|---------------------|
| HUMIRA PSKT 10 MG/0.1ML | SP | Check Plan Documents for coverage; QL(0.143 ea daily); PA | ANAPROX DS TABS (<i>naproxen sodium</i>) | NF | |
| HUMIRA PSKT | SP | Check plan documents for coverage; QL(0.143 ea daily); PA | ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>) | NF | |
| Gold Compounds | | | ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>) | NF | |
| RIDAURA | 2 | | CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>) | NF | QL(2 ea daily) |
| Interleukin-1 Blockers | | | CELEBREX 400 MG (<i>celecoxib</i>) | NF | QL(2 ea daily); PA |
| ARCALYST | SP | PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA | <i>celecoxib 50 MG, 100 MG, 200 MG</i> | 1 | QL(2 ea daily) |
| Interleukin-6 Receptor Inhibitors | | | <i>celecoxib 400 MG</i> | 1 | QL(2 ea daily); PA |
| KEVZARA SOAJ | SP | ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA | DAYPRO TABS (<i>oxaprozin</i>) | NF | |
| KEVZARA SOSY | SP | ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA | <i>diclofenac potassium TABS 50 MG</i> | 1 | |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs) | | | <i>diclofenac sodium TB24</i> | 1 | |
| (Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG | 1 | | <i>diclofenac sodium TBEC</i> | 1 | |
| (Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG | 1 | | <i>diclofenac w/ misoprostol TBEC</i> | 1 | |
| (Indomethacin) INDOCIN SUPP | 1 | | <i>etodolac CAPS</i> | 1 | |
| (Nabumetone) RELAFEN 500 MG | 1 | QL(4 ea daily) | <i>etodolac TABS</i> | 1 | |
| (Nabumetone) RELAFEN 750 MG | 1 | QL(3 ea daily) | <i>etodolac TB24</i> | 1 | QL(2 ea daily) |
| | | | FELDENE CAPS 10 MG (<i>piroxicam</i>) | NF | |
| | | | FELDENE CAPS 20 MG (<i>piroxicam</i>) | NF | QL(1 ea daily) |
| | | | <i>flurbiprofen TABS</i> | 1 | |
| | | | <i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i> | 1 | |
| | | | INDOCIN SUSP (<i>indomethacin</i>) | NF | |
| | | | <i>indomethacin CAPS 25 MG, 50 MG</i> | 1 | |
| | | | <i>indomethacin CPCR</i> | 1 | |
| | | | <i>indomethacin SUPP</i> | 1 | |
| | | | <i>indomethacin SUSP</i> | 1 | |

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|--|-----------|---|
| <i>ketoprofen CAPS 75 MG</i> | 1 | |
| <i>ketoprofen CP24</i> | 1 | |
| <i>ketorolac tromethamine TABS</i> | 1 | QL(20 ea per fill retail) |
| LODINE TABS (<i>etodolac</i>) | NF | |
| <i>meclofenamate sodium CAPS</i> | 1 | |
| <i>mefenamic acid CAPS</i> | 1 | |
| <i>meloxicam TABS 7.5 MG</i> | 1 | QL(2 ea daily) |
| <i>meloxicam TABS 15 MG</i> | 1 | QL(1 ea daily) |
| MOBIC TABS 15 MG (<i>meloxicam</i>) | NF | QL(1 ea daily) |
| MOBIC TABS 7.5 MG (<i>meloxicam</i>) | NF | 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>) | NF | |
| NAPROSYN TABS 500 MG (<i>naproxen</i>) | NF | |
| <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) |
| TIVORBEX CAPS (<i>indomethacin</i>) | NF | |
| Phosphodiesterase 4 (PDE4) Inhibitors | | |
| OTEZLA TABS | SP | QL(2 ea daily); PA |
| OTEZLA TBPk | SP | 1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA |
| Pyrimidine Synthesis Inhibitors | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ARAVA 10 MG (<i>leflunomide</i>) | NF | QL(2 ea daily) |
| ARAVA 20 MG (<i>leflunomide</i>) | NF | QL(1 ea daily) |
| <i>leflunomide 10 MG</i> | 1 | QL(2 ea daily) |
| <i>leflunomide 20 MG</i> | 1 | QL(1 ea daily) |
| Soluble Tumor Necrosis Factor Receptor Agents | | |
| ENBREL MINI SOCT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA |
| ENBREL SURECLICK SOAJ | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA |
| ENBREL SOLN | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA |
| ENBREL SOLR | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA |
| ENBREL SOSY 50 MG/ML | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); PA |
| ENBREL SOSY 25 MG/0.5ML | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); PA |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| Analgesic Combinations | | | (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 | PV | PV |
| (Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG | 1 | | | | |
| (Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG | 1 | | | | |
| (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-300 MG, 40 MG-50 MG-325 MG</i> | 1 | | | | |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i> | 1 | | | | |
| <i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i> | 1 | | | | |
| <i>butalbital-aspirin-caffeine CAPS</i> | 1 | | | | |
| ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>) | NF | | | | |
| FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>) | NF | | | | |
| Salicylates | | | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|--|
| (Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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 | PV | PV | ACTIQ LPOP 1600 MCG (<i>fentanyl citrate</i>) | NF | QL(4 ea daily); PA |
| | | | ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (<i>fentanyl citrate</i>) | NF | PA |
| | | | <i>codeine sulfate TABS</i> | 1 | First fill opioids limited to 7 days. |
| | | | CONZIP CP24 (<i>tramadol hcl</i>) | 3 | |
| | | | DILAUDID LIQD (<i>hydromorphone hcl</i>) | NF | First fill opioids limited to 7 days. |
| | | | DILAUDID TABS (<i>hydromorphone hcl</i>) | NF | First fill opioids limited to 7 days. |
| | | | <i>fentanyl citrate LPOP 1600 MCG</i> | 2 | QL(4 ea daily); PA |
| | | | <i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i> | 2 | PA |
| | | | <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1 | Limit 15 per month; QL(0.5 ea daily) |
| | | | <i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i> | 1 | Limit 15 patches per month; QL(0.5 ea daily) |
| <i>aspirin CHEW</i> | PV | PV | <i>hydromorphone hcl LIQD</i> | 1 | First fill opioids limited to 7 days. |
| <i>aspirin TBEC 81 MG</i> | PV | PV | <i>hydromorphone hcl TABS</i> | 1 | First fill opioids limited to 7 days. |
| <i>diflunisal TABS</i> | 1 | | <i>hydromorphone hcl TB24 32 MG</i> | 1 | QL(2 ea daily) |
| <i>salsalate</i> | 1 | | <i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i> | 1 | QL(4 ea daily) |
| ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions | | | <i>levorphanol tartrate TABS 2 MG</i> | 1 | First fill opioids limited to 7 days.; PA |
| Opioid Agonists | | | <i>levorphanol tartrate TABS 3 MG</i> | 1 | PA |
| (Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC | 1 | | | | |
| (Methadone Hcl) METHADOSE TBSO | 1 | | | | |

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|---|-----------|---|--|-----------|---|
| <i>meperidine hcl SOLN OR 50 MG/5ML</i> | 1 | First fill opioids limited to 7 days. | <i>oxycodone hcl CAPS</i> | 1 | First fill opioids limited to 7 days. |
| <i>meperidine hcl TABS 50 MG</i> | 1 | First fill opioids limited to 7 days. | <i>oxycodone hcl CONC 100 MG/5ML</i> | 1 | First fill opioids limited to 7 days. |
| <i>methadone hcl CONC</i> | 1 | | <i>oxycodone hcl SOLN</i> | 1 | First fill opioids limited to 7 days. |
| <i>methadone hcl SOLN OR</i> | 1 | | <i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i> | 1 | First fill opioids limited to 7 days. |
| <i>methadone hcl TABS</i> | 1 | QL(12 ea daily) | <i>oxycodone hcl TABS 30 MG</i> | 1 | First fill opioids limited to 7 days.; QL(4 ea daily) |
| <i>methadone hcl TBSO</i> | 1 | | <i>oxymorphone hcl TABS 10 MG</i> | 1 | First fill opioids limited to 7 days.; QL(8 ea daily) |
| METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>) | NF | | <i>oxymorphone hcl TABS 5 MG</i> | 1 | First fill opioids limited to 7 days. |
| METHADOSE CONC (<i>methadone hcl</i>) | NF | | <i>oxymorphone hcl TB12</i> | 1 | QL(2 ea daily) |
| <i>morphine sulfate beads</i> | 1 | QL(1 ea daily) | ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>) | NF | First fill opioids limited to 7 days. |
| <i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1 | QL(2 ea daily) | ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>) | NF | First fill opioids limited to 7 days.; QL(4 ea daily) |
| <i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i> | 1 | First fill opioids limited to 7 days. | <i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i> | 1 | |
| <i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i> | 1 | Not available through mail order | <i>tramadol hcl TABS 50 MG</i> | 1 | First fill opioids limited to 7 days.; QL(8 ea daily) |
| <i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i> | 1 | First fill opioids limited to 7 days. | <i>tramadol hcl TABS 100 MG</i> | 1 | |
| <i>morphine sulfate TABS 15 MG</i> | 1 | First fill opioids limited to 7 days. | <i>tramadol hcl TB24 100 MG</i> | 1 | QL(3 ea daily) |
| <i>morphine sulfate TABS 30 MG</i> | 1 | | <i>tramadol hcl TB24</i> | 1 | |
| <i>morphine sulfate TBCR</i> | 1 | QL(3 ea daily) | <i>tramadol hcl TB24 200 MG</i> | 1 | QL(1 ea daily) |
| MS CONTIN TBCR (<i>morphine sulfate</i>) | NF | QL(3 ea daily) | | | |
| OXAYDO TABS 7.5 MG | 3 | First fill opioids limited to 7 days.; QL(4 ea daily) | | | |
| OXAYDO TABS 5 MG | 2 | First fill opioids limited to 7 days. | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---|
| ULTRAM TABS (<i>tramadol hcl</i>) | NF | First fill opioids limited to 7 days.; QL(8 ea daily) | <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1 | First fill opioids limited to 7 days. |
| Opioid Combinations | | | | | |
| (Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE | 1 | First fill opioids limited to 7 days. | <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | 1 | First fill opioids limited to 7 days.; QL(240 ea per fill retail) |
| (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG | 1 | First fill opioids limited to 7 days.; QL(4 ea daily) | <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i> | 1 | First fill opioids limited to 7 days. |
| (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG | 1 | First fill opioids limited to 7 days. | <i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i> | 1 | First fill opioids limited to 7 days.; QL(6 ea daily) |
| (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG | 1 | First fill opioids limited to 7 days.; QL(6 ea daily) | <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i> | 1 | First fill opioids limited to 7 days. |
| <i>acetaminophen w/ codeine SOLN</i> | 1 | First fill opioids limited to 7 days. | LORTAB ELIX | 3 | First fill opioids limited to 7 days. |
| <i>acetaminophen w/ codeine TABS 60 MG-300 MG</i> | 1 | First fill opioids limited to 7 days.; QL(6 ea daily) | NALOCET TABS | 3 | |
| <i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i> | 1 | First fill opioids limited to 7 days. | OXYCODONE AND ACETAMINOPHEN TABS | 3 | First fill opioids limited to 7 days. |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i> | 1 | First fill opioids limited to 7 days.; PA | <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i> | 1 | First fill opioids limited to 7 days.; QL(4 ea daily) |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i> | 1 | First fill opioids limited to 7 days. | <i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i> | 1 | First fill opioids limited to 7 days. |
| <i>butalbital-aspirin-caffeine w/cod</i> | 1 | First fill opioids limited to 7 days. | <i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i> | 1 | First fill opioids limited to 7 days.; QL(6 ea daily) |
| FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>) | NF | First fill opioids limited to 7 days.; PA | OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG | 3 | First fill opioids limited to 7 days. |
| | | | OXYCODONE/ACETAMINOPHEN TABS 300 MG-2.5 MG | 3 | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|---|--|-----------|---|
| PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>) | NF | First fill opioids limited to 7 days.; QL(6 ea daily) | BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (<i>buprenorphine</i>) | NF | QL(4 ea per 28 days retail) |
| PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>) | NF | First fill opioids limited to 7 days. | <i>pentazocine w/ naloxone hcl</i> | 1 | |
| PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>) | NF | First fill opioids limited to 7 days.; QL(4 ea daily) | SUBLOCADE SOSY | SP | Covered under Medical Benefit; PA |
| PROLATE TABS | 3 | First fill opioids limited to 7 days. | SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) | NF | QL(2 ea daily) |
| <i>tramadol-acetaminophen</i> | 1 | First fill opioids limited to 7 days.; QL(8 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>) | NF | QL(3 ea daily) |
| ULTRACET (<i>tramadol-acetaminophen</i>) | NF | First fill opioids limited to 7 days.; QL(8 ea daily) | ANDROGENS-ANABOLIC - Drugs to Regulate Hormones | | |
| Opioid Partial Agonists | | | Anabolic Steroids | | |
| <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>oxandrolone 10 MG</i> | 2 | QL(2 ea daily) |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i> | 1 | QL(2 ea daily) | <i>oxandrolone 2.5 MG</i> | 2 | |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i> | 1 | | Androgens | | |
| <i>buprenorphine hcl SUBL 2 MG</i> | 1 | QL(3 ea daily) | (Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM | 1 | QL(10 ml daily) |
| <i>buprenorphine hcl SUBL 8 MG</i> | 1 | QL(4 ea daily) | ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>) | NF | Limited to 300 gms per month; QL(10 gm daily) |
| <i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i> | 1 | QL(4 ea per 28 days retail) | ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>) | NF | Limited to 300 gms per month; QL(10 gm daily) |
| <i>butorphanol tartrate NA 10 MG/ML</i> | 1 | Limit 7.5mls per month; QL(0.25 ml daily) | ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (<i>testosterone</i>) | NF | QL(10 gm daily) |
| | | | <i>danazol CAPS</i> | 1 | |
| | | | FORTESTA GEL TD (<i>testosterone</i>) | NF | QL(4 gm daily) |
| | | | METHITEST TABS | 2 | |
| | | | <i>methyltestosterone CAPS</i> | 1 | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| TESTIM GEL TD (<i>testosterone</i>) | 3 | QL(10 gm daily); PA |
| <i>testosterone cypionate SOLN IM</i> | 1 | QL(10 ml daily) |
| <i>testosterone enanthate SOLN IM</i> | 1 | |
| <i>testosterone GEL TD 10 MG/ACT</i> | 1 | QL(4 gm daily) |
| <i>testosterone GEL TD 1 %, 50 MG/5GM</i> | 1 | Limited to 300 gms per month |
| <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) |
| <i>testosterone GEL TD 1 %, 25 MG/2.5GM</i> | 1 | QL(10 gm daily) |
| <i>testosterone SOLN</i> | 1 | QL(6 ml daily) |
| VOGELXO PUMP GEL TD (<i>testosterone</i>) | NF | QL(10 gm daily) |
| VOGELXO GEL TD (<i>testosterone</i>) | NF | QL(10 gm daily) |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | | |
| Intrarectal Steroids | | |
| <i>budesonide (intrarectal)</i> | 1 | PA |
| CORTENEMA (<i>hydrocortisone (intrarectal)</i>) | NF | QL(60 ml daily) |
| CORTIFOAM EX 10 % | 2 | |
| <i>hydrocortisone (intrarectal)</i> | 1 | QL(60 ml daily) |
| UCERIS (<i>budesonide (intrarectal)</i>) | NF | PA |
| Rectal Combinations | | |
| ANALPRAM-HC LOTN EX | 3 | |
| PROCTOFOAM HC FOAM EX | 2 | |
| Rectal Steroids | | |

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

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|---|-----------|---------------------|--|-----------|---------------------|
| <i>isosorbide mononitrate TABS</i> | 1 | | ATIVAN TABS (<i>lorazepam</i>) | NF | |
| <i>isosorbide mononitrate TB24</i> | 1 | | <i>chlordiazepoxide hcl CAPS</i> | 1 | |
| NITRO-BID OINT | 2 | | <i>clorazepate dipotassium TABS</i> | 1 | |
| NITRO-DUR PT24 | 2 | QL(1 ea daily) | <i>diazepam CONC</i> | 1 | |
| NITRO-DUR PT24 (<i>nitroglycerin</i>) | NF | QL(1 ea daily) | <i>diazepam SOLN OR 5 MG/5ML</i> | 1 | |
| <i>nitroglycerin PT24</i> | 1 | QL(1 ea daily) | <i>diazepam TABS 2 MG, 5 MG</i> | 1 | |
| <i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i> | 1 | | <i>diazepam TABS 10 MG</i> | 1 | QL(4 ea daily) |
| <i>nitroglycerin SUBL</i> | 1 | | <i>lorazepam CONC</i> | 1 | |
| NITROLINGUAL SOLN TL (<i>nitroglycerin</i>) | NF | | <i>lorazepam TABS</i> | 1 | |
| NITROSTAT SUBL (<i>nitroglycerin</i>) | NF | | <i>oxazepam CAPS 30 MG</i> | 1 | QL(2 ea daily) |
| ANTIANKXIETY AGENTS - Drugs to Treat Anxiety | | | <i>oxazepam CAPS 10 MG, 15 MG</i> | 1 | |
| Antianxiety Agents - Misc. | | | TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>) | NF | |
| <i>buspirone hcl</i> | 1 | | VALIUM TABS 10 MG (<i>diazepam</i>) | NF | QL(4 ea daily) |
| <i>hydroxyzine hcl SOLN 50 MG/ML</i> | SP | PA | VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>) | NF | |
| <i>hydroxyzine hcl SYRP</i> | 1 | | XANAX XR TB24 (<i>alprazolam</i>) | NF | |
| <i>hydroxyzine hcl TABS</i> | 1 | | XANAX TABS (<i>alprazolam</i>) | NF | |
| <i>hydroxyzine pamoate CAPS</i> | 1 | | ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | | |
| VISTARIL CAPS (<i>hydroxyzine pamoate</i>) | NF | | Antiarrhythmics Type I-A | | |
| Benzodiazepines | | | <i>disopyramide phosphate CAPS</i> | 1 | |
| (Alprazolam) ALPRAZOLAM XR TB24 | 1 | | NORPACE CR CP12 | 2 | |
| (Diazepam) DIAZEPAM INTENSOL CONC | 1 | | NORPACE CAPS (<i>disopyramide phosphate</i>) | NF | |
| (Lorazepam) LORAZEPAM INTENSOL CONC | 1 | | <i>quinidine gluconate TBCR</i> | 1 | |
| ALPRAZOLAM INTENSOL CONC | 3 | | <i>quinidine sulfate TABS</i> | 1 | |
| <i>alprazolam TABS</i> | 1 | | Antiarrhythmics Type I-B | | |
| <i>alprazolam TB24</i> | 1 | | | | |
| <i>alprazolam TBDP</i> | 2 | | | | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|---|
| <i>mexiletine hcl</i> | 1 | | Bronchodilators - Anticholinergics | | |
| Antiarrhythmics Type I-C | | | ATROVENT HFA | 2 | Limit 2 inhalers per month; QL(0.86 gm daily) |
| <i>flecainide acetate</i> | 1 | | INCRUSE ELLIPTA | 2 | QL(1 ea daily) |
| <i>propafenone hcl CP12</i> | 1 | | <i>ipratropium bromide SOLN 0.02 %</i> | 1 | |
| <i>propafenone hcl TABS 150 MG</i> | 1 | QL(6 ea daily) | SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>) | NF | QL(1 ea daily) |
| <i>propafenone hcl TABS 225 MG, 300 MG</i> | 1 | QL(3 ea daily) | SPIRIVA RESPIMAT AERS 1.25 MCG/ACT | 2 | Limit 1 inhaler per month; QL(0.143 gm daily) |
| RYTHMOL SR CP12 (<i>propafenone hcl</i>) | NF | | SPIRIVA RESPIMAT AERS 2.5 MCG/ACT | 2 | Limit 1 inhaler per month; QL(0.14 gm daily) |
| Antiarrhythmics Type III | | | <i>tiotropium bromide monohydrate CAPS</i> | 1 | QL(1 ea daily) |
| (Amiodarone Hcl) PACERONE TABS | 1 | | Leukotriene Modulators | | |
| <i>amiodarone hcl TABS</i> | 1 | | ACCOLATE 10 MG (<i>zafirlukast</i>) | NF | |
| <i>dofetilide</i> | 1 | | ACCOLATE 20 MG (<i>zafirlukast</i>) | NF | QL(2 ea daily) |
| TIKOSYN (<i>dofetilide</i>) | NF | | <i>montelukast sodium CHEW</i> | 1 | QL(1 ea daily) |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | | | <i>montelukast sodium PACK</i> | 1 | QL(1 ea daily) |
| Antiasthmatic - Monoclonal Antibodies | | | <i>montelukast sodium TABS</i> | 1 | QL(1 ea daily) |
| FASENRA PEN SOAJ | SP | PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | SINGULAIR CHEW (<i>montelukast sodium</i>) | NF | QL(1 ea daily) |
| NUCALA SOAJ | SP | PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | SINGULAIR PACK (<i>montelukast sodium</i>) | NF | QL(1 ea daily) |
| NUCALA SOLR | SP | PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA | SINGULAIR TABS (<i>montelukast sodium</i>) | NF | QL(1 ea daily) |
| NUCALA SOSY 100 MG/ML | SP | PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | <i>zafirlukast 20 MG</i> | 1 | QL(2 ea daily) |
| Anti-Inflammatory Agents | | | <i>zafirlukast 10 MG</i> | 1 | |
| <i>cromolyn sodium NEBU</i> | 1 | | <i>zileuton TB12</i> | 1 | ST |
| | | | ZYFLO TABS | 3 | ST |

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|---|-----------|--|---|-----------|---|
| Selective Phosphodiesterase 4 (PDE4) Inhibitors | | | PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>) | | |
| DALIRESP (<i>roflumilast</i>) | NF | QL(1 ea daily) | QVAR REDIHALER 80 MCG/ACT | 2 | Limit 2 Inhalers per month; QL(0.72 gm daily) |
| <i>roflumilast</i> | 1 | QL(1 ea daily) | QVAR REDIHALER 40 MCG/ACT | 2 | Limit 1 inhaler per month; QL(0.36 gm daily) |
| Steroid Inhalants | | | Sympathomimetics | | |
| ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT | 2 | QL(1 ea daily) | (Budesonide-Formoterol Fumarate Dihydrate) BREYNA | 1 | |
| ARNUITY ELLIPTA 50 MCG/ACT | 2 | Limit 1 inhaler per month; QL(1 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>budesonide (inhalation) SUSP 1 MG/2ML</i> | 1 | QL(2 ml daily) | ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>) | NF | QL(2 ea daily) |
| <i>budesonide (inhalation) SUSP 0.25 MG/2ML</i> | 2 | QL(8 ml daily) | AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>) | NF | QL(0.04 ea daily) |
| <i>budesonide (inhalation) SUSP 0.5 MG/2ML</i> | 2 | QL(4 ml daily) | AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>) | NF | QL(0.04 ea daily) |
| FLOVENT DISKUS AEPB 100 MCG/BLIST | 3 | QL(20 ea daily) | AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>) | NF | QL(0.04 ea daily) |
| FLOVENT DISKUS AEPB 250 MCG/BLIST | 3 | QL(8 ea daily) | <i>albuterol sulfate AERS</i> | 1 | Limit 2 inhalers per month; QL(0.47 gm daily) |
| FLOVENT DISKUS AEPB 50 MCG/BLIST | 3 | QL(40 ea daily) | <i>albuterol sulfate AERS</i> | 1 | 1 rtl pack lmt per fill; 2 rtl MAX fill; 30 rtl day(s) supply |
| <i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i> | 1 | QL(8 ea daily) | <i>albuterol sulfate AERS</i> | 1 | QL(0.6 gm daily) |
| <i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i> | 1 | QL(40 ea daily) | | | |
| <i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i> | 1 | QL(20 ea daily) | | | |
| <i>fluticasone propionate hfa</i> | 1 | | | | |
| PULMICORT FLEXHALER AEPB | 2 | Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail) | | | |
| PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>) | NF | QL(8 ml daily) | | | |
| PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>) | NF | QL(2 ml daily) | | | |

Updated March 1, 2024

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|---|-----------|---|---|-----------|--|
| <i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i> | 1 | | PROVENTIL HFA AERS (<i>albuterol sulfate</i>) | NF | |
| ALBUTEROL SULFATE NEBU | 2 | | SEREVENT DISKUS | 2 | QL(2 ea daily) |
| <i>albuterol sulfate SYRP</i> | 1 | | STIOLTO RESPIMAT | 2 | Limit 1 inhaler per month; QL(0.14 gm daily) |
| <i>albuterol sulfate TABS</i> | 1 | | STRIVERDI RESPIMAT | 2 | Limit 1 inhaler per month; QL(0.14 gm daily) |
| ANORO ELLIPTA | 2 | QL(2 ea daily) | SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) | NF | |
| BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH | 3 | | <i>terbutaline sulfate TABS</i> | 1 | |
| BREZTRI AEROSPHERE | 2 | QL(0.36 gm daily) | TRELEGY ELLIPTA | 2 | QL(2 ea daily) |
| <i>budesonide-formoterol fumarate dihydrate</i> | 1 | | VENTOLIN HFA AERS (<i>albuterol sulfate</i>) | NF | Limit 2 inhalers per month; QL(0.6 gm daily) |
| COMBIVENT RESPIMAT AERS | 3 | Limit 1 inhaler per month; QL(0.16 gm daily) | XOPENEX (<i>levalbuterol hcl</i>) | NF | |
| <i>fluticasone furoate-vilanterol</i> | 1 | | XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>) | NF | |
| <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) | XOPENEX HFA (<i>levalbuterol tartrate</i>) | NF | |
| <i>fluticasone-salmeterol AERO</i> | 1 | QL(0.4 gm daily) | Xanthines | | |
| <i>ipratropium-albuterol SOLN</i> | 1 | | (Theophylline) ELIXOPHYLLIN ELIX | 1 | |
| <i>levalbuterol hcl</i> | 1 | | THEO-24 CP24 | 2 | |
| <i>levalbuterol tartrate</i> | 1 | 1 inhaler per month; QL(0.6 gm daily) | <i>theophylline ELIX</i> | 1 | |
| PROAIR HFA AERS (<i>albuterol sulfate</i>) | NF | Limit 2 inhalers per month; QL(0.57 gm daily) | <i>theophylline SOLN</i> | 1 | |
| PROAIR RESPICLICK AEPB | 3 | Limit 2 inhalers per month; QL(0.07 ea daily) | <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 | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---|
| warfarin sodium TABS | 1 | | enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML | 2 | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(14 ml per fill retail) |
| Direct Factor Xa Inhibitors | | | enoxaparin sodium SOSY 40 MG/0.4ML | 2 | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(6 ml per fill retail) |
| ELIQUIS STARTER PACK TBPK | 2 | QL(74 ea per 30 days retail) | fondaparinux sodium 2.5 MG/0.5ML | SP | QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA |
| ELIQUIS TABS | 2 | QL(2 ea daily) | fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML | SP | PA |
| XARELTO STARTER PACK TBPK | 2 | QL(51 ea per 30 days retail) | FRAGMIN SOLN 95000 UNIT/3.8ML | SP | PA |
| XARELTO SUSR | 2 | QL(900 ml per 30 days retail) | FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML | SP | PA |
| XARELTO TABS | 2 | QL(1 ea daily) | FRAGMIN SOSY 2500 UNIT/0.2ML | SP | |
| Heparins And Heparinoid-Like Agents | | | heparin sodium (porcine) SOLN IJ 10000 UNIT/ML | SP | PA |
| ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) | SP | QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA | LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) | NF | QL(0.1 ml daily); PA |
| ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) | SP | PA | LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) | NF | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(4.5 ml per fill retail) |
| enoxaparin sodium SOLN IJ 300 MG/3ML | 1 | QL(0.1 ml daily); PA | | | |
| enoxaparin sodium SOSY 30 MG/0.3ML | 2 | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(4.5 ml per fill retail) | | | |
| enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML | 2 | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(12 ml per fill retail) | | | |
| enoxaparin sodium SOSY 60 MG/0.6ML | 2 | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(9 ml per fill retail) | | | |

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|---|-----------|--|---|-----------|--------------------------------------|
| LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>) | NF | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(6 ml per fill retail) | <i>clonazepam TBDP</i> | 1 | |
| LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>) | NF | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(14 ml per fill retail) | DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>) | NF | Limit 4 per month; QL(0.14 ea daily) |
| LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>) | NF | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(9 ml per fill retail) | DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>) | NF | Limit 4 per month; QL(0.14 ea daily) |
| LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>) | NF | Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(12 ml per fill retail) | <i>diazepam (anticonvulsant) GEL</i> | 1 | QL(0.14 ea daily) |
| ANTICONVULSANTS - Drugs to Treat Seizures | | | KLONOPIN TABS (<i>clonazepam</i>) | NF | |
| AMPA Glutamate Receptor Antagonists | | | NAYZILAM | SP | QL(10 ea per 30 days retail); PA |
| FYCOMPA SUSP | 3 | QL(24 ml daily) | ONFI SUSP (<i>clobazam</i>) | NF | |
| FYCOMPA TABS 4 MG | 3 | QL(3 ea daily) | ONFI TABS 10 MG (<i>clobazam</i>) | NF | QL(1 ea daily) |
| FYCOMPA TABS 6 MG | 3 | QL(2 ea daily) | ONFI TABS 20 MG (<i>clobazam</i>) | NF | QL(2 ea daily) |
| FYCOMPA TABS 2 MG | 3 | QL(6 ea daily) | VALTOCO 10 MG DOSE LIQD | SP | QL(10 ea per 30 days retail); PA |
| FYCOMPA TABS 8 MG, 10 MG, 12 MG | 3 | QL(1 ea daily) | VALTOCO 15 MG DOSE LQPK | SP | QL(10 ea per 30 days retail); PA |
| Anticonvulsants - Benzodiazepines | | | VALTOCO 20 MG DOSE LQPK | SP | QL(10 ea per 30 days retail); PA |
| <i>clobazam SUSP</i> | 1 | | VALTOCO 5 MG DOSE LIQD | SP | QL(10 ea per 30 days retail); PA |
| <i>clobazam TABS 10 MG</i> | 1 | QL(1 ea daily) | Anticonvulsants - Misc. | | |
| <i>clobazam TABS 20 MG</i> | 1 | QL(2 ea daily) | (Carbamazepine) EPITOL TABS | 1 | |
| <i>clonazepam TABS</i> | 1 | | (Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT | 1 | |

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| (Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT | 1 | | <i>gabapentin TABS 600 MG, 800 MG</i> | 1 | |
| (Lamotrigine) SUBVENITE TABS | 1 | | KEPPRA XR TB24 (<i>levetiracetam</i>) | 3 | QL(4 ea daily) |
| (Levetiracetam) ROWEEPRA TABS 500 MG | 1 | QL(6 ea daily) | KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>) | 3 | |
| APTIOM | 3 | QL(2 ea daily); PA | KEPPRA TABS (<i>levetiracetam</i>) | 3 | QL(6 ea daily) |
| BANZEL SUSP (<i>rufinamide</i>) | 3 | | <i>lacosamide SOLN OR 10 MG/ML</i> | 1 | QL(40 ml daily) |
| BANZEL TABS 400 MG (<i>rufinamide</i>) | 3 | QL(8 ea daily) | <i>lacosamide TABS</i> | 1 | QL(2 ea daily) |
| BANZEL TABS 200 MG (<i>rufinamide</i>) | 3 | | LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>) | 3 | |
| <i>carbamazepine CHEW</i> | 1 | | LAMICTAL ODT KIT (<i>lamotrigine</i>) | NF | PA |
| <i>carbamazepine CP12</i> | 1 | | LAMICTAL ODT KIT | 3 | PA |
| <i>carbamazepine SUSP</i> | 1 | | LAMICTAL ODT TBDP (<i>lamotrigine</i>) | 3 | PA |
| <i>carbamazepine TABS</i> | 1 | | LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>) | NF | |
| <i>carbamazepine TB12 100 MG</i> | 1 | | LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>) | NF | |
| <i>carbamazepine TB12 200 MG</i> | 1 | QL(8 ea daily) | LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>) | NF | |
| <i>carbamazepine TB12 400 MG</i> | 1 | QL(4 ea daily) | LAMICTAL XR KIT | 3 | PA |
| CARBATROL CP12 (<i>carbamazepine</i>) | 3 | | LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>) | 3 | QL(2 ea daily) |
| DIACOMIT CAPS 500 MG | SP | QL(6 ea daily); PA | LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>) | 3 | QL(1 ea daily); PA |
| DIACOMIT CAPS 250 MG | SP | QL(12 ea daily); PA | LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>) | 3 | PA |
| DIACOMIT PACK 250 MG | SP | QL(12 ea daily); PA | LAMICTAL TABS (<i>lamotrigine</i>) | 3 | |
| DIACOMIT PACK 500 MG | SP | QL(6 ea daily); PA | <i>lamotrigine CHEW</i> | 1 | |
| EPIDIOLEX | SP | PA | | | |
| <i>gabapentin CAPS</i> | 1 | | | | |
| <i>gabapentin SOLN</i> | 1 | | | | |

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| <i>lamotrigine KIT</i> | 1 | PA | <i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i> | 1 | QL(3 ea daily); PA |
| <i>lamotrigine KIT 25 MG</i> | 1 | | <i>pregabalin SOLN</i> | 1 | QL(30 ml daily); PA |
| <i>lamotrigine TABS</i> | 1 | | <i>primidone 50 MG, 250 MG</i> | 1 | |
| <i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i> | 1 | QL(1 ea daily); PA | QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>) | NF | QL(2 ea daily); PA |
| <i>lamotrigine TB24 300 MG</i> | 1 | QL(2 ea daily) | QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>) | NF | QL(1 ea daily); PA |
| <i>lamotrigine TB24 250 MG</i> | 1 | PA | <i>rufinamide SUSP</i> | 1 | |
| <i>lamotrigine TBDP</i> | 1 | PA | <i>rufinamide TABS 400 MG</i> | 1 | QL(8 ea daily) |
| <i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i> | 1 | | <i>rufinamide TABS 200 MG</i> | 1 | |
| <i>levetiracetam TABS</i> | 1 | QL(6 ea daily) | TEGRETOL SUSP (<i>carbamazepine</i>) | 3 | |
| <i>levetiracetam TB24</i> | 1 | QL(4 ea daily) | TEGRETOL TABS (<i>carbamazepine</i>) | 3 | |
| LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>) | 3 | QL(2 ea daily); PA | TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>) | NF | QL(8 ea daily) |
| LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>) | 3 | QL(3 ea daily); PA | TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>) | 3 | |
| LYRICA SOLN (<i>pregabalin</i>) | 3 | QL(30 ml daily); PA | TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>) | NF | QL(4 ea daily) |
| MYSOLINE (<i>primidone</i>) | 3 | | TOPAMAX SPRINKLE CPSP (<i>topiramate</i>) | 3 | |
| NEURONTIN CAPS (<i>gabapentin</i>) | 3 | | TOPAMAX TABS 50 MG (<i>topiramate</i>) | 3 | QL(8 ea daily) |
| NEURONTIN SOLN (<i>gabapentin</i>) | 3 | | TOPAMAX TABS 200 MG (<i>topiramate</i>) | 3 | QL(2 ea daily) |
| NEURONTIN TABS (<i>gabapentin</i>) | 3 | | TOPAMAX TABS 25 MG (<i>topiramate</i>) | 3 | |
| <i>oxcarbazepine SUSP</i> | 1 | QL(40 ml daily) | TOPAMAX TABS 100 MG (<i>topiramate</i>) | 3 | QL(4 ea daily) |
| <i>oxcarbazepine TABS 300 MG</i> | 1 | QL(8 ea daily) | <i>topiramate CP24 200 MG</i> | 1 | QL(2 ea daily); PA |
| <i>oxcarbazepine TABS 150 MG</i> | 1 | | <i>topiramate CP24 25 MG, 50 MG, 100 MG</i> | 1 | PA |
| <i>oxcarbazepine TABS 600 MG</i> | 1 | QL(4 ea daily) | <i>topiramate CPSP</i> | 1 | |
| OXTELLAR XR TB24 150 MG, 300 MG | 3 | ST | <i>topiramate CS24 25 MG, 50 MG</i> | 1 | QL(2 ea daily); PA |
| OXTELLAR XR TB24 600 MG | 3 | QL(4 ea daily); ST | | | |
| <i>pregabalin CAPS 225 MG, 300 MG</i> | 1 | QL(2 ea daily); PA | | | |

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| <i>topiramate CS24 100 MG, 150 MG, 200 MG</i> | 1 | QL(1 ea daily); PA | (Vigabatrin) VIGADRONE, VIGPODER PACK | SP | QL(6 ea daily) |
| <i>topiramate TABS 200 MG</i> | 1 | QL(2 ea daily) | (Vigabatrin) VIGADRONE TABS | SP | |
| <i>topiramate TABS 25 MG</i> | 1 | | GABITRIL (<i>tiagabine hcl</i>) | 3 | |
| <i>topiramate TABS 50 MG</i> | 1 | QL(8 ea daily) | SABRIL PACK (<i>vigabatrin</i>) | SP | QL(6 ea daily) |
| <i>topiramate TABS 100 MG</i> | 1 | QL(4 ea daily) | SABRIL TABS (<i>vigabatrin</i>) | SP | |
| TRILEPTAL SUSP (<i>oxcarbazepine</i>) | 3 | QL(40 ml daily) | <i>tiagabine hcl</i> | 1 | |
| TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>) | 3 | QL(8 ea daily) | <i>vigabatrin PACK</i> | SP | QL(6 ea daily) |
| TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>) | 3 | QL(4 ea daily) | <i>vigabatrin TABS</i> | SP | |
| TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>) | 3 | | Hydantoins | | |
| TROKENDI XR CP24 200 MG (<i>topiramate</i>) | NF | QL(2 ea daily); PA | (Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG | 1 | |
| TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>topiramate</i>) | NF | PA | (Phenytoin) PHENYTOIN INFATABS CHEW | 1 | |
| VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>) | NF | QL(40 ml daily) | DILANTIN | 3 | |
| VIMPAT TABS (<i>lacosamide</i>) | NF | QL(2 ea daily) | DILANTIN (<i>phenytoin sodium extended</i>) | 3 | |
| ZONEGRAN CAPS 100 MG (<i>zonisamide</i>) | 3 | QL(6 ea daily) | DILANTIN INFATABS CHEW (<i>phenytoin</i>) | 3 | |
| ZONEGRAN CAPS 25 MG (<i>zonisamide</i>) | 3 | | DILANTIN-125 SUSP (<i>phenytoin</i>) | 3 | |
| <i>zonisamide CAPS 25 MG, 50 MG</i> | 1 | | <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1 | |
| <i>zonisamide CAPS 100 MG</i> | 1 | QL(6 ea daily) | <i>phenytoin CHEW</i> | 1 | |
| Carbamates | | | <i>phenytoin SUSP</i> | 1 | |
| <i>felbamate SUSP</i> | 1 | | Succinimides | | |
| <i>felbamate TABS</i> | 1 | | CELONTIN (<i>methsuximide</i>) | 3 | |
| FELBATOL SUSP (<i>felbamate</i>) | 3 | | <i>ethosuximide CAPS</i> | 1 | |
| FELBATOL TABS (<i>felbamate</i>) | NF | | <i>ethosuximide SOLN</i> | 1 | |
| GABA Modulators | | | <i>methsuximide</i> | 1 | |
| | | | ZARONTIN CAPS (<i>ethosuximide</i>) | 3 | |
| | | | ZARONTIN SOLN (<i>ethosuximide</i>) | 3 | |

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| Valproic Acid | | | NARDIL (<i>phenelzine sulfate</i>) | NF | |
| DEPAKOTE ER TB24 (<i>divalproex sodium</i>) | 3 | | PARNATE (<i>tranylcypromine sulfate</i>) | NF | |
| DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>) | 3 | | <i>phenelzine sulfate</i> | 1 | |
| DEPAKOTE TBEC (<i>divalproex sodium</i>) | 3 | | <i>tranylcypromine sulfate</i> | 2 | |
| <i>divalproex sodium CSDR</i> | 1 | | N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists | | |
| <i>divalproex sodium TB24</i> | 1 | | SPRAVATO 56MG DOSE | SP | PA |
| <i>divalproex sodium TBEC</i> | 1 | | SPRAVATO 84MG DOSE | SP | PA |
| <i>valproate sodium SOLN OR 250 MG/5ML</i> | 1 | | Selective Serotonin Reuptake Inhibitors (SSRIs) | | |
| <i>valproic acid CAPS</i> | 1 | | CELEXA TABS (<i>citalopram hydrobromide</i>) | NF | QL(1 ea daily) |
| ANTIDEPRESSANTS - Drugs to Treat Depression | | | <i>citalopram hydrobromide SOLN</i> | 1 | QL(20 ml daily) |
| Alpha-2 Receptor Antagonists (Tetracyclics) | | | <i>citalopram hydrobromide TABS</i> | 1 | QL(1 ea daily) |
| <i>mirtazapine TABS</i> | 1 | | <i>escitalopram oxalate SOLN</i> | 1 | |
| <i>mirtazapine TBDP</i> | 1 | | <i>escitalopram oxalate TABS 10 MG, 20 MG</i> | 1 | QL(1 ea daily) |
| REMERON SOLTAB TBDP (<i>mirtazapine</i>) | NF | | <i>escitalopram oxalate TABS 5 MG</i> | 1 | QL(2 ea daily) |
| REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>) | NF | | <i>fluoxetine hcl CAPS 40 MG</i> | 1 | QL(1 ea daily) |
| Antidepressants - Misc. | | | <i>fluoxetine hcl CAPS 10 MG, 20 MG</i> | 1 | |
| <i>bupropion hcl TABS</i> | 1 | | <i>fluoxetine hcl CPDR</i> | 1 | |
| <i>bupropion hcl TB12</i> | 1 | | <i>fluoxetine hcl SOLN</i> | 1 | QL(15 ml daily) |
| <i>bupropion hcl TB24 450 MG</i> | 1 | QL(1 ea daily); ST | <i>fluoxetine hcl TABS 20 MG, 60 MG</i> | 1 | QL(1 ea daily) |
| <i>bupropion hcl TB24 150 MG, 300 MG</i> | 1 | QL(1 ea daily) | <i>fluoxetine hcl TABS 10 MG</i> | 1 | |
| FORFIVO XL TB24 (<i>bupropion hcl</i>) | 3 | QL(1 ea daily); ST | FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>) | NF | QL(1 ea daily) |
| WELLBUTRIN SR TB12 (<i>bupropion hcl</i>) | NF | | <i>fluvoxamine maleate CP24 150 MG</i> | 2 | |
| WELLBUTRIN XL TB24 (<i>bupropion hcl</i>) | NF | QL(1 ea daily) | <i>fluvoxamine maleate CP24 100 MG</i> | 2 | QL(3 ea daily) |
| Monoamine Oxidase Inhibitors (MAOIs) | | | | | |
| EMSAM | 3 | QL(1 ea daily) | | | |
| MARPLAN | 3 | | | | |

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| <i>fluvoxamine maleate TABS 25 MG, 50 MG</i> | 1 | | <i>vilazodone hcl TABS 20 MG</i> | 1 | QL(2 ea daily) |
| <i>fluvoxamine maleate TABS 100 MG</i> | 1 | QL(3 ea daily) | Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) | | |
| LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>) | NF | QL(1 ea daily) | CYMBALTA CPEP (<i>duloxetine hcl</i>) | NF | QL(2 ea daily) |
| LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>) | NF | QL(2 ea daily) | <i>desvenlafaxine succinate</i> | 1 | QL(1 ea daily) |
| <i>paroxetine hcl SUSP</i> | 1 | | <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i> | 1 | QL(2 ea daily) |
| <i>paroxetine hcl TABS</i> | 1 | | EFFEXOR XR CP24 (<i>venlafaxine hcl</i>) | NF | QL(2 ea daily) |
| <i>paroxetine hcl TB24</i> | 1 | | FETZIMA TITRATION PACK C4PK | 3 | ST |
| PAXIL CR TB24 (<i>paroxetine hcl</i>) | NF | | FETZIMA CP24 20 MG | 3 | QL(2 ea daily); ST |
| PAXIL SUSP (<i>paroxetine hcl</i>) | NF | | FETZIMA CP24 40 MG, 80 MG, 120 MG | 3 | QL(1 ea daily); ST |
| PAXIL TABS (<i>paroxetine hcl</i>) | NF | | PRISTIQ (<i>desvenlafaxine succinate</i>) | NF | QL(1 ea daily) |
| PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>) | NF | QL(1 ea daily) | <i>venlafaxine hcl CP24</i> | 1 | QL(2 ea daily) |
| PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>) | NF | | <i>venlafaxine hcl TABS</i> | 1 | |
| <i>sertraline hcl CONC</i> | 1 | | <i>venlafaxine hcl TB24 225 MG</i> | 1 | |
| <i>sertraline hcl TABS</i> | 1 | QL(2 ea daily) | <i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i> | 1 | QL(1 ea daily) |
| ZOLOFT CONC (<i>sertraline hcl</i>) | NF | | Tricyclic Agents | | |
| ZOLOFT TABS (<i>sertraline hcl</i>) | NF | QL(2 ea daily) | <i>amitriptyline hcl TABS</i> | 1 | |
| Serotonin Modulators | | | <i>amoxapine</i> | 1 | |
| <i>nefazodone hcl</i> | 1 | | ANAFRANIL (<i>clomipramine hcl</i>) | NF | |
| <i>trazodone hcl TABS</i> | 1 | | <i>clomipramine hcl</i> | 2 | |
| TRINTELLIX | 3 | ST | <i>desipramine hcl TABS</i> | 1 | |
| VIIBRYD STARTER PACK KIT | 3 | PA | <i>doxepin hcl CAPS</i> | 1 | |
| VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>) | NF | | <i>doxepin hcl CONC</i> | 1 | |
| VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>) | NF | QL(2 ea daily) | <i>imipramine hcl TABS 50 MG</i> | 1 | QL(4 ea daily) |
| <i>vilazodone hcl TABS 10 MG, 40 MG</i> | 1 | | <i>imipramine hcl TABS 10 MG, 25 MG</i> | 1 | |
| | | | <i>imipramine pamoate</i> | 1 | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---|
| NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>) | NF | | SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG | 2 | QL(2 ea daily) |
| <i>nortriptyline hcl CAPS</i> | 1 | | SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG | 2 | QL(1 ea daily) |
| <i>nortriptyline hcl SOLN</i> | 1 | | SYNJARDY TABS | 2 | QL(2 ea daily) |
| PAMELOR CAPS (<i>nortriptyline hcl</i>) | NF | | TRIJARDY XR | 2 | |
| <i>protriptyline hcl</i> | 1 | | XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG | 2 | QL(1 ea daily) |
| <i>trimipramine maleate CAPS</i> | 1 | | XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG | 2 | QL(2 ea daily) |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar | | | | | |
| Alpha-Glucosidase Inhibitors | | | | | |
| <i>acarbose</i> | 1 | | Biguanides | | |
| <i>miglitol</i> | 1 | | <i>metformin hcl SOLN</i> | 1 | |
| PRECOSE (<i>acarbose</i>) | NF | | <i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i> | PV | Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic |
| Antidiabetic Combinations | | | | | |
| ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>) | NF | | <i>metformin hcl TB24 500 MG, 750 MG</i> | 1 | |
| DUETACT (<i>pioglitazone hcl-glimepiride</i>) | NF | | RIOMET SOLN (<i>metformin hcl</i>) | NF | |
| <i>glipizide-metformin hcl</i> | 1 | | Diabetic Other | | |
| <i>glyburide-metformin</i> | 1 | | <i>diazoxide</i> | 2 | |
| GLYXAMBI | 2 | | <i>glucagon (rdna)</i> | 2 | QL(1 ea per fill retail; 2 ea per 30 days retail) |
| JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG | 2 | QL(2 ea daily) | GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>) | NF | Use NDC 00548-5850-00; QL(1 ea per fill retail; 2 ea per 30 days retail) |
| JANUMET XR TB24 1000 MG-100 MG | 2 | QL(1 ea daily) | PROGLYCEM (<i>diazoxide</i>) | NF | |
| JANUMET TABS | 2 | QL(2 ea daily) | Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) | NF | QL(1 ea daily) | <i>alogliptin benzoate</i> | 1 | 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) | | | |

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|---------------------------------------|-----------|---|--|-----------|---|
| JANUVIA | 2 | QL(1 ea daily) | HUMALOG SOCT | 2 | Limit 45mls per month; QL(1.5 ml daily) |
| NESINA (<i>alogliptin benzoate</i>) | NF | QL(2 ea daily) | HUMALOG SOLN IJ | 2 | Limit 45mls per month; QL(1.5 ml daily) |
| ONGLYZA (<i>saxagliptin hcl</i>) | NF | QL(2 ea daily) | HUMULIN 70/30 KWIKPEN SUPN | 2 | Limit 45mls per month; QL(1.5 ml daily) |
| <i>saxagliptin hcl</i> | 1 | QL(2 ea daily) | HUMULIN 70/30 SUSP | 2 | Limit 40mls per month; QL(1.34 ml daily) |
| Incretin Mimetic Agents | | | HUMULIN N KWIKPEN SUPN | 2 | Limit 45mls per month; QL(1.5 ml daily) |
| OZEMPIC SOPN | 2 | Not available through Mail order; PA | HUMULIN N SUSP | 2 | Limit 45mls per month; QL(1.5 ml daily) |
| RYBELSUS TABS 7 MG, 14 MG | 2 | PA | HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2 | Limit 40mls per month; QL(1.34 ml daily) |
| RYBELSUS TABS 3 MG | 2 | Not available through Mail Order.; PA | HUMULIN R U-500 KWIKPEN SOPN SC | 2 | Limit 40mls per month; QL(1.34 ml daily) |
| TRULICITY | 2 | 1.5 mg per week (4 vials or pens per months).; PA | HUMULIN R SOLN IJ | 2 | Limit 40mls per month; QL(1.34 ml daily) |
| VICTOZA | 2 | 1.8 mg per day (4 vials or pens per month).; PA | INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML | 2 | QL(0.9 ml daily) |
| Insulin | | | INSULIN GLARGINE MAX SOLOSTAR SOPN | 2 | Limit 3 pens per month; QL(0.2 ml daily) |
| AFREZZA POWD | 3 | QL(6 ea daily) | INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML | 2 | Limit 3 pens per month; QL(0.15 ml daily) |
| AFREZZA POWD | 3 | QL(3 ea daily) | INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN | 2 | Limit 45mls per month; QL(1.5 ml daily) |
| AFREZZA POWD | 3 | | LANTUS SOLOSTAR SOPN | 2 | QL(1.5 ml daily) |
| HUMALOG JUNIOR KWIKPEN SOPN | 2 | Limit 45mls per month; QL(1.5 ml daily) | LANTUS SOLN | 2 | Limit 45mls per month; QL(1.5 ml daily) |
| HUMALOG KWIKPEN SOPN 200 UNIT/ML | 2 | QL(0.8 ml daily) | | | |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML | 2 | Limit 45mls per month | | | |
| HUMALOG MIX 50/50 KWIKPEN SUPN | 2 | Limit 45mls per month; QL(1.5 ml daily) | | | |
| HUMALOG MIX 50/50 SUSP | 2 | Limit 45mls per month; QL(1.5 ml daily) | | | |
| 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) | | | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|---|
| TOUJEO MAX SOLOSTAR SOPN | 2 | Limit 3 pens per month; QL(0.2 ml daily) |
| TOUJEO SOLOSTAR SOPN | 2 | Limit 3 pens per month; QL(0.15 ml daily) |
| TRESIBA FLEXTOUCH SOPN 200 UNIT/ML | 2 | QL(0.9 ml daily) |
| TRESIBA FLEXTOUCH SOPN 100 UNIT/ML | 2 | QL(1.5 ml daily) |
| TRESIBA SOLN | 2 | QL(1.5 ml daily) |
| Insulin Sensitizing Agents | | |
| ACTOS 15 MG (<i>pioglitazone hcl</i>) | NF | |
| ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>) | NF | QL(1 ea daily) |
| <i>pioglitazone hcl 15 MG</i> | 1 | |
| <i>pioglitazone hcl 30 MG, 45 MG</i> | 1 | QL(1 ea daily) |
| Meglitinide Analogues | | |
| <i>nateglinide</i> | 1 | |
| <i>repaglinide</i> | 1 | |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors | | |
| FARXIGA | 2 | QL(1 ea daily) |
| JARDIANCE | 2 | QL(1 ea daily) |
| Sulfonylureas | | |
| (Glipizide) GLIPIZIDE XL TB24 | 1 | |
| AMARYL (<i>glimepiride</i>) | NF | |
| <i>glimepiride</i> | 1 | |
| <i>glipizide TABS</i> | 1 | |
| <i>glipizide TB24</i> | 1 | |
| GLUCOTROL XL TB24 (<i>glipizide</i>) | NF | |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i> | 1 | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| <i>glyburide TABS</i> | 1 | |
| GLYNASE (<i>glyburide micronized</i>) | NF | |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | | |
| Antidiarrheal - Chloride Channel Antagonists | | |
| MYTESI | 3 | QL(2 ea daily); PA |
| Antiperistaltic Agents | | |
| (Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS | 1 | RX/OTC |
| <i>diphenoxylate w/ atropine LIQD</i> | 1 | |
| <i>diphenoxylate w/ atropine TABS</i> | 1 | |
| IMODIUM A-D CAPS (<i>loperamide hcl</i>) | NF | RX/OTC |
| LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>) | NF | |
| <i>loperamide hcl CAPS</i> | 1 | RX/OTC |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| Antidotes - Chelating Agents | | |
| CHEMET | 3 | |
| <i>deferasirox PACK</i> | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| <i>deferasirox TABS</i> | SP | PA |
| <i>deferasirox TBSO</i> | SP | PA |
| <i>deferiprone TABS 500 MG</i> | SP | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| EXJADE TBSO (<i>deferasirox</i>) | SP | PA |
| FERRIPROX SOLN | SP | PA |
| FERRIPROX TABS 500 MG (<i>deferiprone</i>) | SP | PA |
| JADENU SPRINKLE PACK (<i>deferasirox</i>) | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| JADENU TABS (<i>deferasirox</i>) | SP | PA |
| Antidotes and Specific Antagonists | | |
| ANDEXXA 200 MG | SP | PA |
| VISTOGARD | SP | |
| Opioid Antagonists | | |
| KLOXXADO LIQD | 2 | |
| <i>naloxone hcl LIQD</i> | 1 | QL(4 ea per 30 days retail); RX/OTC |
| <i>naloxone hcl SOSY</i> | 1 | |
| <i>naltrexone hcl</i> | 1 | |
| NARCAN LIQD (<i>naloxone hcl</i>) | NF | QL(4 ea per 30 days retail); RX/OTC |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting | | |
| 5-HT3 Receptor Antagonists | | |
| ANZEMET TABS 50 MG | 3 | Limit 2 per month; QL(0.07 ea daily); PA |
| <i>granisetron hcl TABS</i> | 1 | Limit 2 tablets per day; QL(2 ea daily); PA |
| <i>ondansetron hcl SOLN OR 4 MG/5ML</i> | 1 | Limit 50mls per month; QL(1.67 ml daily) |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i> | 1 | Limit 20 per month; QL(0.67 ea daily) |
| <i>ondansetron TBDP</i> | 1 | Limit 20 per month; QL(0.67 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| SANCUSO PTCH | SP | Limit 1 patch per month; QL(0.04 ea daily); PA |
| ZUPLENZ FILM 4 MG | 3 | Limit 20 per month; QL(0.67 ea daily) |
| Antiemetics - Anticholinergic | | |
| ANTIVERT TABS 50 MG (<i>meclizine hcl</i>) | NF | |
| <i>meclizine hcl TABS 50 MG</i> | 1 | |
| <i>scopolamine</i> | 1 | |
| TRANSDERM-SCOP (<i>scopolamine</i>) | NF | |
| <i>trimethobenzamide hcl CAPS</i> | 1 | |
| Antiemetics - Miscellaneous | | |
| AKYNZEO | 3 | QL(2 ea per 28 days retail) |
| DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>) | NF | QL(4 ea daily) |
| <i>doxylamine-pyridoxine TBEC</i> | 1 | QL(4 ea daily) |
| <i>dronabinol CAPS</i> | 2 | PA |
| MARINOL CAPS 2.5 MG (<i>dronabinol</i>) | NF | PA |
| SYNDROS SOLN | SP | PA |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists | | |
| <i>aprepitant CAPS</i> | 1 | Limit 3 per month; QL(0.1 ea daily) |
| <i>aprepitant CAPS 80 MG, 125 MG</i> | 1 | Limit 1 per year; QL(0.04 ea daily) |
| <i>aprepitant CAPS 40 MG</i> | 1 | Limit 2 per month; QL(0.07 ea daily) |
| <i>aprepitant MISC</i> | 1 | Limit 3 per month; QL(0.1 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|------------------------|
| EMEND TRIPACK CAPS (<i>aprepitant</i>) | NF | Limit 3 per month; QL(0.1 ea daily) | SPORANOX PULSEPAK CAPS (<i>itraconazole</i>) | NF | PA |
| EMEND CAPS 80 MG (<i>aprepitant</i>) | NF | Limit 1 per year; QL(0.04 ea daily) | SPORANOX CAPS (<i>itraconazole</i>) | NF | PA |
| EMEND SUSR | 3 | QL(1 ea per 30 days retail) | SPORANOX SOLN (<i>itraconazole</i>) | NF | PA |
| VARUBI TBPK | 3 | QL(4 ea per fill retail) | TOLSURA CAPS | SP | PA |
| ANTIFUNGALS - Drugs to Treat Fungal Infections | | | VFEND SUSR (<i>voriconazole</i>) | NF | |
| Antifungals | | | VFEND TABS (<i>voriconazole</i>) | NF | QL(2 ea daily) |
| ANCOBON (<i>flucytosine</i>) | NF | | <i>voriconazole</i> SUSR | 1 | |
| <i>flucytosine</i> | 1 | | <i>voriconazole</i> TABS | 1 | QL(2 ea daily) |
| <i>griseofulvin microsize</i> SUSP | 1 | | ANTI-HISTAMINES - Drugs to Treat Allergies | | |
| <i>griseofulvin microsize</i> TABS | 1 | | Antihistamines - Alkylamines | | |
| <i>griseofulvin ultramicrosize</i> | 1 | | (Dexchlorpheniramine Maleate) RYCLORA SOLN | 1 | |
| <i>nystatin</i> TABS | 1 | | Antihistamines - Ethanolamines | | |
| <i>terbinafine hcl</i> TABS | 1 | QL(1 ea daily; 90 ea per 365 days retail) | <i>carbinoxamine maleate</i> SOLN | 1 | |
| Imidazole-Related Antifungals | | | <i>carbinoxamine maleate</i> TABS 4 MG | 1 | |
| CRESEMBA CAPS 186 MG | 3 | Not available through mail order | CARBINOXAMINE MALEATE TABS | 3 | |
| DIFLUCAN SUSR (<i>fluconazole</i>) | NF | | <i>clemastine fumarate</i> TABS 2.68 MG | 1 | |
| DIFLUCAN TABS (<i>fluconazole</i>) | NF | | <i>diphenhydramine hcl</i> SOLN 50 MG/ML | SP | PA |
| <i>fluconazole</i> SUSR | 1 | | RYVENT TABS | 3 | |
| <i>fluconazole</i> TABS | 1 | | Antihistamines - Non-Sedating | | |
| <i>itraconazole</i> CAPS | 1 | PA | (Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS | 1 | QL(1 ea daily); RX/OTC |
| <i>itraconazole</i> SOLN | 1 | PA | CLARINEX TABS (<i>desloratadine</i>) | NF | QL(1 ea daily); PA |
| <i>ketoconazole</i> | 1 | | <i>desloratadine</i> TABS | 1 | QL(1 ea daily); PA |
| NOXAFIL SUSP (<i>posaconazole</i>) | NF | | | | |
| NOXAFIL TBEC (<i>posaconazole</i>) | NF | | | | |
| <i>posaconazole</i> SUSP | 1 | | | | |
| <i>posaconazole</i> TBEC | 1 | | | | |

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

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|--|-----------|---------------------|
| QUESTRAN PACK (<i>cholestyramine</i>) | NF | |
| QUESTRAN POWD (<i>cholestyramine</i>) | NF | |
| WELCHOL PACK (<i>colesevelam hcl</i>) | NF | QL(1 ea daily) |
| WELCHOL TABS (<i>colesevelam hcl</i>) | NF | QL(6 ea daily) |
| Fibric Acid Derivatives | | |
| ANTARA 30 MG | 3 | |
| <i>choline fenofibrate 135 MG</i> | 1 | QL(1 ea daily) |
| <i>choline fenofibrate 45 MG</i> | 1 | |
| <i>fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG</i> | 1 | |
| <i>fenofibrate micronized 130 MG, 200 MG</i> | 1 | QL(1 ea daily) |
| <i>fenofibrate CAPS</i> | 1 | |
| <i>fenofibrate TABS 54 MG</i> | 1 | QL(2 ea daily) |
| <i>fenofibrate TABS 145 MG</i> | 1 | QL(1 ea daily) |
| <i>fenofibrate TABS 48 MG, 160 MG</i> | 1 | |
| FENOFIBRATE TABS | 2 | |
| FIBRICOR (<i>fenofibric acid</i>) | 2 | |
| <i>gemfibrozil TABS</i> | 1 | |
| LIPOFEN CAPS (<i>fenofibrate</i>) | 3 | |
| LIPOFEN CAPS (<i>fenofibrate</i>) | NF | |
| LOPID TABS (<i>gemfibrozil</i>) | NF | |
| TRICOR TABS 48 MG (<i>fenofibrate</i>) | NF | |
| TRICOR TABS 145 MG (<i>fenofibrate</i>) | NF | QL(1 ea daily) |
| TRILIPIX 45 MG (<i>choline fenofibrate</i>) | NF | |
| TRILIPIX 135 MG (<i>choline fenofibrate</i>) | NF | QL(1 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| HMG CoA Reductase Inhibitors | | |
| <i>atorvastatin calcium TABS</i> | 1 | QL(1 ea daily) |
| CRESTOR TABS (<i>rosuvastatin calcium</i>) | NF | QL(1 ea daily) |
| <i>fluvastatin sodium CAPS</i> | 1 | QL(1 ea daily) |
| <i>fluvastatin sodium TB24</i> | 1 | QL(1 ea daily) |
| LESCOL XL TB24 (<i>fluvastatin sodium</i>) | NF | QL(1 ea daily) |
| LIPITOR TABS (<i>atorvastatin calcium</i>) | NF | QL(1 ea daily) |
| LIVALO (<i>pitavastatin calcium</i>) | NF | QL(1 ea daily); ST |
| <i>lovastatin TABS</i> | 1 | \$0 copay for Generic only, age 40 to 75; PV |
| <i>pitavastatin calcium</i> | 1 | QL(1 ea daily); ST |
| <i>pravastatin sodium</i> | 1 | \$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV |
| <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, 80 MG (<i>simvastatin</i>) | NF | QL(1 ea daily) |
| Intestinal Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe</i> | 1 | |
| ZETIA (<i>ezetimibe</i>) | NF | |
| Microsomal Triglyceride Transfer Protein (MTP) Inhibitors | | |
| JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG | SP | PA |
| Nicotinic Acid Derivatives | | |
| (Niacin (Antihyperlipidemic)) NIACOR TABS | 1 | |

Updated March 1, 2024

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| INSPIRA (<i>eplerenone</i>) | NF | |
| 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>) | NF | |
| <i>metronidazole CAPS</i> | 1 | |
| <i>metronidazole TABS</i> | 1 | |
| NEBUPENT IN (<i>pentamidine isethionate</i>) | NF | |
| <i>pentamidine isethionate IN</i> | 1 | |
| <i>tinidazole 500 MG</i> | 1 | |
| <i>tinidazole 250 MG</i> | 1 | PA |
| <i>trimethoprim TABS</i> | 1 | |
| XIFAXAN 550 MG | 3 | QL(2 ea daily); PA |
| XIFAXAN 200 MG | 3 | QL(9 ea per fill retail); PA |
| Anti-infective Misc. - Combinations | | |
| (Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP | 1 | |
| BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>) | NF | |
| BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>) | NF | |
| <i>sulfamethoxazole-trimethoprim SUSP</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim TABS</i> | 1 | |
| Antiprotozoal Agents | | |
| ALINIA SUSR | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ALINIA TABS (<i>nitazoxanide</i>) | NF | |
| <i>atovaquone</i> | 2 | |
| LAMPIT | SP | AC; PA |
| MEPRON (<i>atovaquone</i>) | NF | |
| <i>nitazoxanide TABS</i> | 1 | |
| Carbapenems | | |
| <i>ertapenem sodium IJ</i> | SP | PA |
| <i>imipenem-cilastatin IV 500 MG-500 MG</i> | 2 | PA |
| <i>imipenem-cilastatin IV 250 MG-250 MG</i> | SP | PA |
| INVANZ IJ (<i>ertapenem sodium</i>) | SP | PA |
| <i>meropenem 500 MG</i> | SP | PA |
| PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>) | SP | PA |
| Glycopeptides | | |
| FIRVANQ SOLR OR 25 MG/ML (<i>vancomycin hcl</i>) | NF | PA |
| VANCOCIN CAPS 250 MG (<i>vancomycin hcl</i>) | NF | |
| VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>) | NF | PA |
| <i>vancomycin hcl CAPS 125 MG</i> | 1 | PA |
| <i>vancomycin hcl CAPS 250 MG</i> | 1 | |
| <i>vancomycin hcl SOLR OR 25 MG/ML</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>) | NF | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>) | NF | |
| <i>clindamycin hcl</i> | 1 | |
| <i>clindamycin palmitate hydrochloride</i> | 1 | |
| Monobactams | | |
| CAYSTON | SP | PA |
| Oxazolidinones | | |
| <i>linezolid SUSR</i> | 1 | QL(210 ml per 90 days retail) |
| <i>linezolid TABS</i> | 1 | QL(20 ea per 90 days retail) |
| SIVEXTRO TABS | 2 | QL(6 ea per 90 days retail) |
| ZYVOX SUSR (<i>linezolid</i>) | NF | QL(210 ml per 90 days retail) |
| ZYVOX TABS (<i>linezolid</i>) | NF | QL(20 ea per 90 days retail) |
| Urinary Anti-infectives | | |
| <i>fosfomycin tromethamine</i> | 1 | |
| HIPREX (<i>methenamine hippurate</i>) | NF | |
| MACROBID (<i>nitrofurantoin monohyd macro</i>) | NF | |
| MACRODANTIN (<i>nitrofurantoin macrocrystal</i>) | NF | |
| <i>methenamine hippurate</i> | 1 | |
| <i>methenamine mandelate 1 GM</i> | 1 | |
| MONUROL (<i>fosfomycin tromethamine</i>) | NF | |
| <i>nitrofurantoin</i> | 1 | |
| <i>nitrofurantoin macrocrystal</i> | 1 | |
| <i>nitrofurantoin monohyd macro</i> | 1 | |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Antimalarial Combinations | | |
| <i>atovaquone-proguanil hcl</i> | 1 | |
| COARTEM | 2 | Limit 24 doses per month; QL(0.8 ea daily) |
| MALARONE (<i>atovaquone-proguanil hcl</i>) | NF | |
| Antimalarials | | |
| <i>chloroquine phosphate TABS</i> | 1 | |
| <i>hydroxychloroquine sulfate 200 MG</i> | 1 | |
| KRINTAFEL | 2 | QL(2 ea per 30 days retail) |
| <i>mefloquine hcl</i> | 1 | QL(6 ea per fill retail; 6 per fill mail) |
| PLAQUENIL (<i>hydroxychloroquine sulfate</i>) | NF | |
| <i>primaquine phosphate TABS</i> | 1 | |
| PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>) | NF | |
| QUALAQUIN CAPS (<i>quinine sulfate</i>) | NF | QL(2 ea daily); PA |
| <i>quinine sulfate CAPS 324 MG</i> | 1 | QL(2 ea daily); PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| Antimyasthenic/Cholinergic Agents | | |
| FIRDAPSE | SP | PA |
| MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>) | NF | |
| MESTINON SOLN OR (<i>pyridostigmine bromide</i>) | SP | PA |
| MESTINON TABS (<i>pyridostigmine bromide</i>) | NF | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>neostigmine methylsulfate SOSY</i> | SP | PA |
| NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML | SP | PA |
| <i>pyridostigmine bromide SOLN OR</i> | SP | PA |
| <i>pyridostigmine bromide TABS 60 MG</i> | 1 | |
| <i>pyridostigmine bromide TBCR</i> | 1 | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | | |
| Antimycobacterial Agents | | |
| <i>cycloserine</i> | 1 | |
| <i>ethambutol hcl TABS</i> | 1 | |
| <i>isoniazid SYRP</i> | 1 | |
| <i>isoniazid TABS</i> | 1 | |
| MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>) | NF | |
| MYCOBUTIN (<i>rifabutin</i>) | NF | |
| PASER PACK | 3 | |
| PRIFTIN | 3 | |
| <i>pyrazinamide</i> | 1 | |
| <i>rifabutin</i> | 1 | |
| <i>rifampin CAPS</i> | 1 | |
| TRECTOR | 2 | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | | |
| Alkylating Agents | | |
| ALKERAN (<i>melphalan</i>) | NF | AC |
| ALKERAN (<i>melphalan hcl</i>) | SP | PA |
| <i>busulfan SOLN</i> | SP | PA |
| BUSULFEX SOLN (<i>busulfan</i>) | SP | PA |
| <i>cyclophosphamide CAPS</i> | 1 | |
| <i>cyclophosphamide CAPS</i> | 1 | AC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CYCLOPHOSPHAMIDE TABS | 2 | |
| GLEOSTINE 10 MG, 40 MG, 100 MG | 2 | |
| LEUKERAN | 2 | AC |
| <i>melphalan</i> | 1 | AC |
| <i>melphalan hcl</i> | SP | PA |
| MYLERAN TABS | 2 | AC |
| TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>) | NF | AC |
| <i>temozolomide CAPS</i> | 1 | AC |
| Antimetabolites | | |
| <i>capecitabine</i> | 1 | AC |
| <i>fludarabine phosphate SOLR</i> | SP | PA |
| <i>mercaptopurine TABS</i> | 1 | AC |
| <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | SP | PA |
| <i>methotrexate sodium SOLR</i> | SP | PA |
| <i>methotrexate sodium TABS 2.5 MG</i> | 1 | AC |
| ONUREG TABS | SP | AC; PA |
| PURIXAN SUSP | 3 | AL(Up to 13 yrs old); AC |
| TABLOID | 2 | AC |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 3 | AC |
| XATMEP SOLN | SP | AC; PA |
| XELODA (<i>capecitabine</i>) | NF | AC |
| Antineoplastic - Angiogenesis Inhibitors | | |
| INLYTA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|-----------|--|---|-----------|--|
| LENVIMA 10 MG DAILY DOSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA | LENVIMA 8 MG DAILY DOSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA |
| LENVIMA 12MG DAILY DOSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA | Antineoplastic - Anti-HER2 Agents | | |
| LENVIMA 14 MG DAILY DOSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA | TRAZIMERA 420 MG | SP | Covered under Medical Benefit; PA |
| LENVIMA 18 MG DAILY DOSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA | TUKYSA | SP | PA |
| LENVIMA 20 MG DAILY DOSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA | Antineoplastic - BCL-2 Inhibitors | | |
| LENVIMA 24 MG DAILY DOSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA | VENCLEXTA STARTING PACK TBPK | SP | AC; PA |
| LENVIMA 4 MG DAILY DOSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA | VENCLEXTA TABS 10 MG | SP | QL(2 ea daily); AC; PA |
| | | | VENCLEXTA TABS 50 MG | SP | AC; PA |
| | | | VENCLEXTA TABS 100 MG | SP | QL(4 ea daily); AC; PA |
| | | | Antineoplastic - EGFR Inhibitors | | |
| | | | <i>erlotinib hcl</i> | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| | | | <i>gefitinib</i> | SP | AC |
| | | | GILOTRIF | SP | Must use Accredo SP pharmacy; AC; PA |
| | | | IRESSA (<i>gefitinib</i>) | SP | AC |
| | | | TAGRISSO | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| | | | TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>) | NF | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|--|
| TARCEVA 25 MG (<i>erlotinib hcl</i>) | NF | Must use AcariaHealth Specialty Rx at 1-844-538-4661 | FARESTON (<i>toremifene citrate</i>) | NF | AC |
| VIZIMPRO | SP | AC; PA | FEMARA (<i>letrozole</i>) | NF | AC |
| Antineoplastic - Hedgehog Pathway Inhibitors | | | <i>flutamide</i> | 1 | AC |
| DAURISMO | SP | AC; PA | <i>letrozole</i> | 1 | AC |
| ERIVEDGE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA | <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i> | 1 | PA |
| ODOMZO | SP | AC | LUPRON DEPOT (1-MONTH) KIT IM | 2 | covered w-gender transformation diagnosis; PA required for other diagnosis |
| Antineoplastic - Hormonal and Related Agents | | | LYSODREN | 2 | AC |
| <i>abiraterone acetate</i> | SP | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA | <i>megestrol acetate SUSP</i> | 1 | AC |
| <i>anastrozole</i> | PV | AC | <i>megestrol acetate TABS</i> | 1 | AC |
| ARIMIDEX (<i>anastrozole</i>) | PV | AC | NILANDRON (<i>nilutamide</i>) | NF | AC |
| AROMASIN (<i>exemestane</i>) | PV | AC | <i>nilutamide</i> | 1 | AC |
| <i>bicalutamide</i> | 1 | QL(1 ea daily); AC | NUBEQA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| CASODEX (<i>bicalutamide</i>) | NF | QL(1 ea daily); AC | SOLTAMOX SOLN | PV | PV; AC |
| ELIGARD SC | 3 | PA | <i>tamoxifen citrate TABS</i> | PV | PV; AC |
| EMCYT | 2 | AC | <i>toremifene citrate</i> | 1 | AC |
| ERLEADA 240 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA | XTANDI CAPS | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |
| ERLEADA 60 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA | XTANDI TABS | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| EULEXIN | 2 | AC | YONSA | SP | SP; AC; PA |
| <i>exemestane</i> | PV | AC | ZYTIGA (<i>abiraterone acetate</i>) | SP | PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| Antineoplastic - Immunomodulators | | | AFINITOR TABS (<i>everolimus</i>) | | |
| POMALYST | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA | | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA |
| Antineoplastic - PDGFR-alpha Inhibitors | | | ALECENSA | SP | AC; PA |
| AYVAKIT 25 MG, 50 MG | SP | PA | ALUNBRIG TABS | SP | AC; PA |
| AYVAKIT 100 MG, 200 MG, 300 MG | SP | QL(1 ea daily); SL; PA | ALUNBRIG TBPK | SP | AC; PA |
| Antineoplastic - XPO1 Inhibitors | | | BALVERSA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| XPOVIO | SP | PA | <i>bortezomib SOLR IJ</i> | SP | PA |
| XPOVIO 60 MG TWICE WEEKLY | SP | PA | BORTEZOMIB SOLR IJ 1 MG, 2.5 MG | SP | PA |
| XPOVIO 80 MG TWICE WEEKLY | SP | AC; PA | BOSULIF CAPS | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| Antineoplastic Antibiotics | | | BOSULIF TABS 100 MG, 400 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| <i>mitoxantrone hcl 2 MG/ML</i> | 2 | SP; PA | BOSULIF TABS 500 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |
| Antineoplastic Combinations | | | BRAFTOVI 75 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| INQOVI | SP | PA | BRUKINSA | SP | AC; PA |
| KISQALI FEMARA 200 DOSE | SP | AC; PA | CABOMETYX TABS | SP | QL(1 ea daily); AC; PA |
| KISQALI FEMARA 400 DOSE | SP | AC; PA | CALQUENCE | SP | QL(2 ea daily); AC; PA |
| KISQALI FEMARA 600 DOSE | SP | AC; PA | CALQUENCE | SP | QL(2 ea daily); AC; PA |
| LONSURF | SP | AC; PA | | | |
| Antineoplastic Enzyme Inhibitors | | | | | |
| AFINITOR DISPERZ TBSO (<i>everolimus</i>) | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA | | | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|------------------------------------|-----------|--|
| CAPRELSA | SP | AC; PA | ICLUSIG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA |
| COMETRIQ KIT | SP | AC; PA | | | |
| COPIKTRA | SP | SP; AC; PA | | | |
| COTELLIC | SP | AC; PA | | | |
| <i>everolimus TABS</i> | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA | | | |
| <i>everolimus TBSO</i> | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA | IDHIFA | SP | AC; PA |
| FARYDAK | SP | Must use Caremark SP pharmacy; AC; PA | <i>imatinib mesylate 400 MG</i> | 1 | QL(2 ea daily); AC; PA |
| | | | <i>imatinib mesylate 100 MG</i> | 1 | QL(3 ea daily); AC; PA |
| GLEEVEC 100 MG (<i>imatinib mesylate</i>) | NF | Use NDC 68001-0490-05; 59651-0240-90; 00093-7629-98; 60505-2900-09; QL(3 ea daily); AC | IMBRUVICA CAPS | SP | AC; PA |
| | | | IMBRUVICA TABS | SP | QL(1 ea daily); AC; PA |
| GLEEVEC 400 MG (<i>imatinib mesylate</i>) | NF | Use NDC 68001-0490-05; 59651-0240-90; 00093-7629-98; 60505-2900-09; QL(2 ea daily); AC | INREBIC | SP | AC; PA |
| | | | ISTODAX SOLR (<i>romidepsin</i>) | SP | PA |
| IBRANCE CAPS | 3 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA | JAKAFI | SP | QL(2 ea daily); AC; PA |
| | | | IBRANCE TABS | 3 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA |
| IBRANCE TABS | 3 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA | KOSELUGO | SP | PA |
| | | | | | |
| | | | <i>lapatinib ditosylate</i> | SP | AC; PA |
| | | | LORBRENA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| | | | LYNPARZA TABS | SP | Refer to Accredo SP Rx; QL(4 ea daily); PA |
| | | | MEKINIST TABS | SP | AC; PA |
| | | | MEKTOVI | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|--|--|-----------|--|
| NERLYNX | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA | SPRYCEL | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| NEXAVAR (<i>sorafenib tosylate</i>) | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA | STIVARGA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |
| NINLARO | SP | Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA | <i>sunitinib malate</i> 12.5 MG, 37.5 MG, 50 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA |
| <i>pazopanib hcl</i> | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA | <i>sunitinib malate</i> 25 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |
| PIQRAY 200MG DAILY DOSE | SP | AC; PA | SUTENT 25 MG (<i>sunitinib malate</i>) | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |
| PIQRAY 250MG DAILY DOSE | SP | AC; PA | SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>) | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA |
| PIQRAY 300MG DAILY DOSE | SP | AC; PA | TABRECTA | SP | PA |
| QINLOCK | SP | PA | TAFINLAR CAPS | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |
| RETEVMO | SP | PA | TALZENNA 0.25 MG, 1 MG | SP | AC; PA |
| <i>romidepsin SOLR</i> | SP | PA | TASIGNA 150 MG, 200 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA |
| ROZLYTREK CAPS | SP | AC; PA | | | |
| RUBRACA | SP | AC; PA | | | |
| RYDAPT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA | | | |
| <i>sorafenib tosylate</i> | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|--|-----------|--|
| TASIGNA 50 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA | <i>bexarotene</i> | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| TAZVERIK | SP | PA | HYDREA (<i>hydroxyurea</i>) | NF | AC |
| <i>temsirolimus</i> | SP | PA | <i>hydroxyurea</i> | 1 | AC |
| TIBSOVO | SP | AC; PA | INTRON A SOLR | SP | PA |
| TORISEL (<i>temsirolimus</i>) | SP | PA | MATULANE | SP | AC; PA |
| TURALIO 200 MG | SP | AC; PA | TARGRETIN (<i>bexarotene</i>) | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA |
| TYKERB (<i>lapatinib ditosylate</i>) | SP | AC; PA | <i>tretinoin (chemotherapy)</i> | 2 | AC |
| VELCADE SOLR IJ (<i>bortezomib</i>) | SP | PA | Chemotherapy Rescue/Antidote/Protective Agents | | |
| VERZENIO | SP | QL(2 ea daily); AC; PA | <i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i> | SP | PA |
| VITRAKVI CAPS | SP | AC; PA | <i>leucovorin calcium TABS</i> | 1 | |
| VITRAKVI SOLN | SP | AC; PA | <i>leucovorin calcium TABS</i> | 1 | AC |
| VOTRIENT (<i>pazopanib hcl</i>) | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA | MESNEX TABS | 3 | AC |
| XALKORI CAPS | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA | Mitotic Inhibitors | | |
| XOSPATA | SP | AC; PA | (Etoposide) TOPOSAR SOLN 100 MG/5ML | 2 | AC; PA |
| ZEJULA CAPS | SP | AC; PA | (Etoposide) TOPOSAR SOLN 1 GM/50ML, 500 MG/25ML | 2 | SP; PA |
| ZEJULA TABS | SP | PA | ETOPOPHOS | 3 | PA |
| ZELBORAF | SP | AC; PA | <i>etoposide CAPS</i> | 1 | AC |
| ZOLINZA | SP | AC; PA | <i>etoposide SOLN 100 MG/5ML</i> | 2 | AC; PA |
| ZYDELIG | 3 | AC; PA | <i>etoposide SOLN 1 GM/50ML, 500 MG/25ML</i> | 2 | SP; PA |
| ZYKADIA TABS | SP | AC | Topoisomerase I Inhibitors | | |
| Antineoplastics Misc. | | | HYCAMTIN CAPS | SP | AC; PA |
| ACTIMMUNE | SP | PA | HYCAMTIN SOLR (<i>topotecan hcl</i>) | SP | PA |
| ALFERON N | SP | PA | <i>topotecan hcl SOLR</i> | SP | PA |
| BESREMI | SP | PA | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | | ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Adjunctive Therapy | | | Antiparkinson Adjunctive Therapy | | |
| <i>carbidopa</i> | 2 | | <i>carbidopa-levodopa TBCR 200 MG-50 MG</i> | 1 | |
| LODOSYN (<i>carbidopa</i>) | NF | | <i>carbidopa-levodopa TBCR 100 MG-25 MG</i> | 1 | QL(8 ea daily) |
| Antiparkinson Anticholinergics | | | Antiparkinson Anticholinergics | | |
| <i>benztropine mesylate SOLN</i> | SP | PA | <i>carbidopa-levodopa TBDP</i> | 1 | |
| <i>benztropine mesylate TABS</i> | 1 | | DHIVY TABS | 2 | |
| COGENTIN SOLN (<i>benztropine mesylate</i>) | SP | PA | DUOPA SUSP | 3 | PA |
| <i>trihexyphenidyl hcl SOLN</i> | 1 | | INBRIJA CAPS | 3 | PA |
| <i>trihexyphenidyl hcl TABS</i> | 1 | | MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>) | NF | |
| Antiparkinson COMT Inhibitors | | | Antiparkinson COMT Inhibitors | | |
| COMTAN (<i>entacapone</i>) | NF | | MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>) | NF | QL(1 ea daily) |
| <i>entacapone</i> | 1 | | NEUPRO | 3 | |
| TASMAR (<i>tolcapone</i>) | NF | | PARLODEL CAPS (<i>bromocriptine mesylate</i>) | NF | |
| <i>tolcapone</i> | 1 | | PARLODEL TABS (<i>bromocriptine mesylate</i>) | NF | |
| Antiparkinson Dopaminergics | | | Antiparkinson Dopaminergics | | |
| <i>amantadine hcl CAPS</i> | 1 | | <i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i> | 1 | |
| <i>amantadine hcl TABS</i> | 1 | | <i>pramipexole dihydrochloride TABS 1 MG</i> | 1 | QL(4 ea daily) |
| <i>bromocriptine mesylate CAPS</i> | 1 | | <i>pramipexole dihydrochloride TABS 1.5 MG</i> | 1 | QL(3 ea daily) |
| <i>bromocriptine mesylate TABS 2.5 MG</i> | 1 | | <i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i> | 2 | |
| <i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i> | 1 | | <i>pramipexole dihydrochloride TB24 3.75 MG</i> | 1 | |
| <i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG</i> | 2 | | <i>pramipexole dihydrochloride TB24 3 MG</i> | 2 | QL(1 ea daily) |
| <i>carbidopa-levodopa TABS</i> | 1 | | <i>ropinirole hydrochloride TABS</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>ropinirole hydrochloride</i> TB24 2 MG, 4 MG, 6 MG | 2 | |
| <i>ropinirole hydrochloride</i> TB24 8 MG | 1 | |
| <i>ropinirole hydrochloride</i> TB24 12 MG | 2 | QL(2 ea daily) |
| RYTARY CPCR | 3 | QL(10 ea daily); PA |
| SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>) | NF | |
| STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>) | NF | |
| STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>) | NF | |
| Antiparkinson Monoamine Oxidase Inhibitors | | |
| AZILECT (<i>rasagiline mesylate</i>) | NF | |
| <i>rasagiline mesylate</i> | 1 | |
| <i>selegiline hcl</i> CAPS | 1 | QL(2 ea daily) |
| <i>selegiline hcl</i> TABS | 1 | QL(2 ea daily) |
| XADAGO | 3 | PA |
| ZELAPAR TBDP | 3 | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | | |
| Antimanic Agents | | |
| LITHIUM | 3 | |
| <i>lithium carbonate</i> CAPS 150 MG, 600 MG | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>lithium carbonate</i> CAPS 300 MG | 1 | QL(6 ea daily) |
| <i>lithium carbonate</i> TABS | 1 | |
| <i>lithium carbonate</i> TBCR | 1 | |
| LITHOBID TBCR (<i>lithium carbonate</i>) | 3 | |
| Antipsychotics - Misc. | | |
| EQUETRO | 3 | |
| GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>) | NF | QL(2 ea daily) |
| GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>) | NF | |
| LATUDA (<i>lurasidone hcl</i>) | NF | |
| <i>lurasidone hcl</i> | 1 | |
| NUPLAZID CAPS | SP | QL(1 ea daily); PA |
| NUPLAZID TABS 10 MG | SP | QL(1 ea daily); PA |
| VRAYLAR CAPS | SP | |
| VRAYLAR CPPK | SP | |
| <i>ziprasidone hcl</i> 60 MG, 80 MG | 1 | QL(2 ea daily) |
| <i>ziprasidone hcl</i> 20 MG, 40 MG | 1 | |
| Benzisoxazoles | | |
| FANAPT | SP | QL(2 ea daily) |
| FANAPT TITRATION PACK | SP | |
| INVEGA (<i>paliperidone</i>) | NF | |
| <i>paliperidone</i> | 1 | |
| PERSERIS PRSY | SP | PA |
| RISPERDAL SOLN (<i>risperidone</i>) | NF | |
| RISPERDAL TABS 3 MG (<i>risperidone</i>) | NF | QL(2 ea daily) |
| RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>) | NF | |
| <i>risperidone</i> SOLN | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| <i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i> | 1 | | SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>) | NF | QL(4 ea daily) |
| <i>risperidone TABS 3 MG</i> | 1 | QL(2 ea daily) | VERSACLOZ SUSP | 3 | QL(18 ml daily) |
| <i>risperidone TBDP</i> | 1 | | ZYPREXA ZYDIS TBDP (<i>olanzapine</i>) | NF | |
| Butyrophenones | | | ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>) | NF | |
| <i>haloperidol lactate CONC</i> | 1 | | ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>) | NF | QL(1 ea daily) |
| <i>haloperidol TABS</i> | 1 | | Dihydroindolones | | |
| Dibenzapines | | | <i>molindone hcl</i> | 1 | |
| <i>asenapine maleate</i> | 1 | | Phenothiazines | | |
| <i>clozapine TABS</i> | 1 | | (Prochlorperazine) COMPRO | 1 | QL(2 ea daily) |
| <i>clozapine TBDP 12.5 MG</i> | 1 | | <i>chlorpromazine hcl TABS</i> | 2 | |
| CLOZARIL TABS (<i>clozapine</i>) | NF | | <i>fluphenazine hcl CONC</i> | 1 | |
| <i>loxapine succinate</i> | 1 | | <i>fluphenazine hcl ELIX</i> | 1 | |
| <i>olanzapine TABS 15 MG, 20 MG</i> | 1 | QL(1 ea daily) | <i>fluphenazine hcl TABS</i> | 1 | |
| <i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i> | 1 | | <i>perphenazine TABS</i> | 1 | |
| <i>olanzapine TBDP</i> | 2 | | <i>prochlorperazine</i> | 1 | QL(2 ea daily) |
| <i>quetiapine fumarate TABS 300 MG, 400 MG</i> | 1 | QL(2 ea daily) | <i>prochlorperazine maleate TABS</i> | 1 | |
| <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i> | 1 | | <i>thioridazine hcl 50 MG</i> | 1 | QL(4 ea daily) |
| <i>quetiapine fumarate TABS 200 MG</i> | 1 | QL(4 ea daily) | <i>thioridazine hcl 10 MG, 25 MG, 100 MG</i> | 1 | |
| <i>quetiapine fumarate TB24</i> | 1 | | <i>trifluoperazine hcl TABS</i> | 1 | |
| SAPHRIS (<i>asenapine maleate</i>) | NF | | Quinolinone Derivatives | | |
| SAPHRIS 5 MG | 3 | | ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>) | NF | |
| SECUADO | 3 | QL(1 ea daily) | ABILIFY TABS 15 MG (<i>aripiprazole</i>) | NF | QL(2 ea daily) |
| SEROQUEL XR TB24 (<i>quetiapine fumarate</i>) | NF | | ABILIFY TABS 20 MG (<i>aripiprazole</i>) | NF | QL(1 ea daily) |
| SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>) | NF | | <i>aripiprazole SOLN OR</i> | 1 | |
| SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>) | NF | QL(2 ea daily) | <i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i> | 1 | |
| | | | <i>aripiprazole TABS 15 MG</i> | 1 | QL(2 ea daily) |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>aripiprazole TABS 20 MG</i> | 1 | QL(1 ea daily) | <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | 1 | QL(1 ea daily) |
| <i>aripiprazole TBDP</i> | 1 | PA | | | |
| REXULTI | 3 | | | | |
| Thioxanthenes | | | <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i> | PV | QL(1 ea daily) |
| <i>thiothixene</i> | 1 | | | | |
| ANTISEPTICS & DISINFECTANTS | | | EMTRIVA CAPS (<i>emtricitabine</i>) | NF | |
| Antiseptics & Disinfectants | | | EMTRIVA SOLN | 2 | |
| <i>formaldehyde SOLN 10 %</i> | 1 | | EPIVIR SOLN (<i>lamivudine</i>) | NF | |
| ANTIVIRALS - Drugs to Treat Viral Infections | | | EPIVIR TABS (<i>lamivudine</i>) | NF | |
| Antiretrovirals | | | EPZICOM (<i>abacavir sulfate-lamivudine</i>) | NF | |
| <i>abacavir sulfate-lamivudine</i> | 1 | | <i>etravirine</i> | 1 | |
| <i>abacavir sulfate SOLN</i> | 1 | | EVOTAZ | 2 | |
| <i>abacavir sulfate TABS</i> | 1 | | <i>fosamprenavir calcium TABS</i> | 1 | |
| APTIVUS CAPS | 2 | | FUZEON SOLR | SP | PA |
| <i>atazanavir sulfate CAPS</i> | 1 | | GENVOYA | 2 | |
| BIKTARVY 200 MG-50 MG-25 MG | 2 | | INTELENCE (<i>etravirine</i>) | NF | |
| CIMDUO | 2 | | INTELENCE 25 MG | 2 | |
| COMBIVIR (<i>lamivudine-zidovudine</i>) | NF | | ISENTRESS HD TABS | 2 | |
| COMPLERA | 2 | | ISENTRESS CHEW | 2 | |
| <i>darunavir TABS</i> | 1 | | ISENTRESS PACK | 2 | |
| DELSTRIGO | 2 | | ISENTRESS TABS | 2 | |
| DESCOVY 200 MG-25 MG | PV | | JULUCA | 2 | |
| DOVATO | 2 | | KALETRA SOLN (<i>lopinavir-ritonavir</i>) | NF | |
| EDURANT | 2 | | KALETRA TABS (<i>lopinavir-ritonavir</i>) | NF | |
| <i>efavirenz CAPS</i> | 1 | | <i>lamivudine SOLN</i> | 1 | |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | 1 | QL(1 ea daily) | <i>lamivudine TABS</i> | 1 | |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> | 1 | | <i>lamivudine-zidovudine</i> | 1 | |
| <i>efavirenz TABS</i> | 1 | | LEXIVA SUSP | 2 | |
| <i>emtricitabine CAPS</i> | 1 | | LEXIVA TABS (<i>fosamprenavir calcium</i>) | NF | |
| | | | <i>lopinavir-ritonavir SOLN</i> | 1 | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|--|
| <i>lopinavir-ritonavir TABS</i> | 1 | | SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | NF | |
| <i>maraviroc TABS</i> | 1 | | SYMTUZA | 2 | |
| <i>nevirapine SUSP</i> | 1 | | <i>tenofovir disoproxil fumarate TABS</i> | 1 | |
| <i>nevirapine TABS</i> | 1 | | TIVICAY TABS | 2 | |
| <i>nevirapine TB24</i> | 1 | | TRIUMEQ PD TBSO | 2 | |
| NORVIR PACK | 2 | | TRIUMEQ TABS | 2 | |
| NORVIR SOLN | 2 | | TRIZIVIR | 2 | |
| NORVIR TABS (<i>ritonavir</i>) | NF | | TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>) | PV | QL(1 ea daily) |
| ODEFSEY | 2 | | TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>) | NF | QL(1 ea daily) |
| PIFELTRO | 2 | | TYBOST | 2 | |
| PREZCOBIX | 2 | | VIRACEPT TABS | 2 | |
| PREZISTA SUSP | 2 | | VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>) | NF | |
| PREZISTA TABS 75 MG, 150 MG | 2 | | VIREAD POWD | 2 | |
| PREZISTA TABS (<i>darunavir</i>) | NF | | VIREAD TABS (<i>tenofovir disoproxil fumarate</i>) | NF | |
| RETROVIR CAPS (<i>zidovudine</i>) | NF | | VIREAD TABS 150 MG, 200 MG, 250 MG | 2 | |
| RETROVIR SYRP (<i>zidovudine</i>) | NF | | ZIAGEN SOLN (<i>abacavir sulfate</i>) | NF | |
| REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>) | NF | | ZIAGEN TABS (<i>abacavir sulfate</i>) | NF | |
| REYATAZ PACK | 2 | | <i>zidovudine CAPS</i> | 1 | |
| <i>ritonavir TABS</i> | 1 | | <i>zidovudine SYRP</i> | 1 | |
| RUKOBIA | SP | | <i>zidovudine TABS</i> | 1 | |
| SELZENTRY SOLN | 2 | | Antiviral Combinations | | |
| SELZENTRY TABS (<i>maraviroc</i>) | NF | | MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG) | 5 | Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old) |
| SELZENTRY TABS 25 MG, 75 MG | 2 | | | | |
| <i>stavudine CAPS</i> | 1 | | | | |
| STRIBILD | 2 | | | | |
| SUSTIVA CAPS (<i>efavirenz</i>) | NF | | | | |
| SUSTIVA TABS (<i>efavirenz</i>) | NF | | | | |
| SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) | NF | | | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| PAXLOVID 100 MG-150 MG | PV | PV |
| PAXLOVID 100 MG-150 MG | PV | |
| PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK | 5 | Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old) |
| TPOXX (TECOVIRIMAT) | 5 | |
| CMV Agents | | |
| VALCYTE SOLR (<i>valganciclovir hcl</i>) | NF | Limit 630mls per month; QL(21 ml daily) |
| VALCYTE TABS (<i>valganciclovir hcl</i>) | NF | |
| <i>valganciclovir hcl SOLR</i> | 1 | Limit 630mls per month; QL(21 ml daily) |
| <i>valganciclovir hcl TABS</i> | 1 | |
| Hepatitis Agents | | |
| <i>adefovir dipivoxil</i> | 2 | |
| BARACLUDE TABS (<i>entecavir</i>) | NF | |
| <i>entecavir TABS</i> | 2 | |
| EPCLUSA PACK | 2 | SP; PA |
| EPCLUSA TABS | 2 | SP; PA |
| EPCLUSA TABS | 2 | SP; PA |
| EPIVIR HBV TABS (<i>lamivudine (hbv)</i>) | NF | |
| HEPSERA (<i>adefovir dipivoxil</i>) | NF | |
| <i>lamivudine (hbv) TABS</i> | 1 | |
| MAVYRET TABS | SP | PA |
| PEGASYS SOLN | 3 | SP; PA |
| <i>ribavirin (hepatitis c) CAPS</i> | 1 | PA |
| VEMLIDY | SP | SP; ST |
| VOSEVI | 2 | SP; PA |
| Herpes Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| <i>acyclovir CAPS</i> | 1 | |
| <i>acyclovir SUSP</i> | 1 | |
| <i>acyclovir TABS OR 800 MG</i> | 1 | QL(5 ea daily) |
| <i>acyclovir TABS OR 400 MG</i> | 1 | |
| <i>famciclovir</i> | 1 | |
| <i>valacyclovir hcl 500 MG</i> | 1 | QL(8 ea daily) |
| <i>valacyclovir hcl 1 GM, 1000 MG</i> | 1 | QL(4 ea daily) |
| VALTREX 500 MG (<i>valacyclovir hcl</i>) | NF | QL(8 ea daily) |
| VALTREX 1 GM (<i>valacyclovir hcl</i>) | NF | QL(4 ea daily) |
| ZOVIRAX SUSP (<i>acyclovir</i>) | NF | |
| Influenza Agents | | |
| <i>oseltamivir phosphate CAPS 30 MG, 45 MG</i> | 1 | |
| <i>oseltamivir phosphate CAPS 75 MG</i> | 1 | QL(10 ea per fill retail) |
| <i>oseltamivir phosphate SUSR</i> | 1 | QL(75 ml daily; 5 Day(s) limit) |
| RELENZA DISKHALER | 3 | |
| <i>rimantadine hydrochloride TABS</i> | 1 | |
| TAMIFLU CAPS 30 MG, 45 MG (<i>oseltamivir phosphate</i>) | NF | |
| TAMIFLU CAPS 75 MG (<i>oseltamivir phosphate</i>) | NF | QL(10 ea per fill retail) |
| TAMIFLU SUSR (<i>oseltamivir phosphate</i>) | NF | QL(75 ml daily; 5 Day(s) limit) |
| Misc. Antivirals | | |
| LAGEVRIO | PV | |
| TPOXX CAPS | PV | |
| TPOXX SOLN | PV | |
| Respiratory Syncytial Virus (RSV) Agents | | |
| <i>ribavirin</i> | 1 | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| VIRAZOLE (<i>ribavirin</i>) | NF | | BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>) | NF | |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure | | | CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure | | |
| Alpha-Beta Blockers | | | Calcium Channel Blockers | | |
| <i>carvedilol</i> 3.125 MG | 1 | QL(2 ea daily) | (Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG | 1 | QL(1 ea daily) |
| <i>carvedilol</i> 6.25 MG, 12.5 MG, 25 MG | 1 | | (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER | 1 | |
| <i>carvedilol phosphate</i> | 1 | | (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 1 | |
| COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>) | NF | | | | |
| COREG 3.125 MG (<i>carvedilol</i>) | NF | QL(2 ea daily) | | | |
| COREG CR (<i>carvedilol phosphate</i>) | NF | | | | |
| <i>labetalol hcl</i> TABS | 1 | | | | |
| Beta Blockers Cardio-Selective | | | | | |
| <i>acebutolol hcl</i> CAPS | 1 | | | | |
| <i>atenolol</i> TABS | 1 | | | | |
| <i>betaxolol hcl</i> | 1 | | | | |
| <i>bisoprolol fumarate</i> | 1 | QL(1 ea daily) | | | |
| BYSTOLIC (<i>nebivolol hcl</i>) | NF | | | | |
| LOPRESSOR TABS (<i>metoprolol tartrate</i>) | NF | | | | |
| <i>metoprolol succinate</i> TB24 | 1 | | | | |
| <i>metoprolol tartrate</i> TABS | 1 | | | | |
| <i>nebivolol hcl</i> | 1 | | | | |
| TENORMIN TABS (<i>atenolol</i>) | NF | | | | |
| TOPROL XL TB24 (<i>metoprolol succinate</i>) | NF | | | | |
| Beta Blockers Non-Selective | | | | | |
| (Sotalol Hcl) SORINE TABS | 1 | | | | |
| BETAPACE AF (<i>sotalol hcl (afib/afll)</i>) | NF | | | | |

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|---|-----------|----------------------|--|-----------|----------------------|
| (Diltiazem Hcl) DILT-XR CP24 | 1 | | NORVASC TABS 2.5 MG <i>(amlodipine besylate)</i> | NF | QL(2 ea daily) |
| (Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 1 | | NORVASC TABS 5 MG, 10 MG <i>(amlodipine besylate)</i> | NF | QL(1 ea daily) |
| <i>amlodipine besylate TABS 5 MG, 10 MG</i> | 1 | QL(1 ea daily) | PROCARDIA XL TB24 <i>(nifedipine)</i> | NF | QL(1 ea daily) |
| <i>amlodipine besylate TABS 2.5 MG</i> | 1 | QL(2 ea daily) | SULAR 8.5 MG, 17 MG, 34 MG <i>(nisoldipine)</i> | NF | |
| CALAN SR TBCR 120 MG <i>(verapamil hcl)</i> | NF | | TIAZAC <i>(diltiazem hcl extended release beads)</i> | NF | |
| CALAN SR TBCR 180 MG, 240 MG <i>(verapamil hcl)</i> | NF | QL(2 ea daily) | <i>verapamil hcl CP24 180 MG</i> | 1 | QL(2 ea daily) |
| CARDIZEM CD CP24 <i>(diltiazem hcl coated beads)</i> | NF | QL(1 ea daily) | <i>verapamil hcl CP24 360 MG</i> | 1 | QL(1 ea daily) |
| CARDIZEM LA TB24 <i>(diltiazem hcl)</i> | NF | | <i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i> | 1 | |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG <i>(diltiazem hcl)</i> | NF | | <i>verapamil hcl TABS</i> | 1 | |
| <i>diltiazem hcl coated beads CP24</i> | 1 | QL(1 ea daily) | <i>verapamil hcl TBCR 180 MG, 240 MG</i> | 1 | QL(2 ea daily) |
| <i>diltiazem hcl extended release beads</i> | 1 | | <i>verapamil hcl TBCR 120 MG</i> | 1 | |
| <i>diltiazem hcl CP12</i> | 1 | | VERAPAMIL HYDROCHLORIDE ER CP24 <i>(verapamil hcl)</i> | NF | |
| <i>diltiazem hcl CP24</i> | 1 | | VERELAN PM CP24 <i>(verapamil hcl)</i> | 3 | |
| <i>diltiazem hcl TABS</i> | 1 | | VERELAN CP24 360 MG <i>(verapamil hcl)</i> | 2 | QL(1 ea daily) |
| <i>diltiazem hcl TB24</i> | 1 | | VERELAN CP24 180 MG <i>(verapamil hcl)</i> | NF | QL(2 ea daily) |
| <i>felodipine 2.5 MG, 5 MG</i> | 1 | | VERELAN CP24 120 MG, 240 MG <i>(verapamil hcl)</i> | NF | |
| <i>felodipine 10 MG</i> | 1 | QL(1 ea daily) | CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | | |
| <i>isradipine CAPS</i> | 1 | | Cardiac Glycosides | | |
| <i>nicardipine hcl CAPS</i> | 1 | | (Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG | 1 | |
| <i>nifedipine CAPS</i> | 1 | | | | |
| <i>nifedipine TB24 30 MG, 60 MG</i> | 1 | | | | |
| <i>nifedipine TB24</i> | 1 | QL(1 ea daily) | | | |
| <i>nimodipine CAPS</i> | 1 | | | | |
| <i>nisoldipine</i> | 1 | | | | |

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|---|-----------|---------------------|
| (Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG | 1 | |
| <i>digoxin SOLN OR 0.05 MG/ML</i> | 1 | |
| <i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i> | 1 | |
| LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>) | 3 | |
| LANOXIN TABS 62.5 MCG (<i>digoxin</i>) | NF | |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | | |
| Cardiovascular Agents Misc. - Combinations | | |
| <i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i> | 1 | PA |
| <i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i> | 1 | |
| BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>) | NF | |
| CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>) | NF | PA |
| CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>) | NF | |
| ENTRESTO | 3 | QL(2 ea daily); PA |
| <i>isosorbide dinitrate-hydralazine hcl</i> | 1 | |
| Impotence Agents | | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| CIALIS 2.5 MG (<i>tadalafil</i>) | NF | QL(1 ea daily); PA |
| CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>) | NF | QL(0.27 ea daily); AL(At least 21 yrs old); PA |
| <i>sildenafil citrate</i> | 1 | QL(0.27 ea daily); PA |
| <i>tadalafil 5 MG, 10 MG, 20 MG</i> | 1 | QL(0.27 ea daily); AL(At least 21 yrs old); PA |
| <i>tadalafil 2.5 MG</i> | 1 | QL(1 ea daily); PA |
| VIAGRA (<i>sildenafil citrate</i>) | NF | QL(0.27 ea daily); PA |
| Peripheral Vasodilators | | |
| <i>isoxsuprine hcl</i> | 1 | |
| Prostaglandin Vasodilators | | |
| ORENITRAM TBCR | SP | PA |
| TYVASO DPI MAINTENANCE KIT POWD | SP | QL(8 ea daily); PA |
| TYVASO DPI MAINTENANCE KIT POWD | SP | QL(4 ea daily); PA |
| TYVASO DPI TITRATION KIT POWD | SP | QL(9 ea daily); PA |
| TYVASO DPI TITRATION KIT POWD | SP | QL(7 ea daily); PA |
| TYVASO REFILL SOLN IN | SP | PA |
| TYVASO STARTER SOLN IN | SP | PA |
| TYVASO SOLN IN | SP | PA |
| VENTAVIS | SP | PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists | | |

Updated March 1, 2024

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|---|-----------|--|--|-----------|---------------------|
| <i>ambrisentan</i> | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA | Agonist | | |
| <i>bosentan TABS</i> | SP | PA | UPTRAVI TITRATION PACK TBPK | SP | PA |
| LETAIRIS (<i>ambrisentan</i>) | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA | UPTRAVI TABS | SP | QL(2 ea daily); PA |
| OPSUMIT | SP | PA | Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator | | |
| TRACLEER TABS 62.5 MG (<i>bosentan</i>) | NF | USE BOSENTAN TABS | ADEMPAS | SP | PA |
| TRACLEER TABS 125 MG (<i>bosentan</i>) | NF | | Sinus Node Inhibitors | | |
| TRACLEER TABS 125 MG (<i>bosentan</i>) | SP | PA | CORLANOR SOLN | 3 | QL(15 ml daily); ST |
| TRACLEER TBSO | SP | PA | CORLANOR TABS | 3 | QL(2 ea daily); ST |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | | | Transthyretin Stabilizers | | |
| (Tadalafil (Pulmonary Hypertension)) ALYQ TABS | SP | QL(2 ea daily); PA | VYNDAMAX | SP | QL(1 ea daily); PA |
| ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>) | SP | QL(2 ea daily); PA | VYNDAQEL | SP | QL(4 ea daily); PA |
| REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>) | SP | PA | CEPHALOSPORINS - Drugs to Treat Bacterial Infections | | |
| REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>) | NF | QL(3 ea daily); PA | Cephalosporins - 1st Generation | | |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i> | SP | PA | <i>cefadroxil CAPS</i> | 1 | |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i> | 1 | QL(3 ea daily); PA | <i>cefadroxil SUSR</i> | 1 | |
| <i>tadalafil (pulmonary hypertension) TABS</i> | SP | QL(2 ea daily); PA | <i>cefadroxil TABS</i> | 1 | |
| Pulmonary Hypertension - Prostacyclin Receptor | | | <i>cefazolin sodium SOLR IV 1 GM</i> | SP | PA |
| | | | <i>cephalexin CAPS</i> | 1 | |
| | | | <i>cephalexin SUSR</i> | 1 | |
| | | | Cephalosporins - 2nd Generation | | |
| | | | CEFACLOR ER TB12 | 3 | |
| | | | <i>cefaclor CAPS</i> | 1 | |
| | | | <i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i> | 1 | |
| | | | <i>cefotetan disodium IJ 1 GM, 2 GM</i> | SP | PA |
| | | | <i>cefoxitin sodium IV 1 GM, 2 GM</i> | SP | PA |
| | | | CEFOXITIN SODIUM | SP | PA |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| <i>cefprozil SUSR</i> | 1 | | (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG | PV | PV |
| <i>cefprozil TABS</i> | 1 | | | | |
| <i>cefuroxime axetil TABS</i> | 1 | | | | |
| Cephalosporins - 3rd Generation | | | (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG | PV | PV |
| <i>cefdinir CAPS</i> | 1 | | | | |
| <i>cefdinir SUSR</i> | 1 | | | | |
| <i>cefixime CAPS</i> | 1 | | (Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG | PV | PV |
| <i>cefixime SUSR</i> | 1 | | | | |
| <i>cefpodoxime proxetil SUSR</i> | 1 | | | | |
| <i>cefpodoxime proxetil TABS</i> | 1 | | (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG | PV | PV |
| SUPRAX CAPS (<i>cefixime</i>) | NF | | | | |
| SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>) | NF | | | | |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | | | | | |
| Combination Contraceptives - Oral | | | | | |
| (Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG | PV | PV | (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG | PV | PV |
| (Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG | PV | PV | | | |
| (Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA | PV | PV | (Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG | PV | PV |
| (Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN | PV | PV | | | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|--|-----------|----------------------|
| (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 | PV | PV | (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG | PV | 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 | PV | PV | (Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE | PV | 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 | PV | PV | (Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX | PV | PV |
| (Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 | PV | 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 | PV | PV |
| (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE | PV | PV | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| (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 | PV | 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-0.4 MG | PV | 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 | PV | PV |
| (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW | PV | PV | (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG | PV | PV |
| (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS | PV | PV | (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG | PV | 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 | PV | 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 | PV | PV |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG | PV | PV | <i>desogestrel & ethinyl estradiol</i> | PV | PV |
| (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE | PV | PV | <i>desogestrel-ethinyl estradiol (biphasic)</i> | PV | 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 | PV | PV | <i>drospirenone-ethinyl estradiol</i> | PV | PV |
| (Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA | PV | PV | <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | PV | PV |
| (Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA | PV | PV | ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>) | PV | PV |
| (Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG | PV | PV | <i>ethynodiol diacet & eth estrad</i> | PV | PV |
| BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>) | PV | PV | GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>) | PV | PV |
| BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) | PV | PV | <i>levonorgestrel & eth estradiol TABS</i> | PV | PV |
| | | | <i>levonorgestrel-eth estradiol (triphasic)</i> | PV | PV |
| | | | <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i> | PV | PV |
| | | | <i>levonorgestrel-ethinyl estradiol (continuous)</i> | PV | PV |
| | | | <i>levonorgestrel-ethinyl estradiol-iron</i> | PV | PV |
| | | | LO LOESTRIN FE TABS | PV | PV |
| | | | LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) | PV | PV |
| | | | MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>) | PV | PV |
| | | | MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>) | PV | PV |
| | | | NATAZIA | PV | PV |
| | | | NEXTSTELLIS | PV | PV |
| | | | <i>norethin acet & estrad-fe CAPS</i> | PV | PV |
| | | | <i>norethin acet & estrad-fe CHEW</i> | PV | PV |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|---|-----------|--|
| <i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | PV | PV | ANNOVERA | PV | PV |
| <i>norethindrone & ethinyl estradiol-fe</i> | PV | PV | <i>etonogestrel-ethinyl estradiol</i> | PV | PV |
| <i>norethindrone acet & eth estra</i> | PV | PV | NUVARING <i>(etonogestrel-ethinyl estradiol)</i> | PV | PV |
| <i>norethindrone acetate-ethinyl estradiol-fe</i> | PV | PV | Emergency Contraceptives | | |
| <i>norgestimate-ethinyl estradiol</i> | PV | PV | (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 | PV | PV |
| <i>norgestimate-ethinyl estradiol (triphasic)</i> | PV | Equivalent to Ortho Tricyclen Lo | ELLA | PV | PV |
| QUARTETTE <i>(levonorgestrel-ethinyl estradiol (91-day))</i> | PV | PV | <i>levonorgestrel (emergency oc) 1.5 MG</i> | PV | PV |
| SAFYRAL <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i> | PV | PV | PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i> | PV | PV |
| SEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i> | PV | PV | Progestin Contraceptives - Injectable | | |
| TAYTULLA CAPS <i>(norethin acet & estrad-fe)</i> | PV | PV | DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML) SUSP PREF SYR | 5 | Available through the Medical Benefit |
| TYBLUME CHEW | PV | PV | DEPO-SUBQ PROVERA 104 SUSY SC | PV | Provided under the Medical Benefit; PA |
| YASMIN 28 <i>(drospirenone-ethinyl estradiol)</i> | PV | PV | Progestin Contraceptives - Oral | | |
| YAZ <i>(drospirenone-ethinyl estradiol)</i> | PV | PV | (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA | PV | PV |
| Combination Contraceptives - Transdermal | | | | | |
| (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY | PV | PV | | | |
| <i>norelgestromin-ethinyl estradiol</i> | PV | PV | | | |
| TWIRLA | PV | PV | | | |
| Combination Contraceptives - Vaginal | | | | | |
| (Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE | PV | PV | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>norethindrone (contraceptive)</i> | PV | PV | PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>) | NF | |
| SLYND | PV | PV | <i>prednisolone sodium phosphate SOLN</i> | 1 | |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | | | <i>prednisolone sodium phosphate TBP</i> | 1 | |
| Glucocorticosteroids | | | <i>prednisolone SOLN</i> | 1 | |
| (Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG | 1 | | <i>prednisolone TABS</i> | 1 | |
| (Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBP | 1 | | PREDNISON INTENSOL CONC | 2 | |
| (Prednisolone) MILLIPRED TABS | 1 | | <i>prednisone SOLN</i> | 1 | |
| AGAMREE | SP | SP; PA | <i>prednisone TABS</i> | 1 | |
| <i>budesonide CPEP</i> | 2 | QL(3 ea daily) | <i>prednisone TBP</i> | 1 | |
| <i>budesonide TB24</i> | 1 | PA | UCERIS TB24 (<i>budesonide</i>) | NF | PA |
| CORTEF TABS (<i>hydrocortisone</i>) | NF | | Mineralocorticoids | | |
| DEXAMETHASONE INTENSOL CONC | 2 | | <i>fludrocortisone acetate TABS</i> | 1 | |
| <i>dexamethasone ELIX</i> | 1 | | COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | | |
| <i>dexamethasone SOLN</i> | 1 | | Antitussives | | |
| <i>dexamethasone TABS</i> | 1 | | (Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN | 1 | |
| <i>dexamethasone TBP</i> | 1 | | <i>benzonatate</i> | 1 | |
| <i>hydrocortisone TABS</i> | 1 | | HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>) | NF | |
| MEDROL DOSEPAK TBP (<i>methylprednisolone</i>) | NF | | HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>) | NF | |
| MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>) | NF | | <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i> | 1 | |
| MEDROL TABS | 2 | | <i>hydrocodone bitartrate-homatropine methylbromide TABS</i> | 1 | |
| <i>methylprednisolone TABS</i> | 1 | | | | |
| <i>methylprednisolone TBP</i> | 1 | | | | |
| MILLIPRED TABS | 2 | | | | |
| ORAPRED ODT TBP (<i>prednisolone sodium phosphate</i>) | NF | | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---|
| Cough/Cold/Allergy Combinations | | | <i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i> | 1 | |
| (Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML | 1 | | TUSNEL TABS | 3 | |
| (Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP | 1 | | TUSSLIN PEDIATRIC LIQD | 3 | |
| (Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD 10 MG/5ML-100 MG/5ML | 1 | | TUSSLIN LIQD | 3 | |
| (Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML | 1 | | VIRTUSSIN DAC SOLN | 2 | |
| ACTIDOM DMX LIQD | 3 | | Expectorants | | |
| CODITUSSIN AC LIQD | 3 | | <i>potassium iodide (expectorant) SOLN</i> | 1 | |
| DOMETUSS-DMX LIQD | 3 | | SSKI SOLN (<i>potassium iodide (expectorant)</i>) | NF | |
| GILPHEX TR TABS 10 MG-388 MG | 3 | RX/OTC | Misc. Respiratory Inhalants | | |
| GILTUSS COUGH & COLD TABS | 3 | | (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % | 1 | |
| GILTUSS SINUS & CONGESTION TABS | 3 | RX/OTC | (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % | 1 | |
| <i>guaifenesin-codeine SOLN</i> | 1 | | HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>) | NF | |
| <i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i> | 1 | | HYPERSAL NEBU | 3 | |
| <i>promethazine & phenylephrine SYRP</i> | 1 | QL(30 ml daily) | NEBUSAL NEBU | 3 | |
| <i>promethazine w/codeine SOLN</i> | 1 | QL(30 ml daily) | <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i> | 1 | |
| <i>promethazine w/codeine SYRP</i> | 1 | QL(30 ml daily) | Mucolytics | | |
| <i>promethazine-dm SYRP</i> | 1 | QL(30 ml daily) | <i>acetylcysteine SOLN</i> | 1 | |
| <i>promethazine-phenylephrine-codeine</i> | 1 | | DERMATOLOGICALS - Drugs to Treat Skin Conditions | | |
| PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML | 3 | | Acne Products | | |
| | | | (Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 % | 1 | Limit 45gms per month; QL(1.5 gm daily); RX/OTC |
| | | | (Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB | 1 | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|--|-----------|--|
| (Clindamycin Phosphate (Topical)) CLINDACIN FOAM | 1 | | (Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM | 1 | |
| (Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC | 1 | | (Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % | 1 | |
| (Erythromycin (Acne Aid)) ERY PADS | 1 | | (Tretinoin) AVITA CREA 0.025 % | 1 | |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG | 1 | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily) | (Tretinoin) AVITA GEL 0.025 % | 1 | |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG | 1 | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily) | ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>) | NF | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily) |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG | 1 | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily) | ABSORICA 30 MG (<i>isotretinoin</i>) | NF | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily) |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 30 MG | 1 | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily) | ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>) | NF | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily) |
| (Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % | 1 | | ABSORICA 20 MG (<i>isotretinoin</i>) | NF | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily) |
| | | | ACZONE 5 % (<i>dapsone (topical)</i>) | NF | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i> | 1 | |
| <i>adapalene CREA</i> | 1 | Limit 45gms per month; QL(1.5 gm daily) |
| <i>adapalene GEL 0.3 %</i> | 1 | QL(45 gm per fill retail; 135 per fill mail) |
| <i>adapalene GEL 0.1 %</i> | 1 | Limit 45gms per month; QL(1.5 gm daily); RX/OTC |
| ATRALIN GEL (<i>tretinoin</i>) | NF | |
| AZELEX | 3 | |
| BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>) | NF | QL(2 gm daily) |
| <i>benzoyl peroxide-erythromycin GEL</i> | 1 | QL(2 gm daily) |
| CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>) | NF | |
| CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>) | NF | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) FOAM</i> | 1 | |
| <i>clindamycin phosphate (topical) GEL</i> | 1 | AL(At least 12 yrs old) |
| <i>clindamycin phosphate (topical) LOTN</i> | 1 | |
| <i>clindamycin phosphate (topical) SOLN</i> | 1 | |
| <i>clindamycin phosphate (topical) SWAB</i> | 1 | |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1 | |
| <i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i> | 1 | |
| <i>clindamycin phosphate-tretinoin</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>dapsone (topical) 5 %</i> | 1 | PA |
| DIFFERIN CREA (<i>adapalene</i>) | NF | Limit 45gms per month; QL(1.5 gm daily) |
| DIFFERIN GEL 0.1 % (<i>adapalene</i>) | NF | Limit 45gms per month; QL(1.5 gm daily); RX/OTC |
| DIFFERIN GEL 0.3 % (<i>adapalene</i>) | NF | QL(45 gm per fill retail; 135 per fill mail) |
| DIFFERIN LOTN | 3 | |
| EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>) | NF | |
| ERYGEL GEL (<i>erythromycin (acne aid)</i>) | NF | |
| <i>erythromycin (acne aid) GEL</i> | 1 | |
| <i>erythromycin (acne aid) SOLN</i> | 1 | |
| EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>) | NF | |
| FABIOR FOAM | 3 | Limit 50gms per month; QL(1.67 gm daily) |
| <i>isotretinoin 30 MG</i> | 1 | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily) |
| <i>isotretinoin 10 MG, 25 MG</i> | 1 | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| <i>isotretinoin 35 MG, 40 MG</i> | 1 | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily) | SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL | 3 | |
| | | | <i>sulfacetamide sodium (acne)</i> | 1 | |
| | | | <i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i> | 1 | |
| <i>isotretinoin 20 MG</i> | 1 | 150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily) | <i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i> | 2 | |
| | | | <i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i> | 1 | PA |
| | | | <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i> | 1 | QL(1 gm daily) |
| KLARON (<i>sulfacetamide sodium (acne)</i>) | NF | | TAZAROTENE FOAM | 3 | Limit 50gms per month; QL(1.67 gm daily) |
| PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>) | NF | | <i>tretinoin microsphere 0.1 %</i> | 1 | QL(1.67 gm daily) |
| PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>) | NF | | <i>tretinoin microsphere 0.04 %</i> | 1 | Limit 45gms per month; QL(1.7 gm daily) |
| PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>) | NF | PA | <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i> | 1 | |
| RETIN-A MICRO 0.1 % (<i>tretinoin microsphere</i>) | NF | QL(1.67 gm daily) | <i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i> | 1 | |
| RETIN-A MICRO 0.04 % (<i>tretinoin microsphere</i>) | NF | Limit 45gms per month; QL(1.7 gm daily) | VELTIN (<i>clindamycin phosphate-tretinoin</i>) | NF | |
| RETIN-A MICRO PUMP 0.04 % (<i>tretinoin microsphere</i>) | NF | Limit 45gms per month; QL(1.7 gm daily) | ZIANA (<i>clindamycin phosphate-tretinoin</i>) | NF | |
| RETIN-A MICRO PUMP 0.1 % (<i>tretinoin microsphere</i>) | NF | QL(1.67 gm daily) | Agents for External Genital and Perianal Warts | | |
| RETIN-A CREA (<i>tretinoin</i>) | NF | | VEREGEN | 3 | QL(30 gm per fill retail) |
| RETIN-A GEL (<i>tretinoin</i>) | NF | | Antibiotics - Topical | | |
| | | | ALTABAX | 3 | |
| | | | CENTANY OINT | 2 | |
| | | | <i>gentamicin sulfate (topical) CREA</i> | 1 | |
| | | | <i>gentamicin sulfate (topical) OINT</i> | 1 | |
| | | | <i>mupirocin OINT</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|
| Antifungals - Topical | | |
| (Ciclopirox) CICLODAN SOLN | 1 | |
| (Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC | 1 | |
| (Ketoconazole (Topical)) KETODAN FOAM | 2 | |
| (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>ciclopirox SOLN</i> | 1 | |
| <i>clotrimazole w/ betamethasone CREA</i> | 1 | Limit 1 tube per month; QL(1.5 gm daily) |
| <i>clotrimazole w/ betamethasone LOTN</i> | 1 | QL(2 ml daily) |
| <i>econazole nitrate CREA</i> | 1 | |
| ERTACZO | SP | QL(1 gm daily); PA |
| EXELDERM CREA (<i>sulconazole nitrate</i>) | 3 | |
| EXELDERM SOLN | 2 | |
| EXODERM | 3 | |
| EXTINA FOAM (<i>ketoconazole (topical)</i>) | NF | |
| <i>iodoquinol-hydrocortisone in aloe vehicle</i> | 1 | |
| <i>ketoconazole (topical) CREA</i> | 1 | QL(2 gm daily) |
| <i>ketoconazole (topical) FOAM</i> | 2 | |
| <i>ketoconazole (topical) SHAM 2 %</i> | 1 | |
| LOPROX SHAMPOO SHAM (<i>ciclopirox</i>) | NF | |

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|
| LOPROX CREA (<i>ciclopirox olamine</i>) | NF | |
| LOPROX SUSP (<i>ciclopirox olamine</i>) | NF | |
| <i>naftifine hcl CREA</i> | 1 | |
| <i>naftifine hcl GEL 2 %</i> | 1 | |
| NAFTIN GEL (<i>naftifine hcl</i>) | NF | |
| <i>nystatin (topical) CREA</i> | 1 | |
| <i>nystatin (topical) OINT</i> | 1 | |
| <i>nystatin (topical) POWD EX</i> | 1 | |
| <i>nystatin-triamcinolone CREA</i> | 1 | |
| <i>nystatin-triamcinolone OINT</i> | 1 | |
| <i>oxiconazole nitrate CREA</i> | 1 | |
| OXISTAT CREA (<i>oxiconazole nitrate</i>) | NF | |
| OXISTAT LOTN | 3 | |
| <i>sulconazole nitrate CREA</i> | 1 | |
| <i>sulconazole nitrate SOLN</i> | 1 | |
| VYTONE 1.9 %-1 % (<i>iodoquinol-hydrocortisone in aloe vehicle</i>) | NF | |

Anti-inflammatory Agents - Topical

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|--|-----------|--|
| (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, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX | 1 | RX/OTC | EFUDEX CREA (<i>fluorouracil (topical)</i>) | NF | |
| | | | <i>fluorouracil (topical) CREA 5 %</i> | 1 | |
| | | | <i>fluorouracil (topical) SOLN</i> | 1 | |
| | | | PANRETIN | 3 | PA |
| | | | TARGETIN (<i>bexarotene (topical)</i>) | SP | PA |
| | | | VALCHLOR | SP | PA |
| | | | Antipruritics - Topical | | |
| | | | <i>doxepin hcl (antipruritic)</i> | 1 | QL(3 gm daily) |
| | | | PRUDOXIN (<i>doxepin hcl (antipruritic)</i>) | NF | |
| | | | ZONALON (<i>doxepin hcl (antipruritic)</i>) | NF | |
| | | | Antipsoriatics | | |
| | | | (Calcipotriene) CALCITRENE OINT | 1 | QL(5 gm daily) |
| | | | <i>acitretin 10 MG</i> | 2 | QL(1 ea daily) |
| | | | <i>acitretin 17.5 MG</i> | 2 | |
| | | | <i>acitretin 25 MG</i> | 2 | QL(2 ea daily) |
| | | | <i>calcipotriene CREA</i> | 2 | QL(5 gm daily) |
| | | | <i>calcipotriene FOAM</i> | 1 | PA |
| | | | CALCIPOTRIENE FOAM | 3 | PA |
| | | | <i>calcipotriene OINT</i> | 1 | QL(5 gm daily) |
| | | | <i>calcipotriene SOLN</i> | 1 | |
| | | | <i>calcitriol (topical)</i> | 1 | Limit 100gms per month; QL(3.4 gm daily) |
| | | | COSENTYX SENSOREADY PEN SOAJ | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ml daily); PA |
| | | | COSENTYX UNOREADY SOAJ | SP | QL(0.072 ml daily); PA |
| | | | COSENTYX SOSY 75 MG/0.5ML | SP | QL(0.18 ml daily); PA |
| | | | Antineoplastic or Premalignant Lesion Agents - Topical | | |
| <i>bexarotene (topical)</i> | SP | PA | | | |
| CARAC CREA (<i>fluorouracil (topical)</i>) | 2 | QL(1 gm daily) | | | |
| <i>diclofenac sodium (actinic keratoses) EX</i> | 2 | PA | | | |

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|---------------------------------------|-----------|--|--|-----------|--|
| COSENTYX SOSY 150 MG/ML | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ml daily); PA | TAZORAC GEL (<i>tazarotene</i>) | NF | |
| COSENTYX SOSY 150 MG/ML | SP | QL(0.036 ml daily); PA | TREMFYA SOPN | SP | QL(0.018 ml daily); PA |
| DOVONEX CREA (<i>calcipotriene</i>) | NF | QL(5 gm daily) | TREMFYA SOSY | SP | QL(0.018 ml daily); PA |
| <i>methoxsalen rapid</i> | 1 | | VECTICAL (<i>calcitriol (topical)</i>) | NF | Limit 100gms per month; QL(3.4 gm daily) |
| SKYRIZI PEN SOAJ | SP | Check Plan Documents for coverage; QL(1 ml per 84 days retail); PA | Antiseborrheic Products | | |
| SKYRIZI PSKT | SP | Check Plan Documents for coverage; QL(1 ea per 84 days retail); PA | OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>) | NF | |
| SKYRIZI SOSY | SP | Check plan documents for coverage; QL(1 ml per 84 days retail); PA | OVACE PLUS SHAM (<i>sulfacetamide sodium</i>) | NF | |
| SORILUX FOAM | 3 | PA | OVACE WASH LIQD (<i>sulfacetamide sodium</i>) | NF | |
| STELARA SOLN 45 MG/0.5ML | SP | PA | <i>selenium sulfide LOTN 2.5 %</i> | 1 | |
| STELARA SOSY 45 MG/0.5ML | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); PA | SODIUM SULFACETAMIDE WASH LIQD | 3 | |
| STELARA SOSY 90 MG/ML | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA | <i>sulfacetamide sodium LIQD</i> | 1 | |
| <i>tazarotene CREA</i> | 1 | | <i>sulfacetamide sodium SHAM 10 %</i> | 1 | |
| <i>tazarotene GEL</i> | 1 | | Antivirals - Topical | | |
| TAZORAC CREA | 2 | | <i>acyclovir topical OINT</i> | 1 | QL(1 gm daily) |
| TAZORAC CREA (<i>tazarotene</i>) | NF | | ZOVIRAX OINT (<i>acyclovir topical</i>) | NF | QL(1 gm daily) |
| | | | Burn Products | | |
| | | | (Silver Sulfadiazine) SSD | 1 | |
| | | | <i>mafenide acetate PACK</i> | 1 | |
| | | | SILVADENE (<i>silver sulfadiazine</i>) | NF | |
| | | | <i>silver sulfadiazine</i> | 1 | |
| | | | SULFAMYLON CREA | 3 | |
| | | | SULFAMYLON PACK 5 % (<i>mafenide acetate</i>) | NF | |
| | | | Corticosteroids - Topical | | |

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|--|-----------|----------------------|--|-----------|----------------------|
| (Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % | 1 | | <i>betamethasone dipropionate augmented LOTN</i> | 1 | |
| (Clobetasol Propionate Emulsion) TOVET | 1 | | <i>betamethasone dipropionate augmented OINT</i> | 1 | |
| (Clobetasol Propionate) CLODAN SHAM | 1 | | <i>betamethasone valerate CREA</i> | 1 | |
| (Desonide) DESRX GEL | 1 | | <i>betamethasone valerate FOAM</i> | 1 | |
| (Flurandrenolide) NOLIX CREA | 1 | | <i>betamethasone valerate LOTN</i> | 1 | |
| (Hydrocortisone (Topical)) ALA-SCALP LOTN 2 % | 1 | | <i>betamethasone valerate OINT</i> | 1 | |
| (Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.5 % | 1 | | <i>calcipotriene-betamethasone dipropionate OINT</i> | 2 | ST |
| ALA-SCALP LOTN | 3 | | <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1 | QL(2 gm daily) |
| <i>alclometasone dipropionate CREA</i> | 1 | | CAPEX SHAM | 2 | |
| <i>alclometasone dipropionate OINT</i> | 1 | | <i>clobetasol propionate emollient base 0.05 %</i> | 1 | |
| <i>amcinonide CREA</i> | 1 | | <i>clobetasol propionate emulsion</i> | 1 | |
| <i>amcinonide LOTN</i> | 1 | | <i>clobetasol propionate CREA 0.05 %</i> | 1 | |
| <i>amcinonide OINT</i> | 1 | | <i>clobetasol propionate FOAM</i> | 1 | |
| APEXICON E CREA | 2 | | <i>clobetasol propionate GEL 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate (topical) CREA</i> | 1 | | <i>clobetasol propionate LIQD</i> | 1 | |
| <i>betamethasone dipropionate (topical) LOTN</i> | 1 | | <i>clobetasol propionate LOTN</i> | 1 | |
| <i>betamethasone dipropionate (topical) OINT</i> | 1 | | <i>clobetasol propionate OINT 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate augmented CREA</i> | 1 | | <i>clobetasol propionate SHAM</i> | 1 | |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | 1 | | <i>clobetasol propionate SOLN 0.05 %</i> | 1 | |
| | | | CLOBEX LIQD (<i>clobetasol propionate</i>) | NF | |

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

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|--|
| KENALOG AERS (<i>triamcinolone acetonide topical</i>) | NF | | TOPICORT GEL (<i>desoximetasone</i>) | NF | |
| LOCOID LIPOCREAM | 3 | | TOPICORT LIQD (<i>desoximetasone</i>) | NF | ST |
| LUXIQ FOAM (<i>betamethasone valerate</i>) | NF | | TOPICORT OINT (<i>desoximetasone</i>) | NF | |
| <i>mometasone furoate CREA</i> | 1 | | <i>triamcinolone acetonide topical</i> AERS | 1 | |
| <i>mometasone furoate OINT</i> | 1 | | <i>triamcinolone acetonide topical</i> CREA | 1 | |
| <i>mometasone furoate SOLN</i> | 1 | | <i>triamcinolone acetonide topical</i> LOTN | 1 | |
| NUCORT LOTN | 3 | | <i>triamcinolone acetonide topical</i> OINT 0.025 %, 0.1 %, 0.5 % | 1 | |
| OLUX-E (<i>clobetasol propionate emulsion</i>) | NF | | TRIDESILON CREA 0.05 % (<i>desonide</i>) | NF | |
| OLUX FOAM (<i>clobetasol propionate</i>) | NF | | VANOS CREA (<i>fluocinonide</i>) | NF | |
| PRAMOSONE LOTN | 3 | | Eczema Agents | | |
| PRAMOSONE OINT | 3 | | DUPIXENT SOPN 300 MG/2ML | SP | PA |
| <i>prednicarbate OINT</i> | 1 | | DUPIXENT SOSY 200 MG/1.14ML | SP | PA |
| SYNALAR CREA (<i>fluocinolone acetonide</i>) | NF | | DUPIXENT SOSY 300 MG/2ML | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| SYNALAR OINT (<i>fluocinolone acetonide</i>) | NF | | Emollient/Keratolytic Agents | | |
| SYNALAR SOLN (<i>fluocinolone acetonide</i>) | NF | | (Urea) CEROVEL LOTN 40 % | 1 | |
| TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>) | NF | ST | <i>urea LOTN 40 %</i> | 1 | |
| TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>) | NF | QL(2 gm daily) | Emollients | | |
| TEMOVATE CREA (<i>clobetasol propionate</i>) | NF | | <i>lactic acid (ammonium lactate) CREA</i> | 1 | RX/OTC |
| TEMOVATE OINT (<i>clobetasol propionate</i>) | NF | | Enzymes - Topical | | |
| TEXACORT SOLN 2.5 % | 3 | | SANTYL OINT | 3 | |
| TOPICORT CREA (<i>desoximetasone</i>) | NF | | Immunomodulating Agents - Topical | | |
| | | | ALDARA (<i>imiquimod</i>) | NF | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>imiquimod 5 %</i> | 1 | |
| ZYCLARA (<i>imiquimod</i>) | NF | QL(1 ea daily) |
| ZYCLARA PUMP (<i>imiquimod</i>) | NF | QL(1 gm daily) |
| Immunosuppressive Agents - Topical | | |
| ELIDEL (<i>pimecrolimus</i>) | NF | QL(2 gm daily) |
| <i>pimecrolimus</i> | 1 | QL(2 gm daily) |
| PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>) | NF | QL(2 gm daily); AL(At least 2 yrs old) |
| PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>) | NF | QL(2 gm daily); AL(At least 15 yrs old) |
| <i>tacrolimus (topical) OINT 0.03 %</i> | 1 | QL(2 gm daily); AL(At least 2 yrs old) |
| <i>tacrolimus (topical) OINT 0.1 %</i> | 1 | QL(2 gm daily); AL(At least 15 yrs old) |
| Keratolytic/Antimitotic Agents | | |
| (Salicylic Acid) KERALYT SHAM 6 % | 1 | |
| BENSAL HP OINT | 3 | RX/OTC |
| CONDYLOX GEL (<i>podofilox</i>) | NF | |
| MG217 PSORIASIS MULTI-SYMTOM OINT | 3 | RX/OTC |
| PODOCON-25 SOLN | 3 | |
| <i>podofilox GEL</i> | 1 | |
| <i>podofilox SOLN</i> | 1 | |
| <i>salicylic acid in ammonium lactate vehicle</i> | 1 | |
| SALICYLIC ACID OINT | 3 | RX/OTC |
| <i>salicylic acid SHAM 6 %</i> | 1 | |
| SALIMEZ CREA | 3 | |
| SALYCIM CREA | 3 | |
| Local Anesthetics - Topical | | |
| (Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 % | 1 | Limited to 3 patches per day; QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CETACAINE AERO | 3 | |
| <i>lidocaine hcl SOLN</i> | 1 | |
| <i>lidocaine-prilocaine CREA</i> | 1 | |
| <i>lidocaine PTCH 5 %</i> | 1 | Limited to 3 patches per day; QL(3 ea daily) |
| LIDODERM PTCH (<i>lidocaine</i>) | NF | Limited to 3 patches per day; QL(3 ea daily) |
| PREMIUM SCAR PATCH | 3 | |
| Misc. Topical | | |
| DRYSOL SOLN | 2 | |
| XERAC AC | 3 | |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical | | |
| EUCRISA | 3 | Limited to 60 gm per month; QL(2 gm daily); PA |
| Rosacea Agents | | |
| (Metronidazole (Topical)) ROSADAN CREA | 1 | |
| (Metronidazole (Topical)) ROSADAN GEL 0.75 % | 1 | Limit 45gms per month; QL(1.5 gm daily) |
| <i>azelaic acid GEL</i> | 1 | |
| <i>brimonidine tartrate (topical)</i> | 1 | PA |
| <i>doxycycline (rosacea)</i> | 1 | QL(1 ea daily); PA |
| FINACEA FOAM | 3 | |
| FINACEA GEL (<i>azelaic acid</i>) | NF | |
| <i>ivermectin (rosacea)</i> | 1 | QL(1.5 gm daily); PA |
| METROCREAM CREA (<i>metronidazole (topical)</i>) | NF | |
| METROGEL GEL 1 % (<i>metronidazole (topical)</i>) | NF | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|------------------------------|
| METROLOTION LOTN <i>(metronidazole (topical))</i> | NF | QL(2 ml daily) | ADVIN COVID-19 ANTIGEN HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| <i>metronidazole (topical) CREA</i> | 1 | | BD VERITOR AT-HOME COVID-19 TEST KIT | PV | QL(8 ea per fill retail); PV |
| <i>metronidazole (topical) GEL 1 %</i> | 1 | | BINAXNOW COVID-19 AG CARD HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| <i>metronidazole (topical) GEL 0.75 %</i> | 1 | Limit 45gms per month; QL(1.5 gm daily) | CARESTART COVID-19 ANTIGEN HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| <i>metronidazole (topical) LOTN</i> | 1 | QL(2 ml daily) | CELLTRION DIATRUST COVID-19 AG HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| MIRVASO <i>(brimonidine tartrate (topical))</i> | NF | PA | CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| NORITATE CREA | SP | PA | CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT | PV | QL(8 ea per fill retail); PV |
| ORACEA <i>(doxycycline (rosacea))</i> | 3 | QL(1 ea daily); PA | COVID-19 AG TEST KIT | PV | QL(8 ea per fill retail); PV |
| RHOFADE | 3 | PA | COVID-19 AT HOME TEST KITS | 5 | Up to 8 tests per month |
| SOOLANTRA <i>(ivermectin (rosacea))</i> | NF | QL(1.5 gm daily); PA | COVID-19 AT-HOME TEST KIT KIT | PV | QL(8 ea per fill retail); PV |
| Scabicides & Pediculicides | | | COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT | PV | QL(8 ea per fill retail); PV |
| (Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT | 1 | RX/OTC | COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT | PV | QL(8 ea per fill retail); PV |
| <i>ivermectin (pediculicide)</i> | 1 | RX/OTC | CVS COVID-19 AT HOME TESTKIT KIT | PV | QL(8 ea per fill retail); PV |
| <i>malathion</i> | 1 | | ELLUME COVID-19 HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| OVIDE <i>(malathion)</i> | NF | | FASTEP COVID-19 ANTIGEN HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| <i>permethrin CREA</i> | 1 | QL(2 gm daily) | FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| SKLICE <i>(ivermectin (pediculicide))</i> | NF | RX/OTC | FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP | 2 | QL(6.7 ea daily); RX/OTC |
| Wound Care Products | | | | | |
| REGRANEX | 3 | Limit 15gms per month; QL(0.5 gm daily) | | | |
| DIAGNOSTIC PRODUCTS | | | | | |
| Diagnostic Drugs | | | | | |
| METOPIRONE | 3 | | | | |
| Diagnostic Tests | | | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---|
| FREESTYLE LITE TEST STRIPS STRP | 2 | Limit 200 per month; QL(6.7 ea daily); RX/OTC | ONETOUCH VERIO TEST STRIPS STRP | 2 | Limit 200 per month without authorization; QL(6.7 ea daily; 200 ea per fill retail); RX/OTC |
| FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP | 2 | Limit 200 per month; QL(6.7 ea daily); RX/OTC | PILOT COVID-19 AT-HOME TEST KIT | PV | QL(8 ea per fill retail); PV |
| FREESTYLE TEST STRIPS STRP | 2 | Limit 200 per month; QL(6.7 ea daily); RX/OTC | PRECISION XTRA | 2 | QL(0.36 ea daily) |
| GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT | PV | QL(8 ea per fill retail); PV | PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP | 2 | Limit 200 per month; QL(6.7 ea daily); RX/OTC |
| GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT | PV | QL(8 ea per fill retail); PV | QUICKVUE AT-HOME COVID-19 TEST KIT | PV | QL(8 ea per fill retail); PV |
| GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT | PV | QL(8 ea per fill retail); PV | RAPID SARS-COV-2 ANTIGENTEST CARD KIT | PV | QL(8 ea per fill retail); PV |
| IHEALTH COVID-19 ANTIGENRAPID TEST KIT | PV | QL(8 ea per fill retail); PV | SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT | PV | QL(8 ea per fill retail); PV |
| INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT | PV | QL(8 ea per fill retail); PV | DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes | | |
| INTELISWAB COVID-19 RAPID TEST KIT | PV | QL(8 ea per fill retail); PV | Digestive Enzymes | | |
| KETONE STRP | 2 | | CREON CPEP | 2 | |
| KETOSTIX STRP | 2 | | PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT | 3 | |
| ON/GO COVID-19 ANTIGEN SELF-TEST KIT | PV | QL(8 ea per fill retail); PV | | | |
| ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT | PV | QL(8 ea per fill retail); PV | | | |
| ONETOUCH ULTRA STRP | 2 | Limit 200 per month; QL(6.7 ea daily); RX/OTC | | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2 | |

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

| Carbonic Anhydrase Inhibitors | | |
|--|----|----------------|
| <i>acetazolamide CP12</i> | 1 | QL(2 ea daily) |
| <i>acetazolamide TABS 125 MG</i> | 1 | |
| <i>acetazolamide TABS 250 MG</i> | 1 | QL(4 ea daily) |
| <i>dichlorphenamide</i> | SP | PA |
| KEVEYIS (<i>dichlorphenamide</i>) | SP | PA |
| <i>methazolamide TABS</i> | 1 | |
| Diuretic Combinations | | |
| ALDACTAZIDE | 2 | |
| ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>) | NF | |
| <i>amiloride & hydrochlorothiazide</i> | 1 | |
| MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>) | NF | QL(2 ea daily) |
| MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>) | NF | QL(1 ea daily) |
| <i>spironolactone & hydrochlorothiazide</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | 1 | |
| <i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i> | 1 | QL(1 ea daily) |
| <i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i> | 1 | QL(2 ea daily) |
| Loop Diuretics | | |
| <i>bumetanide TABS 0.5 MG, 1 MG</i> | 1 | |
| <i>bumetanide TABS 2 MG</i> | 1 | QL(5 ea daily) |
| BUMEX TABS 0.5 MG (<i>bumetanide</i>) | NF | |
| EDECIN (<i>ethacrynic acid</i>) | NF | ST |
| <i>ethacrynic acid</i> | 1 | ST |
| <i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i> | 1 | |
| <i>furosemide TABS</i> | 1 | |
| LASIX TABS (<i>furosemide</i>) | NF | |
| <i>torseamide TABS 5 MG, 10 MG, 20 MG</i> | 1 | |
| <i>torseamide TABS 100 MG</i> | 1 | QL(2 ea daily) |
| Potassium Sparing Diuretics | | |
| ALDACTONE TABS (<i>spironolactone</i>) | NF | |
| <i>amiloride hcl TABS</i> | 1 | |
| DYRENIUM CAPS (<i>triamterene</i>) | NF | |
| <i>spironolactone TABS</i> | 1 | |
| <i>triamterene CAPS</i> | 1 | |
| Thiazides and Thiazide-Like Diuretics | | |
| <i>chlorthalidone 25 MG, 50 MG</i> | 1 | |
| DIURIL SUSP | 3 | |
| <i>hydrochlorothiazide CAPS</i> | 1 | |
| <i>hydrochlorothiazide TABS</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>indapamide TABS 1.25 MG, 2.5 MG</i> | 1 | |
| <i>metolazone</i> | 1 | |
| THALITONE | 2 | |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| - Drugs to Treat Bone Disease and Regulate Hormones | | |
| Bone Density Regulators | | |
| ACTONEL TABS 150 MG (<i>risedronate sodium</i>) | NF | Limited to 1 per month; QL(0.04 ea daily); ST |
| ACTONEL TABS 35 MG (<i>risedronate sodium</i>) | NF | ST |
| <i>alendronate sodium SOLN</i> | 1 | |
| <i>alendronate sodium TABS 35 MG</i> | 1 | Limit 1 tab per week; QL(0.144 ea daily) |
| <i>alendronate sodium TABS 70 MG</i> | 1 | Limit 1 tab per week; QL(0.15 ea daily) |
| <i>alendronate sodium TABS 5 MG, 10 MG</i> | 1 | QL(1 ea daily) |
| BONIVA TABS (<i>ibandronate sodium</i>) | NF | Limit 1 per month; QL(0.04 ea daily) |
| <i>calcitonin (salmon) IJ</i> | SP | PA |
| <i>calcitonin (salmon) NA</i> | 1 | |
| FOSAMAX TABS 70 MG (<i>alendronate sodium</i>) | NF | Limit 1 tab per week; QL(0.15 ea daily) |
| <i>ibandronate sodium TABS</i> | 1 | Limit 1 per month; QL(0.04 ea daily) |
| MIACALCIN IJ (<i>calcitonin (salmon)</i>) | SP | PA |
| NATPARA | SP | PA |
| PROLIA SOSY | SP | PA |
| <i>risedronate sodium TABS 150 MG</i> | 1 | Limited to 1 per month; QL(0.04 ea daily); ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i> | 1 | ST |
| TYMLOS | SP | PA |
| Growth Hormone Receptor Antagonists | | |
| SOMAVERT | SP | PA |
| Growth Hormone Releasing Hormones (GHRH) | | |
| EGRIFTA 2 MG | SP | PA |
| EGRIFTA SV | SP | PA |
| Growth Hormones | | |
| HUMATROPE CART IJ | SP | PA |
| NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML | SP | PA |
| NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML | SP | PA |
| SEROSTIM SC 4 MG, 5 MG, 6 MG | SP | PA |
| ZOMACTON SOLR SC 10 MG | SP | PA |
| ZORBTIVE SC | SP | PA |
| Hormone Receptor Modulators | | |
| EVISTA (<i>raloxifene hcl</i>) | PV | PV |
| OSPHENA | 3 | QL(1 ea daily) |
| <i>raloxifene hcl</i> | PV | PV |
| Insulin-Like Growth Factors (Somatomedins) | | |
| INCRELEX | SP | PA |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | | |
| FENSOLVI SC | 3 | PA |
| LUPRON DEPOT-PED (1-MONTH) 7.5 MG | 2 | covered w-gender transformation diagnosis; PA required for other diagnosis |
| SYNAREL | 2 | |
| Metabolic Modifiers | | |

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|---|-----------|--|--|-----------|--|
| (Sapropterin Dihydrochloride) JAVYGTOR PACK | SP | Specialty Drug refer to Caremark SP RX | <i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i> | 1 | |
| (Sapropterin Dihydrochloride) JAVYGTOR TABS | SP | Specialty Drug refer to Caremark SP RX | <i>levocarnitine (metabolic modifiers) TABS</i> | 1 | |
| <i>betaine</i> | SP | PA | MYALEPT | SP | PA |
| BUPHENYL POWD (<i>sodium phenylbutyrate</i>) | SP | PA | <i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i> | 1 | PA |
| BUPHENYL TABS (<i>sodium phenylbutyrate</i>) | SP | PA | <i>nitisinone CAPS 10 MG</i> | SP | PA |
| <i>calcitriol CAPS 0.25 MCG</i> | 1 | | NITYR TABS | SP | PA |
| <i>calcitriol CAPS 0.5 MCG</i> | 1 | QL(4 ea daily) | ORFADIN CAPS 10 MG (<i>nitisinone</i>) | SP | PA |
| <i>calcitriol SOLN OR</i> | 1 | | ORFADIN CAPS (<i>nitisinone</i>) | NF | PA |
| CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>) | NF | | ORFADIN SUSP | SP | PA |
| CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>) | NF | | PALYNZIQ | SP | SP; PA |
| CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>) | NF | | <i>paricalcitol CAPS</i> | 1 | |
| <i>cinacalcet hcl</i> | 1 | PA | RAVICTI | SP | |
| CYSTADANE (<i>betaine</i>) | SP | PA | ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>) | NF | QL(4 ea daily) |
| <i>doxercalciferol CAPS</i> | 2 | | ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>) | NF | |
| GALAFOLD | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.5 ea daily); SP; PA | ROCALTROL SOLN OR (<i>calcitriol</i>) | NF | |
| KUVAN PACK (<i>sapropterin dihydrochloride</i>) | SP | Specialty Drug refer to Caremark SP RX | <i>sapropterin dihydrochloride PACK</i> | SP | Specialty Drug refer to Caremark SP RX |
| KUVAN TABS (<i>sapropterin dihydrochloride</i>) | SP | Specialty Drug refer to Caremark SP RX | <i>sapropterin dihydrochloride TABS</i> | SP | Specialty Drug refer to Caremark SP RX |
| | | | SENSIPAR (<i>cinacalcet hcl</i>) | NF | PA |
| | | | <i>sodium phenylbutyrate POWD</i> | SP | PA |
| | | | <i>sodium phenylbutyrate TABS</i> | SP | PA |
| | | | STRENSIQ | SP | PA |
| | | | XURIDEN | SP | |
| | | | ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>) | NF | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| Posterior Pituitary Hormones | | |
| DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>) | NF | |
| DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>) | NF | QL(6 ea daily) |
| <i>desmopressin acetate spray</i> | 1 | |
| <i>desmopressin acetate spray refrigerated</i> | 1 | |
| DESMOPRESSIN ACETATE SOLN NA | 3 | |
| <i>desmopressin acetate TABS 0.2 MG</i> | 1 | QL(6 ea daily) |
| <i>desmopressin acetate TABS 0.1 MG</i> | 1 | |
| STIMATE SOLN NA | 3 | |
| Progesterone Receptor Antagonists | | |
| MIFEPREX (<i>mifepristone</i>) | PV | |
| <i>mifepristone</i> | PV | |
| Prolactin Inhibitors | | |
| <i>cabergoline</i> | 1 | |
| Somatostatic Agents | | |
| <i>octreotide acetate SOLN</i> | SP | PA |
| <i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i> | SP | PA |
| SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>) | NF | Must use AcariaHealth Specialty Rx at 1-844-538-4661 |
| SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>) | SP | PA |
| SIGNIFOR | SP | PA |
| Vasopressin Receptor Antagonists | | |
| JYNARQUE TBPK | SP | PA |
| JYNARQUE TBPK | SP | SP; PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 MG-5 MCG | 1 | |
| (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI | 1 | |
| ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>) | NF | |
| ANGELIQ | 3 | |
| CLIMARA PRO | 2 | |
| COMBIPATCH PTTW | 3 | |
| DUAVEE | 3 | |
| <i>estradiol & norethindrone acetate TABS</i> | 1 | |
| FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>) | NF | |
| <i>norethindrone acetate-ethinyl estradiol</i> | 1 | |
| ORIAHNN | SP | PA |
| PREFEST | 3 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| Estrogens | | |
| (Estradiol) DOTTI, LYLLANA PTTW | 1 | QL(0.29 ea daily) |
| ALORA PTTW | 2 | QL(0.29 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CLIMARA PTWK (<i>estradiol</i>) | NF | Limit 4 patches per month; QL(0.143 ea daily) |
| DELESTROGEN (<i>estradiol valerate</i>) | NF | QL(5 ml daily) |
| ELESTRIN GEL | 3 | |
| ESTRACE TABS (<i>estradiol</i>) | NF | |
| <i>estradiol valerate</i> | 1 | QL(5 ml daily) |
| <i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM</i> | 1 | |
| <i>estradiol PTTW</i> | 1 | QL(0.29 ea daily) |
| <i>estradiol PTWK</i> | 1 | Limit 4 patches per month; QL(0.143 ea daily) |
| <i>estradiol TABS</i> | 1 | |
| ESTROGEL GEL | 3 | Limit 50gms per month; QL(1.67 gm daily) |
| EVAMIST SOLN | 3 | |
| MENEST | 2 | |
| MENOSTAR PTWK | 3 | Limit 4 patches per month; QL(0.143 ea daily) |
| MINIVELLE PTTW (<i>estradiol</i>) | NF | 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>) | NF | QL(0.29 ea daily) |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections | | |
| Fluoroquinolones | | |
| <i>ciprofloxacin hcl TABS</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i> | 1 | |
| CIPRO SUSR | 2 | |
| CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>) | NF | |
| <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 | |
| <i>ofloxacin 400 MG</i> | 1 | QL(28 ea per 90 days retail; 28 ea per 90 days mail) |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | | |
| Farnesoid X Receptor (FXR) Agonists | | |
| OCALIVA | SP | QL(1 ea daily); PA |
| Gallstone Solubilizing Agents | | |
| CHENODAL | SP | PA |
| URSO 250 TABS (<i>ursodiol</i>) | NF | |
| URSO FORTE TABS (<i>ursodiol</i>) | NF | |
| <i>ursodiol CAPS</i> | 2 | |
| <i>ursodiol TABS</i> | 1 | |
| Gastrointestinal Chloride Channel Activators | | |
| AMITIZA (<i>lubiprostone</i>) | NF | |
| <i>lubiprostone</i> | 1 | |
| Gastrointestinal Stimulants | | |
| <i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i> | 1 | |
| <i>metoclopramide hcl TABS</i> | 1 | |
| <i>metoclopramide hcl TBDP</i> | 1 | |
| REGLAN TABS (<i>metoclopramide hcl</i>) | NF | |
| Inflammatory Bowel Agents | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---|
| APRISO CP24 (<i>mesalamine</i>) | NF | QL(4 ea daily) | SFROWASA ENEM | 2 | |
| ASACOL HD TBEC (<i>mesalamine</i>) | NF | | SKYRIZI SOCT 180 MG/1.2ML | SP | Check Plan Documents for coverage; QL(0.043 ml daily); PA |
| AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>) | NF | QL(8 ea daily) | SKYRIZI SOCT 360 MG/2.4ML | SP | Check Plan Documents for coverage; QL(0.086 ml daily); PA |
| AZULFIDINE TABS (<i>sulfasalazine</i>) | NF | QL(8 ea daily) | <i>sulfasalazine</i> TABS | 1 | QL(8 ea daily) |
| <i>balsalazide disodium</i> CAPS | 1 | Limit 280 caps per month; QL(9 ea daily) | <i>sulfasalazine</i> TBEC | 1 | QL(8 ea daily) |
| CANASA SUPP (<i>mesalamine</i>) | NF | QL(1 ea daily) | Intestinal Acidifiers | | |
| COLAZAL CAPS (<i>balsalazide disodium</i>) | NF | Limit 280 caps per month; QL(9 ea daily) | (Lactulose (Encephalopathy)) ENULOSE, GENERLAC | 1 | |
| DELZICOL CPDR (<i>mesalamine</i>) | NF | QL(6 ea daily) | <i>lactulose</i> (<i>encephalopathy</i>) | 1 | |
| DIPENTUM | 3 | | Irritable Bowel Syndrome (IBS) Agents | | |
| INFLECTRA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA | <i>alose tron hcl</i> | 2 | |
| LIALDA TBEC (<i>mesalamine</i>) | NF | QL(4 ea daily) | LINZESS | 2 | QL(1 ea daily) |
| <i>mesalamine</i> CP24 | 1 | QL(4 ea daily) | LOTRONEX (<i>alose tron hcl</i>) | NF | |
| <i>mesalamine</i> CPCR | 1 | QL(8 ea daily); PA | VIBERZI | 3 | PA |
| <i>mesalamine</i> CPDR | 1 | QL(6 ea daily) | Peripheral Opioid Receptor Antagonists | | |
| <i>mesalamine</i> ENEM | 1 | QL(60 ml daily) | <i>alvimopan</i> | 1 | |
| <i>mesalamine</i> SUPP | 1 | QL(1 ea daily) | ENTEREG (<i>alvimopan</i>) | NF | |
| <i>mesalamine</i> TBEC 1.2 GM | 1 | QL(4 ea daily) | MOVANTIK | 3 | QL(1 ea daily) |
| <i>mesalamine</i> TBEC 800 MG | 1 | | Phosphate Binder Agents | | |
| PENTASA CPCR (<i>mesalamine</i>) | NF | QL(8 ea daily); PA | (Calcium Acetate (Phosphate Binder)) CALPHRON TABS | 1 | RX/OTC |
| PENTASA CPCR 250 MG | 3 | PA | AURYXIA | 3 | PA |
| RENFLEXIS | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA | <i>calcium acetate</i> (<i>phosphate binder</i>) CAPS | 1 | |
| | | | <i>calcium acetate</i> (<i>phosphate binder</i>) TABS | 1 | RX/OTC |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>) | NF | QL(3 ea daily) |
| FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>) | NF | |
| FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>) | NF | QL(4 ea daily) |
| FOSRENOL PACK | 3 | |
| <i>lanthanum carbonate CHEW 750 MG</i> | 1 | QL(4 ea daily) |
| <i>lanthanum carbonate CHEW 500 MG</i> | 1 | |
| <i>lanthanum carbonate CHEW 1000 MG</i> | 1 | QL(3 ea daily) |
| PHOSLYRA SOLN | 3 | |
| RENAGEL (<i>sevelamer hcl</i>) | NF | |
| RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>) | NF | |
| RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>) | NF | QL(5 ea daily) |
| RENVELA TABS (<i>sevelamer carbonate</i>) | NF | |
| <i>sevelamer carbonate PACK 0.8 GM</i> | 1 | |
| <i>sevelamer carbonate PACK 2.4 GM</i> | 1 | QL(5 ea daily) |
| <i>sevelamer carbonate TABS</i> | 1 | |
| <i>sevelamer hcl 400 MG</i> | 1 | |
| <i>sevelamer hcl 800 MG</i> | 1 | QL(16 ea daily); PA |
| <i>sevelamer hcl 800 MG</i> | 1 | QL(16 ea daily) |
| Short Bowel Syndrome (SBS) Agents | | |
| GATTEX | SP | Specialty Drug refer to Caremark SP RX; PA |
| Tryptophan Hydroxylase Inhibitors | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| XERMELO | SP | Not available through mail; PA |
| 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 |
| ORACIT | 3 | |
| <i>pot & sod citrates w/citric ac SOLN</i> | 1 | |
| <i>potassium citrate (alkalinizer) TBCR</i> | 1 | |
| <i>potassium citrate-citric acid SOLN</i> | 1 | RX/OTC |
| <i>sodium citrate & citric acid</i> | 1 | RX/OTC |
| UROKIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>) | NF | |
| UROKIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>) | NF | |
| UROKIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>) | NF | |
| Cystinosis Agents | | |
| CYSTAGON CAPS | SP | PA |
| PROCYSBI CPDR | SP | |
| PROCYSBI PACK | SP | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| Interstitial Cystitis Agents | | |
| ELMIRON CAPS | 3 | QL(3 ea daily); PA |
| Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl</i> | 1 | QL(1 ea daily) |
| AVODART (<i>dutasteride</i>) | NF | AL(At least 40 yrs old) |
| CARDURA XL | 3 | |
| <i>dutasteride</i> | 1 | AL(At least 40 yrs old) |
| <i>dutasteride-tamsulosin hcl</i> | 1 | |
| <i>finasteride</i> | 1 | QL(1 ea daily); AL(At least 40 yrs old) |
| FLOMAX (<i>tamsulosin hcl</i>) | NF | QL(2 ea daily) |
| JALYN (<i>dutasteride-tamsulosin hcl</i>) | NF | |
| PROSCAR (<i>finasteride</i>) | NF | QL(1 ea daily); AL(At least 40 yrs old) |
| RAPAFLO 8 MG (<i>silodosin</i>) | NF | QL(1 ea daily) |
| RAPAFLO 4 MG (<i>silodosin</i>) | NF | |
| <i>silodosin 4 MG</i> | 1 | |
| <i>silodosin 8 MG</i> | 1 | QL(1 ea daily) |
| <i>tamsulosin hcl</i> | 1 | QL(2 ea daily) |
| UROXATRAL (<i>alfuzosin hcl</i>) | NF | QL(1 ea daily) |
| Urinary Stone Agents | | |
| LITHOSTAT | 3 | |
| THIOLA EC TBEC | 3 | |
| THIOLA TABS (<i>tiopronin</i>) | NF | |
| <i>tiopronin TABS</i> | 1 | |
| GOUT AGENTS - Drugs to Treat Gout | | |
| Gout Agent Combinations | | |
| <i>colchicine w/ probenecid</i> | 1 | |
| Gout Agents | | |
| <i>allopurinol 100 MG</i> | 1 | QL(3 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>allopurinol 300 MG</i> | 1 | QL(2 ea daily) |
| <i>colchicine CAPS</i> | 1 | |
| <i>colchicine TABS</i> | 1 | |
| COLCRYS TABS (<i>colchicine</i>) | NF | |
| <i>febuxostat 40 MG</i> | 1 | QL(2 ea daily) |
| <i>febuxostat 80 MG</i> | 1 | QL(1 ea daily) |
| MITIGARE CAPS (<i>colchicine</i>) | 3 | |
| ULORIC 40 MG (<i>febuxostat</i>) | NF | QL(2 ea daily) |
| ULORIC 80 MG (<i>febuxostat</i>) | NF | QL(1 ea daily) |
| ZYLOPRIM 300 MG (<i>allopurinol</i>) | NF | QL(2 ea daily) |
| ZYLOPRIM 100 MG (<i>allopurinol</i>) | NF | QL(3 ea daily) |
| Uricosurics | | |
| <i>probenecid</i> | 1 | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | | |
| Antihemophilic Products | | |
| ADVATE | SP | PA |
| ADYNOVATE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| AFSTYLA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| ALPHANATE SOLR | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|--|
| ALPROLIX | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | IXINITY SOLR | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| ALTUVIIO | SP | PA | JIVI | SP | PA |
| BENEFIX KIT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | KCENTRA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| COAGADEX | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA | KOATE-DVI SOLR 500 UNIT, 1000 UNIT | 3 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| CORIFACT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | KOATE SOLR | 3 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| ELOCTATE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | KOGENATE FS KIT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| FEIBA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | KOVALTRY | SP | PA |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT | 3 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | NOVOEIGHT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| HUMATE-P SOLR | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | NOVOSEVEN RT | SP | Must use AcariaHlth Sp Rx 1-844-538-4661; PA |
| IDELVION | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT | SP | SP- Acaria Health; SP; PA |
| | | | NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| | | | NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|--|--|-----------|--|
| OBIZUR | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | (Icatibant Acetate) SAJAZIR SOSY | SP | PA |
| PROFILNINE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | FIRAZYR SOSY (<i>icatibant acetate</i>) | SP | PA |
| REBINYN | SP | PA | <i>icatibant acetate SOSY</i> | SP | PA |
| RECOMBINATE SOLR | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | Complement Inhibitors | | |
| RIXUBIS SOLR | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | FABHALTA | SP | PA |
| TRETTEN | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | HAEGARDA SOLR SC 3000 UNIT | SP | Specialty drug-Health Net will refer to SP Pharmacy; PA |
| VONVENDI | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | HAEGARDA SOLR SC 2000 UNIT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| WILATE KIT | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | Hematorheologic Agents | | |
| XYNTHA | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | <i>pentoxifylline</i> | 1 | QL(3 ea daily) |
| XYNTHA SOLOFUSE | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA | Human Protein C | | |
| Bradykinin B2 Receptor Antagonists | | | CEPROTIN | SP | PA |
| | | | Platelet Aggregation Inhibitors | | |
| | | | AGRYLIN 0.5 MG (<i>anagrelide hcl</i>) | NF | |
| | | | <i>anagrelide hcl</i> | 1 | |
| | | | <i>aspirin-dipyridamole</i> | 1 | |
| | | | BRILINTA | 2 | QL(2 ea daily) |
| | | | <i>cilostazol</i> | 1 | QL(2 ea daily) |
| | | | <i>clopidogrel bisulfate</i> | 1 | QL(2 ea daily) |
| | | | <i>dipyridamole</i> | 1 | |
| | | | EFFIENT (<i>prasugrel hcl</i>) | NF | |
| | | | PLAVIX 75 MG (<i>clopidogrel bisulfate</i>) | NF | QL(2 ea daily) |
| | | | <i>prasugrel hcl</i> | 1 | |
| | | | HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | | |
| | | | Agents for Gaucher Disease | | |
| | | | (Miglustat) YARGESA | SP | PA |
| | | | CERDELGA | SP | PA |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| CEREZYME 400 UNIT | SP | PA |
| <i>miglustat</i> | SP | PA |
| ZAVESCA (<i>miglustat</i>) | SP | PA |
| Agents for Sickle Cell Disease | | |
| DROXIA CAPS | 2 | |
| ENDARI | SP | PA |
| SIKLOS TABS | SP | AC; PA |
| SIKLOS TABS | SP | PA |
| Folic Acid/Folates | | |
| (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 | PV | 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 | PV | 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 800 MCG | PV | PV |
| (Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG | 1 | RX/OTC |
| <i>folic acid</i> TABS 400 MCG, 800 MCG | PV | PV |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>folic acid</i> TABS 1 MG | 1 | RX/OTC |
| Hematopoietic Growth Factors | | |
| DOPTELET | SP | PA |
| MULPLETA | SP | PA |
| PROMACTA PACK | SP | QL(1 ea daily); PA |
| PROMACTA TABS | SP | QL(1 ea daily); PA |
| RETACRIT | SP | PA |
| RETACRIT | SP | PA |
| UDENYCA SOSY | SP | PA |
| ZARXIO | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA |
| ZIEXTENZO | SP | PA |
| Hematopoietic Mixtures | | |
| FOLIVANE-F | 2 | |
| INTEGRA F | 2 | |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | | |
| Hemostatics - Systemic | | |
| AMICAR SOLN OR (<i>aminocaproic acid</i>) | NF | |
| AMICAR TABS (<i>aminocaproic acid</i>) | NF | |
| <i>aminocaproic acid</i> SOLN OR 0.25 GM/ML | 1 | |
| <i>aminocaproic acid</i> TABS | 1 | |
| CYKLOKAPRON SOLN (<i>tranexamic acid</i>) | SP | PA |
| LYSTEDA TABS (<i>tranexamic acid</i>) | NF | QL(6 ea daily; 5 Day(s) limit) |
| <i>tranexamic acid</i> SOLN 1000 MG/10ML | SP | PA |
| <i>tranexamic acid</i> TABS | 1 | QL(6 ea daily; 5 Day(s) limit) |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Barbiturate Hypnotics | | |
| <i>phenobarbital ELIX</i> | 1 | |
| <i>phenobarbital TABS</i> | 1 | |
| Non-Barbiturate Hypnotics | | |
| AMBIEN CR TBCR (<i>zolpidem tartrate</i>) | NF | QL(1 ea daily) |
| AMBIEN TABS (<i>zolpidem tartrate</i>) | NF | QL(1 ea daily) |
| DORAL (<i>quazepam</i>) | 3 | |
| <i>estazolam</i> | 1 | |
| <i>eszopiclone</i> | 1 | QL(1 ea daily) |
| <i>flurazepam hcl 30 MG</i> | 1 | QL(1 ea daily) |
| <i>flurazepam hcl 15 MG</i> | 1 | QL(2 ea daily) |
| HALCION 0.25 MG (<i>triazolam</i>) | NF | QL(1 ea daily) |
| LUNESTA (<i>eszopiclone</i>) | NF | QL(1 ea daily) |
| <i>midazolam hcl SYRP</i> | 1 | |
| RESTORIL 15 MG (<i>temazepam</i>) | NF | QL(2 ea daily) |
| RESTORIL 7.5 MG (<i>temazepam</i>) | NF | |
| RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>) | NF | QL(1 ea daily) |
| <i>temazepam 7.5 MG</i> | 1 | |
| <i>temazepam 22.5 MG, 30 MG</i> | 1 | QL(1 ea daily) |
| <i>temazepam 15 MG</i> | 1 | QL(2 ea daily) |
| <i>triazolam 0.125 MG</i> | 1 | |
| <i>triazolam 0.25 MG</i> | 1 | QL(1 ea daily) |
| <i>zaleplon</i> | 1 | QL(1 ea daily) |
| <i>zolpidem tartrate TABS</i> | 1 | QL(1 ea daily) |
| <i>zolpidem tartrate TBCR</i> | 1 | QL(1 ea daily) |
| Orexin Receptor Antagonists | | |
| BELSOMRA | 2 | QL(1 ea daily); ST |
| Selective Melatonin Receptor Agonists | | |
| <i>ramelteon</i> | 1 | QL(1 ea daily); ST |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| ROZEREM (<i>ramelteon</i>) | NF | 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 | PV | 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 | PV | QL(4000 ml per fill retail); PV |
| GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | PV | QL(4000 ml per fill retail); PV |
| NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) | PV | PV |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> | PV | 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> | PV | QL(4000 ml per fill retail); PV |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | PV | PV |
| PEG-PREP | PV | QL(1 ea per fill retail); PV |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> | PV | PV |
| SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>) | PV | PV |
| Laxatives - Miscellaneous | | |
| (Lactulose) CONSTULOSE SOLN 10 GM/15ML | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|---|
| (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) | (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 | 1 | Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| <i>lactulose SOLN</i> | 1 | | | | |
| MIRALAX POWD (polyethylene glycol 3350) | NF | 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 | PV | PV | | | |
| Stimulant Laxatives | | | | | |
| | | | (Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP | 1 | Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>bisacodyl SUPP</i> | 1 | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| <i>bisacodyl TBEC</i> | 1 | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>) | NF | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| DULCOLAX SUPP (<i>bisacodyl</i>) | NF | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| DULCOLAX TBEC (<i>bisacodyl</i>) | NF | Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV |
| MACROLIDES - Drugs to Treat Bacterial Infections | | |
| Azithromycin | | |
| <i>azithromycin PACK</i> | 1 | |

| 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>) | NF | QL(3 ea daily) |
| ZITHROMAX Z-PAK TABS (<i>azithromycin</i>) | NF | QL(6 ea per fill retail) |
| ZITHROMAX PACK (<i>azithromycin</i>) | NF | |
| ZITHROMAX SUSR (<i>azithromycin</i>) | NF | |
| ZITHROMAX TABS 250 MG (<i>azithromycin</i>) | NF | QL(6 ea per fill retail) |
| ZITHROMAX TABS 500 MG (<i>azithromycin</i>) | NF | 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>) | NF | |
| ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>) | NF | |
| ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>) | NF | |
| <i>erythromycin base CPEP</i> | 1 | |
| <i>erythromycin base TABS</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>erythromycin base TBEC</i> | 1 | |
| <i>erythromycin ethylsuccinate SUSR</i> | 1 | |
| Fidaxomicin | | |
| DIFICID TABS | 3 | |
| MEDICAL DEVICES AND SUPPLIES | | |
| Contraceptives | | |
| AIMSCO LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| CAYA DPRH | PV | QL(1 ea per 365 days retail); PV |
| CONDOMS | PV | |
| DUREX EXTRA SENSITIVE THIN DEVI | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| FANTASY LUBRICATED/SPERMICIDE MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| FANTASY LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| FC2 FEMALE CONDOM | PV | PV |
| FEMCAP DEVI | PV | PV |
| KAMELEON LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO COLORS DEVI | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO MAXX/LARGE FLARE MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO MICRO THIN MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO PLUS SPERMICIDE LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO PLUS SPERMICIDE/LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO PS LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO SENSATION LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| KIMONO SPECIAL DEVI | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| K-Y ME & YOU EXTRA LUBRICATED DEVI | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| K-Y ME & YOU INTENSE DEVI | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| MAXX LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| MAXX PLUS SPERMICIDE LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | TRUSTEX LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| OMNIFLEX DIAPHRAGM | PV | PV | TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| PREMIUM CONDOMS LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | TRUSTEX NON-LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| REALITY LATEX CONDOMS/LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| REALITY LATEX/ULTRA TEXTURED DEVI | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | TRUSTEX/RIA LUBRICATED SPERMICIDE MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| REALITY LATEX/ULTRA THIN DEVI | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | TRUSTEX/RIA LUBRICATED/SPERMICI DE MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| TRUSTEX COLOR CONDOMS + LUBE MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | TRUSTEX/RIA LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| TRUSTEX LUBRICATED EXTRALARGE MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | TRUSTEX/RIA NON-LUBRICATED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV |
| TRUSTEX LUBRICATED EXTRASTRENGTH MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | PV | PV |
| TRUSTEX LUBRICATED/RIBBED/STUDED MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | PV | PV |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | PV | PV |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | PV | PV |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | PV | QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV | WIDE-SEAL SILICONE DIAPHRAGM KIT 80 | PV | PV |
| | | | WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | PV | PV |
| | | | WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | PV | PV |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---------------------------------------|-----------|--|
| WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | PV | PV | ADVANCED MOBILE LANCET 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| Diabetic Supplies | | | ADVOCATE LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| 1ST TIER UNILET COMFORTOUCH LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ADVOCATE LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| 1ST TIER UNILET COMFORTOUCH LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ADVOCATE SAFETY LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACCU-CHEK FASTCLIX LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ADVOCATE SAFETY LANCETS 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACCU-CHEK SAFE-T-PRO LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | AGAMATRIX ULTRA-THIN LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACCU-CHEK SAFE-T-PRO PLUSLANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | AIMSCO TWIST LANCETS 32G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | AIMSCO TWIST LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACTI-LANCE LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | AQUALANCE LANCETS ULTRA THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACTI-LANCE LITE SAFETY LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ASSURE COMFORT LANCETS ULTRA THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACTI-LANCE SPECIAL SAFETY LANCETS 17G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ASSURE HAEMOLANCE PLUS HIGH FLOW 18G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACTI-LANCE SPECIAL SAFETYLANCETS 17G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ASSURE HAEMOLANCE PLUS LOW FLOW 25G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | | | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|---|-----------|--|
| ASSURE HAEMOLANCE PLUS MICRO FLOW 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CAREONE LANCET THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CARESENS LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CARETOUCH SAFETY LANCETS/26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE LANCE LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CARETOUCH SAFETY LANCETS/28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE LANCE LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CARETOUCH SAFETY LANCETS/30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE LANCE PLUS SAFETYLANCETS 25G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CARETOUCH TWIST LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE LANCE PLUS SAFETYLANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CARETOUCH TWIST LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE LANCE SAFETY LANCET 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CARETOUCH TWIST LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| AURORA LANCET SUPER THIN30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CARETOUCH TWIST LANCETS MULTI COLOR/30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| AURORA LANCET THIN 23G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CLEANLET LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| BD MICROTAINER LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CLEVER CHEK LANCETS ULTRATHIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| CAREONE LANCET SUPER THIN/30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CLEVER CHEK LANCETS ULTRATHIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|--|-----------|--|
| CLEVER CHOICE COMFORT EZLANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CVS LANCETS MICRO-THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZLANCETS 23G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CVS LANCETS ORIGINAL | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| CLEVER CHOICE COMFORT EZLANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CVS LANCETS THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| COAGUCHEK LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CVS LANCETS ULTRA THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| COMFORT ASSURED LANCETS MICRO THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CVS LANCETS ULTRA-THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| COMFORT ASSURED LANCETS SUPER THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | CVS ULTRA THIN LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| COMFORT LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | DIATHRIVE LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| COMFORT TOUCH LANCETS ULTRA THIN 31G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | DIATHRIVE LANCETS ULTRA THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | DROPLET LANCETS ULTRA THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | DROPLET PERSONAL LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| CVS LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | DRUG MART LANCETS THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| CVS LANCETS MICRO THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | DRUG MART ON-THE-GO LANCETS GENTLE 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|--|--|-----------|--|
| DRUG MART UNILET LANCETSSUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 28G/PULL-TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| DRUG MART UNILET LANCETSULTRA THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 28G/TWIST | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| DRUG MART UNILET MICRO THIN LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY COMFORT LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY COMFORT LANCETS 30G/PULL TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 30G/PULL-TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY COMFORT LANCETS 30G/THIN TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 30G/TWIST | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY COMFORT LANCETS TWIST TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 32G/PULL-TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 32G/TWIST | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH LANCETS 33G/TWIST | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY TOUCH LANCETS 26G/PULL-TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH SAFETY LANCETS21G/PRESSUR E ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EASY TOUCH SAFETY LANCETS23G/PRESSUR E ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---------------------------------|-----------|--|
| EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | E-Z JECT LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | E-Z JECT LANCETS COLOR | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | E-Z JECT LANCETS SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | E-Z JECT LANCETS THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | E-ZJECT LANCETS MICRO-THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EZ-LETS LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EZ-LETS LANCETS 26G SUPER-SOFT | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EQL COLOR LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EZ-LETS LANCETS 28G ULTRA-SOFT | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EQL COLOR LANCETS MICRO THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | EZ-LETS LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EQL SUPER THIN LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | FIFTY50 SAFETY SEAL LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| EQL THIN LANCETS 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | FIFTY50 SAFETY SEAL LANCETS 32G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| E-Z JECT LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | FIFTY50 UNILET LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| FINE 30 | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| FINGERSTIX LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| FORA LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GENTLE-LET LANCETS SAFETY STYLE/FINE POINT | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| FREDS PHARMACY UNILET LANCETS SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GLOBAL INJECT EASE LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| FREESTYLE FREEDOM LITE KIT | 2 | QL(1 ea per 365 days retail); RX/OTC | GLOBAL INJECT EASE LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| FREESTYLE LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GLUCOCOM LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); 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 | GLUCOCOM LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| 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 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| FREESTYLE UNISTICK II LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GNP LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GENTEEL BUTTERFLY TOUCH LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GNP LANCETS THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GENTLE-LET GP LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | GNP STERILE LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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|--|-----------|--|---|-----------|--|
| GNP STERILE LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | HAEMOLANCE PLUS HIGH FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GNP STERILE LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | HAEMOLANCE PLUS LOW FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GOJJI STERILE LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | HAEMOLANCE PLUS MAX FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GOODSENSE LANCETS MICRO-THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | H-E-B INCONTROL LANCETS MICRO THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | H-E-B INCONTROL LANCETS SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GOODSENSE LANCETS ULTRA-THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | H-E-B INCONTROL LANCETS ULTRA THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | HY-VEE LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| HAEMOLANCE | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | HY-VEE THIN LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| HAEMOLANCE LOW FLOW LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | IN TOUCH STERILE LANCETS30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| HAEMOLANCE PLUS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | KINNEY LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|--|----------------------------------|-----------|--|
| KINNEY THIN LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LANCETS 30G/TWIST TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| KROGER HEALTHPRO TWIST LANCETS/26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LANCETS 33G EXTRA FINE | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| KROGER LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LANCETS 33G UNIVERSAL DESIGN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| KROGER LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LANCETS MICRO THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| KROGER LANCETS MICRO THIN33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LANCETS SUPER THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| KROGER LANCETS SUPER THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LANCETS THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| KROGER LANCETS THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LANCETS ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| KROGER LANCETS THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LANCETS ULTRA THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| KROGER LANCETS ULTRATHIN30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LIBERTY MEDICAL LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LITE TOUCH LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LITETOUCH LANCETS MICRO THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| LANCETS 30G TWIST TOP | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | LIVE BETTER LANCET SUPERTHIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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|--|-----------|--|---|-----------|--|
| LIVE BETTER LANCET ULTRATHIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE PLUS LANCETS LITE 25G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| LONGS LANCETS STANDARD | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE PLUS LITE LANCETS 25G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| LONGS LANCETS THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE PLUS SPECIAL LANCETS 0.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| LONGS LANCETS ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE PLUS SUPERLITE 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEDICHOICE PRE-SET SAFETY LANCET DUAL USE | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE PLUS UNIVERSAL LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE PLUS/LITE 25G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE/EXTRA | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEDICHOICE SAFETY LANCETEXTRA | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE/LITE | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEDICHOICE SAFETY LANCETNORMAL | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEDLANCE/UNIVERSAL | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEDLANCE PLUS EXTRA LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEIJER COLOR LANCETS UNIVERSAL 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEDLANCE PLUS LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MEIJER LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|--|---|-----------|--|
| MEIJER LANCETS THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MPD SAFETY LANCET 30G/1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MPD SAFETY LANCETS 23G/1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEIJER LANCETS UNIVERSAL33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | NOVA SAFETY LANCETS 23G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MEIJER SUPER THIN LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | NOVA SAFETY LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MICROLET LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | NOVA SUREFLEX LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MM TWIST LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MONOLET LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ONETOUCH DELICA PLUS LANCETS FINE 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MONOLET OPD LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ONETOUCH ULTRA 2 KIT | 2 | QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC |
| MONOLETTOR SAFETY LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ONETOUCH ULTRASOFT 2 LANCETS FINE 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MPD SAFETY LANCET 21G/1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ONETOUCH ULTRASOFT LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| MPD SAFETY LANCET 28G/1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); 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 |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| ONETOUCH VERIO REFLECT KIT | 2 | QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC | PIP LANCETS/30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PC LANCETS SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PRECISION THINS GP LANCET | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PERFECT LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PREFERRED PLUS LANCETS COLORED 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PREFERRED PLUS LANCETS SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PREFERRED PLUS LANCETS THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PHARMACIST CHOICE ULTRA THIN LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PRO COMFORT LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PHARMACIST CHOICE ULTRA THIN LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PRO COMFORT LANCETS 31G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PHARMACIST CHOICE ULTRA THIN LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PHARMACIST CHOICE ULTRA THIN LANCETS 31G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PRODIGY PRESSURE ACTIVATED SAFETY LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PHARMACIST CHOICE ULTRA THIN LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PRODIGY SAFETY LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PHARMACY COUNTER LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PRODIGY TWIST TOP LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PIP LANCETS/28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PSS SELECT GP LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|--|-------------------------------------|-----------|--|
| PSS SELECT SAFETY LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | RA E-ZJECT LANCETS ULTRATHIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PURE COMFORT LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | READYLANCE SAFETY LANCETS/21G/2.2MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PX LANCETS MICROTHIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | READYLANCE SAFETY LANCETS/23G/1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PX LANCETS ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | READYLANCE SAFETY LANCETS/26G/1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| PX LANCETS ULTRA THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | READYLANCE SAFETY LANCETS/28G/1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| QC LANCETS SUPER THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | READYLANCE SAFETY LANCETS/30G/1.6MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| QC LANCETS ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | REALITY LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| QC UNILET LANCETS 28G/ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | REALITY TRIGGER LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| QC UNILET LANCETS 33G/MICRO THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | RELION LANCETS MICRO-THIN33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| RA E-ZJECT LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | RELION LANCETS THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| RA E-ZJECT LANCETS THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | RELION LANCETS ULTRA-THIN30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| RA E-ZJECT LANCETS THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | RELION ULTRA THIN LANCETS/30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|--|-----------|--|
| RELION ULTRA THIN LANCETS30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SAFETY LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| RELION ULTRA THIN PLUS LANCETS 32G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SAFETY LANCETS 23G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| RELION ULTRA THIN PLUS LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SAFETY LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| REXALL LANCETS ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SAFETY LANCETS/PRESSURE ACTIVATED/28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| RIGHTEST GL300 LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SAPS HEALTH CARE TWIST TOP LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SAFE-T-LANCE LOW FLOW 25G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SAPS HEALTH PLUS TWIST TOP LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SAFE-T-LANCE NORMAL FLOW21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SAPS HEALTH TWIST TOP LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SAPSCARE TWIST TOP LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SB LANCETS THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SB LANCETS ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SAFETY LANCET 30G/PRESSURE ACTIVATED | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SHOPKO ON-THE-GO COMFORTLANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SAFETY LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SHOPKO UNILET LANCETS SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|--|---------------------------|-----------|--|
| SHOPKO UNILET LANCETS ULTRA THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SURE COMFORT LANCETS 18G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SINGLE-LET | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SURE COMFORT LANCETS 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SM MICRO THIN LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SURE COMFORT LANCETS 23G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SMART SENSE COLOR LANCETS UNIVERSAL 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SURE COMFORT LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SMART SENSE STANDARD LANCETS UNIVERSAL 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SURE COMFORT LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | SURELITE LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SMART SENSE THIN LANCETS UNIVERSAL 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TECHLITE AST LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SMARTTEST LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TECHLITE LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TECHLITE LANCETS 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SOLUS V2 TWIST LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TECHLITE LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| STERILANCE TL | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TGT LANCET MICRO THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| SUPER THIN LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TGT LANCET THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|--|------------------------------------|-----------|--|
| TGT LANCET ULTRA THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TRUEPLUS LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| THINLETS GP LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TRUEPLUS LANCETS 30G ULTRA THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TODAYS HEALTH SUPER THINLANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TRUEPLUS LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TODAYS HEALTH ULTRA THINLANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TRUEPLUS LANCETS 33G MICRO THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TOPCARE LANCETS MICRO-THIN 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TRUEPLUS SAFETY LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TRAVEL LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | TWIST TOP LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TRAVEL LANCETS ADVANCED 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ULTILET CLASSIC LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TRUE COMFORT SAFETY LANCETS/30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ULTILET LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TRUE COMFORT TWIST TOP LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ULTILET LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TRUEPLUS LANCETS 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ULTILET SAFETY LANCETS 21G X 2.2MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TRUEPLUS LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ULTILET SAFETY LANCETS 23G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| TRUEPLUS LANCETS 28G SUPER THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | ULTRA THIN LANCETS 31G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

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

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|---|-----------|--|--|-----------|--|
| UNISTIK TOUCH SAFETY LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | VERIFINE SAFETY LANCET MINI 30G X 1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| UNIVERSAL 1 LANCETS THIN26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| UNIVERSAL 1 LANCETS ULTRA THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| UNIVERSAL 1 LANCETS/33G/MICRO-THIN | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| VALUE PLUS LANCETS STANDARD 21G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | VIDA MIA UNILET LANCETS SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| VALUE PLUS LANCETS SUPERTHIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | VIDA MIA UNILET LANCETS ULTRA THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| VALUE PLUS LANCETS THIN 26G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | VIVAGUARD LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| VALUMARK LANCET SUPER THIN 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | VIVAGUARD SAFETY LANCETS/28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| VALUMARK LANCET ULTRA THIN 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | WALGREENS ADVANCED TRAVELLANCETS 28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| VERIFINE SAFETY LANCET MINI 21G X 2.4MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| VERIFINE SAFETY LANCET MINI 23G X 1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| VERIFINE SAFETY LANCET MINI 28G X 1.8MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | WALGREENS LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|--|-----------|--|
| WALGREENS THIN LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" | 2 | QL(6.67 ea daily); RX/OTC |
| WALGREENS ULTRA THIN LANCETS | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ZEV RX TWIST TOP LANCETS 30G | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM | 2 | QL(6.67 ea daily); RX/OTC |
| Parenteral Therapy Supplies | | | BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64" | 2 | QL(6.67 ea daily); RX/OTC | BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64" | 2 | QL(6.67 ea daily); RX/OTC |
| BD AUTOSHIELD DUO 30G X 5MM | 2 | RX/OTC | CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" | 2 | RX/OTC |
| BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2" | 2 | RX/OTC | DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| BD NEEDLE/30G X 1/2" | 2 | RX/OTC | DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" | 2 | QL(6.67 ea daily); RX/OTC |
| BD PEN MINI MISC | 3 | Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC | DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM | 2 | Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC | DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML | 2 | QL(6.67 ea daily); RX/OTC |
| BD PEN MISC | 3 | Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC | DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC |
| | | | EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" | 2 | RX/OTC |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|---------------------|
| EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" | 2 | RX/OTC | ASSESS PEAK FLOW METER FULL RANGE | 2 | RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" | 2 | QL(6.67 ea daily); RX/OTC | ASSESS PEAK FLOW METER LOW RANGE | 2 | RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | BREATHE EASE PEAK FLOW METER | 2 | RX/OTC |
| HYPODERMIC NEEDLE 30GX1/2" | 2 | RX/OTC | CLEVER CHOICE PEAK FLOW METER | 2 | RX/OTC |
| INSULIN SYRINGES AND PEN NEEDLES | 2 | MO | LUNG PERFORMANCE PEAK FLOW METER | 2 | RX/OTC |
| NOVOPEN ECHO DEVI | 3 | Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC | MICROLIFE DIGITAL PEAK FLOW METER | 2 | RX/OTC |
| POLY HUB NEEDLE/30G X 1/2" | 2 | RX/OTC | MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE | 2 | RX/OTC |
| RELION INSULIN SYRINGE 0.5ML/31G X 15/64" | 2 | QL(6.67 ea daily); RX/OTC | MINI WRIGHT PEAK FLOW METER | 2 | RX/OTC |
| RELION INSULIN SYRINGE 1ML/31GX15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | MINI WRIGHT PEAK FLOW METER STANDARD RANGE | 2 | RX/OTC |
| RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PEAK A-I-R FLOW METER | 2 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" | 2 | QL(6.67 ea daily); RX/OTC | PEAK AIR PEAK FLOW METERADULT/PEDIATRIC | 2 | RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" | 2 | Limit 200 per month; QL(6.67 ea daily); RX/OTC | PERSONAL BEST FULL RANGE | 2 | RX/OTC |
| Respiratory Therapy Supplies | | | PIKO 1 ELECTRONIC | 2 | RX/OTC |
| AIRZONE PEAK FLOW METER | 2 | RX/OTC | POCKET PEAK FLOW METER | 2 | RX/OTC |
| | | | POCKETPEAK PEAK FLOW METER LOW RANGE | 2 | RX/OTC |
| | | | POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM | 2 | RX/OTC |
| | | | PURE COMFORT PEAK FLOW METER ADULT | 2 | RX/OTC |
| | | | PURE COMFORT PEAK FLOW METER CHILD | 2 | RX/OTC |
| | | | STRIVE DUAL ZONE PEAK FLOW METER | 2 | RX/OTC |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| TRUZONE PEAK FLOW METER | 2 | RX/OTC |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag | | |
| AIMOVIG | 2 | PA |
| EMGALITY SOAJ | 2 | PA |
| EMGALITY SOSY 100 MG/ML | 2 | PA |
| EMGALITY SOSY 120 MG/ML | 2 | PA |
| UBRELVY | 3 | QL(10 ea per 30 days retail); ST |
| Migraine Combinations | | |
| (Ergotamine W/ Caffeine) MIGERGOT SUPP | 1 | |
| CAFERGOT TABS (<i>ergotamine w/ caffeine</i>) | NF | |
| <i>ergotamine w/ caffeine TABS</i> | 1 | |
| Migraine Products | | |
| D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>) | SP | PA |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | 1 | QL(0.27 ml daily); PA |
| <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i> | 2 | PA |
| ERGOMAR SUBL | 2 | |
| MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>) | NF | QL(0.27 ml daily); PA |
| Serotonin Agonists | | |
| <i>almotriptan malate</i> | 1 | Limit 6 per month; QL(0.2 ea daily) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| AMERGE (<i>naratriptan hcl</i>) | NF | Limit 9 per month; QL(0.3 ea daily) |
| <i>eletriptan hydrobromide</i> | 1 | Limit 6 tabs per month; QL(0.2 ea daily) |
| FROVA (<i>frovatriptan succinate</i>) | NF | Limit 9 per month; QL(0.3 ea daily) |
| <i>frovatriptan succinate</i> | 1 | Limit 9 per month; QL(0.3 ea daily) |
| IMITREX 5 MG/ACT (<i>sumatriptan</i>) | NF | Limit 6 per month; QL(0.2 ea daily) |
| IMITREX 20 MG/ACT (<i>sumatriptan</i>) | NF | Limit 6 sprayers per month; QL(2 ea daily) |
| IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>) | SP | PA |
| IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>) | SP | PA |
| IMITREX TABS (<i>sumatriptan succinate</i>) | NF | Limit 9 per month; QL(2 ea daily) |
| MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>) | NF | Limit 18 tabs per month; QL(0.6 ea daily) |
| MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>) | NF | Limit 18 tabs per month; QL(0.6 ea daily) |
| <i>naratriptan hcl</i> | 1 | Limit 9 per month; QL(0.3 ea daily) |
| RELPAK (<i>eletriptan hydrobromide</i>) | NF | Limit 6 tabs per month; QL(0.2 ea daily) |
| <i>rizatriptan benzoate TABS</i> | 1 | Limit 18 tabs per month; QL(0.6 ea daily) |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|---------------------------------|
| <i>rizatriptan benzoate TBDP</i> | 1 | Limit 18 tabs per month; QL(0.6 ea daily) | MAGNEBIND 400 | 3 | |
| <i>sumatriptan 20 MG/ACT</i> | 1 | Limit 6 sprayers per month; QL(2 ea daily) | Fluoride | | |
| <i>sumatriptan 5 MG/ACT</i> | 1 | Limit 6 per month; QL(0.2 ea daily) | (Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP | PV | AL(Up to 6 yrs old); PV |
| <i>sumatriptan succinate SOAJ</i> | SP | PA | (Sodium Fluoride) NAFRINSE CHEW 2.2 MG | 1 | AL(Up to 6 yrs old) |
| <i>sumatriptan succinate SOCT</i> | SP | PA | FLORIVA | 3 | |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | SP | Limit 2mls per month; QL(0.07 ml daily); PA | <i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i> | PV | AL(Up to 6 yrs old); PV |
| <i>sumatriptan succinate TABS</i> | 1 | Limit 9 per month; QL(2 ea daily) | <i>sodium fluoride CHEW 1 MG, 2.2 MG</i> | 1 | AL(Up to 6 yrs old) |
| <i>zolmitriptan SOLN</i> | 1 | QL(6 ea per 30 days retail; 18 ea per 90 days mail) | <i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i> | PV | AL(Up to 6 yrs old); PV; RX/OTC |
| <i>zolmitriptan TABS</i> | 1 | Limit 6 per month; QL(0.2 ea daily) | <i>sodium fluoride TABS</i> | PV | AL(Up to 6 yrs old); PV |
| <i>zolmitriptan TBDP</i> | 1 | Limit 6 tabs per month; QL(0.2 ea daily) | Magnesium | | |
| ZOMIG SOLN 2.5 MG | 3 | QL(6 ea per 30 days retail; 18 ea per 90 days mail) | <i>magnesium sulfate IJ 50 %</i> | SP | PA |
| ZOMIG SOLN (<i>zolmitriptan</i>) | NF | QL(6 ea per 30 days retail; 18 ea per 90 days mail) | Phosphate | | |
| ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>) | NF | Limit 6 per month; QL(0.2 ea daily) | (Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL | 1 | |
| MINERALS & ELECTROLYTES | | | (Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS | 1 | |
| Calcium | | | K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) | NF | |
| CALCIFOL | 3 | | K-PHOS TABS (<i>potassium phosphate monobasic</i>) | NF | |
| CALCIUM-FOLIC ACID PLUS D | 3 | | <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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 15 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 20 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 | |
| EFFER-K | 3 | |
| K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>) | NF | |
| K-TAB TBCR 8 MEQ (<i>potassium chloride</i>) | 2 | |
| <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 | |
| POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>) | SP | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>potassium chloride TBCR</i> | 1 | |
| Zinc | | |
| GALZIN | 3 | |
| WILZIN | 3 | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| Chelating Agents | | |
| CUPRIMINE CAPS (<i>penicillamine</i>) | SP | PA |
| DEPEN TITRATABS TABS (<i>penicillamine</i>) | NF | |
| <i>penicillamine CAPS</i> | SP | PA |
| <i>penicillamine TABS</i> | 1 | |
| SYPRINE (<i>trientine hcl</i>) | SP | PA |
| <i>trientine hcl</i> | SP | PA |
| Immunomodulators | | |
| <i>lenalidomide</i> | 1 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA |
| <i>lenalidomide 2.5 MG, 20 MG</i> | 1 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA |
| REVLIMID (<i>lenalidomide</i>) | NF | Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA |
| THALOMID | 3 | AC |
| Immunosuppressive Agents | | |
| (Azathioprine) AZASAN TABS 75 MG, 100 MG | 1 | |

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|--|-----------|----------------------|---|-----------|----------------------|
| (Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG | 1 | | PROGRAF PACK | SP | PA |
| (Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN | 1 | | RAPAMUNE SOLN (<i>sirolimus</i>) | NF | |
| ASTAGRAF XL CP24 | 3 | ST | RAPAMUNE TABS (<i>sirolimus</i>) | NF | |
| <i>azathioprine</i> TABS | 1 | | SANDIMMUNE CAPS (<i>cyclosporine</i>) | NF | |
| CELLCEPT CAPS (<i>mycophenolate mofetil</i>) | NF | | SANDIMMUNE SOLN OR <i>sirolimus</i> SOLN | 3 1 | |
| CELLCEPT SUSR (<i>mycophenolate mofetil</i>) | NF | | <i>sirolimus</i> TABS | 1 | |
| CELLCEPT TABS (<i>mycophenolate mofetil</i>) | NF | | <i>tacrolimus</i> CAPS | 1 | |
| <i>cyclosporine modified (for microemulsion)</i> CAPS | 1 | | THYMOGLOBULIN | 3 | PA |
| <i>cyclosporine modified (for microemulsion)</i> SOLN | 1 | | ZORTRESS (<i>everolimus</i> (<i>immunosuppressant</i>)) | NF | |
| <i>cyclosporine</i> CAPS | 1 | | Potassium Removing Agents | | |
| <i>everolimus</i> (<i>immunosuppressant</i>) 0.25 MG, 0.5 MG, 0.75 MG | 1 | | (Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML | 1 | |
| IMURAN TABS (<i>azathioprine</i>) | NF | | LOKELMA | 3 | QL(1 ea daily) |
| <i>mycophenolate mofetil</i> CAPS | 1 | | <i>sodium polystyrene sulfonate</i> POWD | 1 | |
| <i>mycophenolate mofetil</i> SUSR | 1 | | Systemic Lupus Erythematosus Agents | | |
| <i>mycophenolate mofetil</i> TABS | 1 | | BENLYSTA SOAJ | SP | PA |
| <i>mycophenolate sodium</i> | 1 | | BENLYSTA SOSY | SP | PA |
| MYFORTIC (<i>mycophenolate sodium</i>) | NF | | MOUTH/THROAT/DENTAL AGENTS | | |
| NEORAL CAPS (<i>cyclosporine modified</i> (<i>for microemulsion</i>)) | NF | | Anesthetics Topical Oral | | |
| NEORAL SOLN (<i>cyclosporine modified</i> (<i>for microemulsion</i>)) | NF | | FIRST-MOUTHWASH BLM | 3 | |
| PROGRAF CAPS (<i>tacrolimus</i>) | NF | | <i>lidocaine hcl</i> (<i>mouth-throat</i>) | 1 | |
| | | | Anti-infectives - Throat | | |
| | | | <i>clotrimazole</i> | 1 | |
| | | | <i>nystatin</i> (<i>mouth-throat</i>) | 1 | |
| | | | ORAVIG | 3 | |
| | | | Antiseptics - Mouth/Throat | | |
| | | | (Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>chlorhexidine gluconate (mouth-throat)</i> | 1 | |
| PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>) | NF | |
| Steroids - Mouth/Throat/Dental | | |
| (Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE | 1 | |
| <i>triamcinolone acetonide (mouth)</i> | 1 | |
| Throat Products - Misc. | | |
| <i>cevimeline hcl</i> | 1 | QL(3 ea daily) |
| EVOXAC (<i>cevimeline hcl</i>) | NF | QL(3 ea daily) |
| MUCOTROL WAFR | 3 | |
| <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>) | NF | QL(4 ea daily) |
| SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>) | NF | 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-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML | 1 | AL(Up to 6 yrs old); RX/OTC |

| 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-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML | 1 | AL(Up to 6 yrs old); RX/OTC |
| (Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML | 1 | AL(Up to 6 yrs old); RX/OTC |
| POLY-VI-FLOR/IRON CHEW | 3 | AL(Up to 6 yrs old) |
| POLY-VI-FLOR/IRON SUSP | 3 | RX/OTC |
| QUFLORA FE PEDIATRIC LIQD | 2 | AL(Up to 6 yrs old) |
| Ped MV w/ Fluoride | | |
| (Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW | 1 | RX/OTC |
| (Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW | 1 | RX/OTC |
| (Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN | 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 |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/ Limits | Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-----------------------------|---|-----------|----------------------|
| (Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN | 1 | AL(Up to 6 yrs old); RX/OTC | (Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS | 1 | RX/OTC |
| (Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML | 1 | AL(Up to 6 yrs old); RX/OTC | (Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS | 1 | |
| (Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN | 1 | AL(Up to 6 yrs old); RX/OTC | (Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW | 1 | |
| FLORIVA PLUS SOLN | 2 | AL(Up to 6 yrs old); RX/OTC | (Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT | 1 | |
| MULTIVITAMIN + FLUORIDE CHEW | 2 | RX/OTC | (Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG | 1 | RX/OTC |
| MULTIVITAMIN WITH FLUORIDE CHEW | 2 | RX/OTC | (Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA | 1 | |
| MULTI-VIT-FLOR CHEW | 2 | RX/OTC | ATABEX EC TBEC | 2 | |
| <i>pediatric multivitamins w/fl CHEW</i> | 1 | RX/OTC | CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG | 2 | |
| <i>pediatric vitamins acd w/ fluoride SOLN</i> | 1 | AL(Up to 6 yrs old) | CITRANATAL ASSURE | 3 | |
| POLY-VI-FLOR CHEW | 2 | RX/OTC | CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG | 3 | |
| POLY-VI-FLOR SUSP | 3 | | CITRANATAL BLOOM | 3 | |
| QUFLORA GUMMIES CHEW | 2 | AL(Up to 6 yrs old) | CITRANATAL BLOOM DHA | 2 | |
| QUFLORA PEDIATRIC CHEW | 2 | RX/OTC | CITRANATAL DHA | 2 | |
| QUFLORA PEDIATRIC SOLN | 2 | AL(Up to 6 yrs old); RX/OTC | CITRANATAL ESSENCE | 2 | |
| TRI-VI-FLOR | 3 | | CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG | 3 | |
| TRI-VI-FLORO | 3 | | | | |
| Pediatric Multiple Vitamins & Minerals w/ Fluoride | | | | | |
| FLORIVA | 3 | | | | |
| Prenatal Vitamins | | | | | |

Updated March 1, 2024

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|--|-----------|---------------------|---|-----------|---------------------|
| CITRANATAL MEDLEY | 3 | | OB COMPLETE PREMIER | 3 | |
| C-NATE DHA CAPS | 3 | | OB COMPLETE/DHA | 3 | |
| COMPLETENATE CHEW | 2 | | OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG | 3 | |
| CONCEPT DHA | 2 | | ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS | 2 | RX/OTC |
| CONCEPT OB | 2 | | PNV TABS 29-1 TABS | 2 | RX/OTC |
| DUET DHA 400 MISC | 3 | | PNV-DHA+DOCUSATE | 3 | |
| DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG | 3 | | PNV-OMEGA | 3 | |
| FOLIVANE-OB | 2 | | PRENA 1 TRUE | 2 | |
| M-NATAL PLUS TABS | 2 | RX/OTC | PRENA1 CHEW | 3 | |
| NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG | 3 | | PRENA1 PEARL | 3 | |
| NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG | 3 | | PRENAISSANCE | 3 | |
| NEONATAL 19 | 3 | | PRENAISSANCE PLUS CAPS | 3 | |
| NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG | 2 | RX/OTC | PRENATAL 19 CHEW | 2 | |
| NEONATAL PLUS TABS | 2 | RX/OTC | PRENATAL 19 TABS | 3 | RX/OTC |
| NESTABS | 3 | | PRENATAL PLUS VITAMIN AND MINERAL TABS | 2 | RX/OTC |
| NESTABS DHA | 2 | | PRENATAL PLUS TABS | 2 | RX/OTC |
| NESTABS ONE | 3 | | PRENATAL VITAMINS PLUS LOW IRON TABS | 2 | RX/OTC |
| NIVA-PLUS TABS | 2 | RX/OTC | 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 |
| OB COMPLETE ONE | 3 | | PRENATAL-U CAPS | 2 | |
| OB COMPLETE PETITE | 3 | | PRENATE | 3 | |
| | | | PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG | 3 | |

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|---|-----------|----------------------|---|-----------|----------------------|
| PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG | 3 | | TRICARE TABS | 2 | RX/OTC |
| PRENATE ENHANCE | 3 | | TRINATAL RX 1 TABS | 2 | |
| PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG | 3 | | TRISTART DHA | 3 | |
| PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG | 3 | | TRISTART ONE | 3 | |
| PRENATE PIXIE | 3 | | VINATE DHA RF | 3 | |
| PRENATE RESTORE | 3 | | VINATE ONE TABS | 2 | |
| PRENATRIX TABS | 2 | RX/OTC | VIRT-C DHA | 2 | |
| PRENATRYL TABS | 2 | RX/OTC | VIRT-NATE DHA CAPS | 3 | |
| PREPLUS TABS | 2 | RX/OTC | VIRT-PN DHA | 3 | |
| RELNATE DHA CAPS | 3 | | VIRT-PN PLUS | 3 | |
| SELECT-OB+DHA MISC | 3 | | VITAFOL GUMMIES | 3 | |
| SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT | 3 | | VITAFOL-NANO | 3 | |
| SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG | 2 | | VITAFOL-ONE CAPS | 3 | |
| SE-NATAL 19 CHEW | 2 | | VITAMEDMD ONE RX/QUATREFOLIC | 3 | |
| SE-NATAL 19 TABS | 3 | RX/OTC | VITAMEDMD REDICHEW RX | 3 | |
| THERANATAL CORE NUTRITION TABS | 2 | RX/OTC | VITAPEARL | 3 | |
| THRIVITE RX TABS | 2 | RX/OTC | VITATHELY/GINGER TABS | 2 | RX/OTC |
| | | | VITATRUE | 2 | |
| | | | VIVA DHA CAPS | 3 | |
| | | | VP-PNV-DHA CAPS | 3 | |
| | | | WESCAP-C DHA | 2 | |
| | | | WESNATE DHA CAPS | 3 | |
| | | | WESTAB PLUS TABS | 2 | RX/OTC |
| | | | WESTGEL DHA | 3 | |
| | | | ZATEAN-PN DHA | 3 | |
| | | | ZATEAN-PN PLUS | 3 | |
| | | | MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms | | |
| | | | Central Muscle Relaxants | | |
| | | | (Carisoprodol) VANADOM TABS 350 MG | 1 | |
| | | | (Chlorzoxazone) LORZONE TABS 375 MG, 750 MG | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| <i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML</i> | SP | Must use Accredo SP pharmacy; PA |
| <i>baclofen TABS 5 MG</i> | 1 | |
| <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</i> | 1 | |
| <i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i> | 1 | |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i> | 1 | |
| GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML | SP | Must use Accredo SP pharmacy; PA |
| LIORESAL INTRATHECAL SOLN IT | SP | Must use Accredo SP pharmacy; PA |
| LIORESAL INTRATHECAL SOLN IT (<i>baclofen</i>) | SP | Must use Accredo SP pharmacy; PA |
| <i>metaxalone 800 MG</i> | 1 | QL(4 ea daily) |
| <i>metaxalone 400 MG</i> | 1 | |
| <i>methocarbamol TABS 500 MG, 750 MG</i> | 1 | |
| <i>orphenadrine citrate TB12</i> | 1 | |
| OZOBAX SOLN OR (<i>baclofen</i>) | NF | |
| SKELAXIN (<i>metaxalone</i>) | NF | QL(4 ea daily) |
| SOMA TABS (<i>carisoprodol</i>) | NF | |
| <i>tizanidine hcl CAPS</i> | 1 | |
| <i>tizanidine hcl TABS 4 MG</i> | 1 | QL(9 ea daily) |
| <i>tizanidine hcl TABS 2 MG</i> | 1 | |
| ZANAFLEX CAPS (<i>tizanidine hcl</i>) | NF | |
| ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>) | NF | QL(9 ea daily) |
| Direct Muscle Relaxants | | |
| DANTRIUM CAPS 25 MG, 50 MG (<i>dantrolene sodium</i>) | NF | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>dantrolene sodium CAPS</i> | 1 | |
| Muscle Relaxant Combinations | | |
| <i>carisoprodol w/ aspirin & codeine</i> | 1 | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus | | |
| Nasal Agent Combinations | | |
| <i>azelastine hcl-fluticasone propionate SUSP</i> | 1 | Limit 1 inhaler per month; QL(0.77 gm daily) |
| DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>) | NF | Limit 1 inhaler per month; QL(0.77 gm daily) |
| Nasal Antiallergy | | |
| (Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY | 1 | QL(1 ml daily); RX/OTC |
| <i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i> | 1 | QL(1 ml daily); RX/OTC |
| <i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i> | 1 | Limit 1 sprayer per month; QL(1.2 ml daily) |
| <i>olopatadine hcl (nasal)</i> | 1 | |
| PATANASE (<i>olopatadine hcl (nasal)</i>) | NF | |
| Nasal Anticholinergics | | |
| <i>ipratropium bromide (nasal)</i> | 1 | |
| Nasal Steroids | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits | | | |
|---|-----------|--|--|-----------|---|---|--|--|
| (Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP | 1 | Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC | FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>) | NF | Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC | | | |
| | | | <i>fluticasone propionate (nasal) SUSP</i> | 1 | Limit 2 inhalers per month; QL(1.2 gm daily); RX/OTC | | | |
| | | | <i>mometasone furoate (nasal) SUSP</i> | 1 | Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC | | | |
| | | | NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>) | NF | | | | |
| | | | NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>) | NF | | | | |
| | | | NASONEX 24HR SUSP | 2 | 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 | 3 | QL(1.07 ml daily); ST | | | |
| | | | (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, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMP TOM, RA NASAL ALLERGY SPRAY AERO | 1 | Limit 1 sprayer per month; QL(1.2 ml daily) | NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles | | |
| | | | ALS Agents | | | | | |
| RADICAVA ORS STARTER KIT SUSP | SP | PA | | | | | | |
| RADICAVA ORS SUSP | SP | PA | | | | | | |
| RELYVRIO | SP | PA | | | | | | |
| RILUTEK TABS (<i>riluzole</i>) | NF | | | | | | | |
| <i>riluzole TABS</i> | 1 | | | | | | | |
| Spinal Muscular Atrophy Agents (SMA) | | | | | | | | |
| EVRYSDI | SP | PA | | | | | | |
| NUTRIENTS | | | | | | | | |
| Lipids | | | | | | | | |
| FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>) | NF | Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC | | | | | | |

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|---|-----------|---------------------|---|-----------|---------------------|
| DOJOLVI | SP | PA | (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN | 1 | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | | | | | |
| Beta-blockers - Ophthalmic | | | | | |
| (Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 % | 1 | | <i>atropine sulfate (ophthalmic) OINT</i> | 1 | |
| <i>betaxolol hcl (ophth) SOLN</i> | 1 | | <i>atropine sulfate (ophthalmic) SOLN</i> | 1 | |
| BETIMOL | 2 | | ATROPINE SULFATE SOLN 1 % | 2 | |
| BETOPTIC-S SUSP | 2 | | CYCLOGYL | 2 | |
| <i>brimonidine tartrate-timolol maleate</i> | 1 | | CYCLOGYL (<i>cyclopentolate hcl</i>) | NF | |
| <i>carteolol hcl (ophth)</i> | 1 | | CYCLOMYDRIL | 3 | |
| COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>) | NF | | <i>cyclopentolate hcl</i> | 1 | |
| COSOPT (<i>dorzolamide hcl-timolol maleate</i>) | NF | | ISOPTO ATROPINE SOLN | 2 | |
| COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>) | NF | | MYDRIACYL SOLN (<i>tropicamide</i>) | NF | |
| DORZOLAMIDE HCL/TIMOLOL MALEATE | 2 | | <i>phenylephrine hcl (mydriatic) SOLN</i> | 1 | |
| <i>dorzolamide hcl-timolol maleate</i> | 1 | | <i>tropicamide SOLN</i> | 1 | |
| ISTALOL SOLN (<i>timolol maleate (ophth)</i>) | NF | | Miotics | | |
| <i>levobunolol hcl 0.5 %</i> | 1 | | ISOPTO CARPINE SOLN 1 %, 2 % (<i>pilocarpine hcl</i>) | NF | QL(0.5 ml daily) |
| <i>timolol maleate (ophth) SOLG</i> | 1 | | <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i> | 1 | QL(0.5 ml daily) |
| <i>timolol maleate (ophth) SOLN</i> | 1 | | Ophthalmic Adrenergic Agents | | |
| TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>) | NF | | ALPHAGAN P (<i>brimonidine tartrate</i>) | NF | |
| TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>) | NF | | <i>apraclonidine hcl</i> | 1 | |
| TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>) | 2 | | <i>brimonidine tartrate</i> | 1 | |
| Cycloplegic Mydriatics | | | | | |
| (Homatropine Hbr) HOMATROPAIRE | 1 | | IOPIDINE | 3 | |
| Ophthalmic Anti-infectives | | | | | |
| (Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN | | | | | |
| (Gentamicin Sulfate (Ophth)) GENTAK OINT | | | | | |

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|---|-----------|--|
| (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN | 1 | |
| AZASITE | 3 | Use Klarity-A 71384-0220-03; QL(0.17 ml daily) |
| <i>bacitracin (ophthalmic)</i> | 2 | |
| <i>bacitracin-polymyxin b (ophth)</i> | 1 | |
| BESIVANCE | 3 | |
| BETADINE OPHTHALMIC PREP | 3 | |
| BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>) | NF | |
| CILOXAN OINT | 2 | |
| CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>) | NF | |
| <i>ciprofloxacin hcl (ophth) SOLN</i> | 1 | |
| ERYTHROMYCIN | 2 | |
| <i>erythromycin (ophth)</i> | 1 | |
| <i>gatifloxacin (ophth)</i> | 1 | |
| <i>gentamicin sulfate (ophth) SOLN</i> | 1 | |
| KLARITY-A | 3 | Use Klarity-A 71384-0220-03; QL(0.17 ml daily) |
| <i>levofloxacin (ophth) 1.5 %</i> | 2 | |
| <i>moxifloxacin hcl (ophth) SOLN OP</i> | 1 | |
| NATACYN | 2 | |
| <i>neomycin-bacitracin zn-polymyxin</i> | 1 | |
| <i>neomycin-polymyxin-gramicidin</i> | 1 | |
| OCUFLOX (<i>ofloxacin (ophth)</i>) | NF | QL(5 ml per fill retail; 5 per fill mail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>ofloxacin (ophth)</i> | 1 | QL(5 ml per fill retail; 5 per fill mail) |
| <i>polymyxin b-trimethoprim</i> | 1 | |
| POLYTRIM (<i>polymyxin b-trimethoprim</i>) | NF | |
| POVIDONE IODINE | 3 | |
| <i>sulfacetamide sodium (ophth) OINT</i> | 1 | |
| <i>sulfacetamide sodium (ophth) SOLN</i> | 1 | |
| <i>tobramycin (ophth) SOLN</i> | 1 | |
| TOBREX OINT | 2 | |
| <i>trifluridine</i> | 1 | |
| VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>) | NF | |
| ZIRGAN GEL | 3 | |
| ZYMAXID (<i>gatifloxacin (ophth)</i>) | NF | |
| Ophthalmic Immunomodulators | | |
| <i>cyclosporine (ophth) EMUL</i> | 1 | QL(2 ea daily) |
| RESTASIS EMUL (<i>cyclosporine (ophth)</i>) | NF | Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 ea daily) |
| Ophthalmic Local Anesthetics | | |
| (Tetracaine Hcl (Ophth)) ALTACAINE | 1 | |
| AKTEN | 3 | |
| ALCAINE (<i>proparacaine hcl</i>) | NF | |
| <i>proparacaine hcl</i> | 1 | |
| <i>tetracaine hcl (ophth)</i> | 1 | |
| Ophthalmic Steroids | | |
| (Bacitracin-Poly-Neomycin-HC) NEO-POLYCYN HC | 1 | QL(4 gm per fill retail; 4 per fill mail) |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|--------------------------|
| (Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F | 1 | | <i>neomycin-polymy-dexameth SUSP</i> | 1 | |
| ALREX SUSP 0.2 % (<i>loteprednol etabonate</i>) | NF | | <i>neomycin-polymyxin-hc (ophth)</i> | 1 | |
| <i>bacitracin-poly-neomycin-hc</i> | 1 | QL(4 gm per fill retail; 4 per fill mail) | PRED FORTE (<i>prednisolone acetate (ophth)</i>) | NF | |
| BLEPHAMIDE S.O.P. OINT | 2 | | PRED MILD | 2 | |
| BLEPHAMIDE SUSP | 2 | | PRED-G S.O.P. OINT | 3 | |
| <i>dexamethasone sodium phosphate (ophth)</i> | 1 | | PRED-G SUSP | 3 | |
| <i>difluprednate</i> | 1 | | <i>prednisolone acetate (ophth)</i> | 1 | |
| DUREZOL (<i>difluprednate</i>) | NF | | PREDNISOLONE SODIUM PHOSPHATE | 3 | |
| FLAREX | 2 | | PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN | 3 | |
| <i>fluorometholone (ophth) SUSP</i> | 1 | | <i>sulfacetamide sod-prednisolone SOLN</i> | 1 | |
| FML FORTE SUSP | 2 | | TOBRADEX ST SUSP | 3 | |
| FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>) | NF | | TOBRADEX OINT | 3 | |
| FML OINT | 2 | | TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>) | NF | QL(5 ml per fill retail) |
| LOTEMAX GEL (<i>loteprednol etabonate</i>) | NF | | <i>tobramycin-dexamethasone SUSP</i> | 1 | QL(5 ml per fill retail) |
| LOTEMAX OINT | 3 | | ZYLET | 3 | QL(5 ml per fill retail) |
| LOTEMAX SUSP (<i>loteprednol etabonate</i>) | NF | | Ophthalmic Surgical Aids | | |
| <i>loteprednol etabonate GEL</i> | 1 | | GELFILM OP | 3 | |
| <i>loteprednol etabonate SUSP</i> | 1 | | Ophthalmics - Misc. | | |
| MAXIDEX SUSP OP | 2 | | | | |
| MAXITROL OINT (<i>neomycin-polymy-dexameth</i>) | NF | | | | |
| MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>) | NF | | | | |
| <i>neomycin-polymy-dexameth OINT</i> | 1 | | | | |

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| Drug Name | Drug Tier | Requirements/ Limits | 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 | QL(0.09 ml daily); RX/OTC | BROMSITE 0.075 % <i>(bromfenac sodium ophth)</i> | NF | |
| | | | <i>cromolyn sodium (ophth)</i> | 1 | |
| | | | CYSTARAN | SP | |
| | | | <i>diclofenac sodium (ophth)</i> | 1 | |
| | | | <i>dorzolamide hcl</i> | 1 | Limit 10mls per month; QL(0.34 ml daily) |
| | | | DORZOLAMIDE HCL | 2 | Limit 10mls per month; QL(0.34 ml daily) |
| | | | <i>epinastine hcl (ophth)</i> | 1 | |
| | | | <i>flurbiprofen sodium</i> | 1 | |
| | | | ILEVRO | 3 | |
| | | | <i>ketorolac tromethamine (ophth)</i> | 1 | |
| | | | LASTACFT | 3 | ST |
| | | | NEVANAC | 3 | |
| | | | <i>olopatadine hcl 0.2 %</i> | 1 | QL(0.09 ml daily); RX/OTC |
| | | | <i>olopatadine hcl 0.1 %</i> | 1 | Limit 10mls per month; QL(0.34 ml daily); RX/OTC |
| | | | PAREMYD | 3 | |
| | | | PATADAY 0.1 % <i>(olopatadine hcl)</i> | NF | Limit 10mls per month; QL(0.34 ml daily); RX/OTC |
| | | | PATADAY 0.2 % <i>(olopatadine hcl)</i> | NF | QL(0.09 ml daily); RX/OTC |
| | | | PROLENSA <i>(bromfenac sodium (ophth))</i> | NF | |
| | | | TRUSOPT <i>(dorzolamide hcl)</i> | NF | Limit 10mls per month; QL(0.34 ml daily) |
| | | | Prostaglandins - Ophthalmic | | |
| | | | <i>bimatoprost SOLN</i> | 1 | Limit 2.5mls per month; QL(0.09 ml daily) |
| | | | <i>latanoprost SOLN</i> | 1 | QL(0.09 ml daily) |
| (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; QL(0.34 ml daily); RX/OTC | | | |
| ACULAR <i>(ketorolac tromethamine (ophth))</i> | NF | | | | |
| ACULAR LS <i>(ketorolac tromethamine (ophth))</i> | NF | | | | |
| ACUVAIL | 3 | | | | |
| ALOCRIAL | 3 | | | | |
| ALOMIDE | 2 | | | | |
| <i>azelastine hcl (ophth)</i> | 1 | | | | |
| AZOPT <i>(brinzolamide)</i> | NF | Limit 10mls per month; QL(0.4 ml daily) | | | |
| <i>bepotastine besilate</i> | 1 | QL(0.34 ml daily); ST | | | |
| BEPREVE <i>(bepotastine besilate)</i> | NF | QL(0.34 ml daily); ST | | | |
| <i>brinzolamide</i> | 1 | Limit 10mls per month; QL(0.4 ml daily) | | | |
| <i>bromfenac sodium (ophth)</i> | 1 | | | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>latanoprost SOLN</i> | 1 | Limit 2.5mls per month; QL(0.09 ml daily) |
| LUMIGAN SOLN 0.01 % | 2 | Limit 2.5mls per month; QL(0.09 ml daily) |
| <i>tafluprost</i> | 1 | QL(1 ea daily) |
| TRAVATAN Z SOLN (<i>travoprost</i>) | NF | Limit 2.5mls per month; QL(0.09 ml daily) |
| <i>travoprost SOLN</i> | 1 | Limit 2.5mls per month; QL(0.09 ml daily) |
| XALATAN SOLN (<i>latanoprost</i>) | NF | Limit 2.5mls per month; QL(0.09 ml daily) |
| ZIOPTAN (<i>tafluprost</i>) | NF | QL(1 ea daily) |
| OTIC AGENTS - Drugs to Treat the Ear | | |
| Otic Agents - Miscellaneous | | |
| <i>acetic acid (otic)</i> | 1 | |
| Otic Anti-infectives | | |
| CETRAXAL (<i>ciprofloxacin hcl (otic)</i>) | NF | |
| <i>ciprofloxacin hcl (otic)</i> | 1 | QL(14 ea per fill retail) |
| <i>ofloxacin (otic)</i> | 1 | |
| Otic Combinations | | |
| CIPRO HC | 3 | |
| CIPRODEX (<i>ciprofloxacin-dexamethasone</i>) | NF | |
| <i>ciprofloxacin-dexamethasone</i> | 1 | |
| <i>ciprofloxacin-fluocinolone acetonide</i> | 1 | Limit 15mls per month; QL(0.5 ea daily) |
| CORTISPORIN-TC | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| <i>neomycin-polymyxin-hc (otic) SOLN</i> | 1 | |
| <i>neomycin-polymyxin-hc (otic) SUSP</i> | 1 | |
| OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>) | 3 | Limit 15mls per month; QL(0.5 ea daily) |
| PRAMOTIC | 3 | |
| Otic Steroids | | |
| (Fluocinolone Acetonide (Otic)) FLAC | 1 | |
| DERMOTIC (<i>fluocinolone acetonide (otic)</i>) | NF | |
| <i>fluocinolone acetonide (otic)</i> | 1 | |
| <i>hydrocortisone w/acetic acid</i> | 2 | QL(10 ml per fill retail) |
| HYDROCORTISONE/ACETIC ACID (<i>hydrocortisone w/acetic acid</i>) | NF | QL(10 ml per fill retail) |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding | | |
| Abortifacients/Agents for Cervical Ripening | | |
| CERVIDIL INST | 3 | |
| PREPIDIL GEL | 3 | |
| Oxytocics | | |
| (Methylergonovine Maleate) METHERGINE TABS | 1 | |
| <i>methylergonovine maleate TABS</i> | 1 | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System | | |
| Immune Serums | | |
| BIVIGAM SOLN | SP | PA |
| FLEBOGAMMA DIF SOLN | SP | PA |
| GAMASTAN | SP | PA |

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|--|-----------|---|---|-----------|---------------------|
| GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML | SP | Must use AcariaHlth Sp Rx 1-844-538-4661; PA | PENICILLIN G PROCAINE | SP | PA |
| GAMMAKED 1 GM/10ML | SP | Must use AcariaHlth Sp Rx 1-844-538-4661; PA | <i>penicillin g sodium</i> | SP | PA |
| GAMMAPLEX SOLN | SP | PA | <i>penicillin v potassium SOLR</i> | 1 | |
| GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML | SP | Must use AcariaHlth Sp Rx 1-844-538-4661; PA | <i>penicillin v potassium TABS</i> | 1 | |
| OCTAGAM SOLN | SP | PA | Penicillin Combinations | | |
| PRIVIGEN SOLN | SP | PA | <i>amoxicillin & pot clavulanate CHEW</i> | 1 | |
| Passive Immunizing Agents - Combinations | | | <i>amoxicillin & pot clavulanate SUSR</i> | 1 | |
| HYQVIA | SP | Some members may obtain their medications through their Medical Group; PA | <i>amoxicillin & pot clavulanate TABS</i> | 1 | |
| PENICILLINS - Drugs to Treat Bacterial Infections | | | <i>amoxicillin & pot clavulanate TB12</i> | 1 | |
| Aminopenicillins | | | <i>ampicillin & sulbactam sodium IV 10 GM-5 GM</i> | SP | PA |
| <i>amoxicillin CAPS</i> | 1 | | AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>) | NF | |
| <i>amoxicillin CHEW 125 MG, 250 MG</i> | 1 | | AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML | 2 | |
| <i>amoxicillin SUSR</i> | 1 | | AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>) | NF | |
| <i>amoxicillin TABS</i> | 1 | | BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML | SP | PA |
| <i>ampicillin sodium IJ 1 GM, 125 MG</i> | SP | PA | <i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i> | SP | PA |
| <i>ampicillin CAPS 500 MG</i> | 1 | | UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>) | SP | PA |
| Natural Penicillins | | | UNASYN BULK PACK IV (<i>ampicillin & sulbactam sodium</i>) | SP | PA |
| (Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT | SP | PA | Penicillinase-Resistant Penicillins | | |
| BICILLIN L-A SUSY | SP | PA | <i>dicloxacillin sodium</i> | 1 | |
| <i>penicillin g potassium</i> | SP | PA | | | |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE | SP | PA | | | |

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|---|-----------|---------------------|--|-----------|---------------------|
| NAFCILLIN 1 GM/50ML-5 % | SP | PA | Antidementia Agents | | |
| <i>nafcillin sodium IV 2 GM, 10 GM</i> | SP | PA | ARICEPT TABS (<i>donepezil hydrochloride</i>) | NF | QL(1 ea daily) |
| <i>oxacillin sodium IV 10 GM</i> | SP | PA | <i>donepezil hydrochloride TABS</i> | 1 | QL(1 ea daily) |
| PROGESTINS - Hormone Replacement/Modifying Drugs | | | <i>donepezil hydrochloride TBDP</i> | 1 | QL(1 ea daily) |
| Progestins | | | EXELON (<i>rivastigmine</i>) | NF | |
| AYGESTIN TABS (<i>norethindrone acetate</i>) | NF | | <i>galantamine hydrobromide CP24</i> | 1 | QL(1 ea daily) |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG</i> | 1 | | <i>galantamine hydrobromide SOLN</i> | 1 | |
| <i>medroxyprogesterone acetate 10 MG</i> | 1 | QL(1 ea daily) | <i>galantamine hydrobromide TABS</i> | 1 | |
| <i>megestrol acetate (appetite)</i> | 1 | AC | <i>memantine hcl CP24</i> | 1 | PA |
| <i>norethindrone acetate TABS</i> | 1 | | <i>memantine hcl SOLN</i> | 1 | |
| <i>progesterone CAPS</i> | 1 | QL(1 ea daily) | <i>memantine hcl TABS 5 MG</i> | 1 | QL(4 ea daily) |
| <i>progesterone OIL</i> | 1 | PA | <i>memantine hcl TABS 10 MG</i> | 1 | QL(2 ea daily) |
| PROMETRIUM CAPS (<i>progesterone</i>) | NF | QL(1 ea daily) | <i>memantine hcl TABS</i> | 1 | |
| PROVERA 10 MG (<i>medroxyprogesterone acetate</i>) | NF | QL(1 ea daily) | NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>) | NF | |
| PROVERA 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>) | NF | | NAMENDA XR CP24 (<i>memantine hcl</i>) | NF | PA |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions | | | NAMENDA TABS 10 MG (<i>memantine hcl</i>) | NF | QL(2 ea daily) |
| Agents for Chemical Dependency | | | NAMENDA TABS 5 MG (<i>memantine hcl</i>) | NF | QL(4 ea daily) |
| <i>acamprosate calcium</i> | 1 | | NAMZARIC C4PK | 3 | PA |
| <i>disulfiram</i> | 1 | | RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>) | NF | QL(1 ea daily) |
| Anti-Cataplectic Agents | | | <i>rivastigmine</i> | 1 | |
| SODIUM OXYBATE SOLN | SP | PA | <i>rivastigmine tartrate CAPS</i> | 1 | |
| XYREM SOLN | SP | PA | Combination Psychotherapeutics | | |
| | | | <i>chlordiazepoxide-amitriptyline</i> | 1 | |

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|--|-----------|---|--|-----------|---|
| <i>olanzapine-fluoxetine hcl</i> 25 MG-3 MG, 50 MG-6 MG | 2 | | AVONEX PEN AJKT | SP | PA |
| <i>olanzapine-fluoxetine hcl</i> 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG | 1 | | AVONEX PSKT | SP | PA |
| <i>perphenazine-amitriptyline</i> | 1 | | BETASERON KIT | SP | PA |
| SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>) | NF | | COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>) | NF | SP; PA |
| Fibromyalgia Agents | | | COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>) | NF | PA |
| SAVELLA TITRATION PACK MISC | 3 | QL(2 ea daily); PA | <i>dalfampridine</i> | 1 | PA |
| SAVELLA TABS | 3 | QL(2 ea daily); PA | <i>dimethyl fumarate CDPK</i> | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| Movement Disorder Drug Therapy | | | <i>dimethyl fumarate CPDR</i> | 2 | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| AUSTEDO TABS 6 MG, 9 MG | SP | QL(2 ea daily); PA | <i> fingolimod hcl</i> | 1 | QL(1 ea daily; 224 ea per 10 days retail); SP; PA |
| AUSTEDO TABS 12 MG | SP | QL(1 ea daily); PA | GILENYA 0.5 MG | 2 | QL(1 ea daily; 224 ea per 10 days retail); SP; PA |
| INGREZZA CAPS 40 MG, 80 MG | SP | QL(1 ea daily); PA | GILENYA (<i> fingolimod hcl</i>) | NF | QL(1 ea daily; 224 ea per 10 days retail); SP; PA |
| INGREZZA CAPS 60 MG | SP | PA | <i>glatiramer acetate SOSY 40 MG/ML</i> | 1 | SP; PA |
| INGREZZA CPPK | SP | PA | <i>glatiramer acetate SOSY 20 MG/ML</i> | 1 | PA |
| <i>tetrabenazine</i> | SP | Specialty drug-Health Net will refer to SP Pharmacy; PA | KESIMPTA | SP | QL(0.0143 ml daily); PA |
| XENAZINE (<i>tetrabenazine</i>) | SP | Specialty drug-Health Net will refer to SP Pharmacy; PA | MAYZENT STARTER PACK TBPK | 3 | Not available through Mail Order; QL(12 ea per 5 days retail); PA |
| Multiple Sclerosis Agents | | | MAYZENT STARTER PACK TBPK | 3 | Not available through mail order; PA |
| (Glatiramer Acetate) GLATOPA SOSY 20 MG/ML | 1 | PA | | | |
| (Glatiramer Acetate) GLATOPA SOSY 40 MG/ML | 1 | SP; PA | | | |
| AMPYRA (<i>dalfampridine</i>) | NF | PA | | | |
| AUBAGIO (<i>teriflunomide</i>) | NF | QL(1 ea daily); PA | | | |

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|--|-----------|--|
| MAYZENT TABS 0.25 MG | 3 | Not available through mail order; QL(4 ea daily); PA |
| MAYZENT TABS 1 MG | 3 | Not available through mail order; PA |
| MAYZENT TABS 2 MG | 3 | Not available through Mail Order; QL(1 ea daily); PA |
| PLEGRIDY STARTER PACK SOPN | SP | PA |
| PLEGRIDY STARTER PACK SOSY SC | SP | PA |
| PLEGRIDY SOPN | SP | PA |
| PLEGRIDY SOSY SC | SP | PA |
| REBIF REBIDOSE TITRATIONPACK SOAJ | SP | PA |
| REBIF REBIDOSE SOAJ | SP | PA |
| REBIF TITRATION PACK SOSY | SP | PA |
| REBIF SOSY | SP | PA |
| TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>) | NF | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| TECFIDERA CPDR (<i>dimethyl fumarate</i>) | NF | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| <i>teriflunomide</i> | 1 | QL(1 ea daily); PA |
| Premenstrual Dysphoric Disorder (PMDD) Agents | | |
| <i>fluoxetine hcl (pmdd) TABS</i> | 1 | |
| Pseudobulbar Affect (PBA) Agents | | |
| NUEDEXTA | SP | PA |
| Psychotherapeutic and Neurological Agents - Misc. | | |
| <i>ergoloid mesylates TABS</i> | 1 | |

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

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| 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 2 MG | PV | 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 | PV | PV |

Updated March 1, 2024

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| 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 2 MG | PV | 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 | PV | 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 | PV | PV | (Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, EQ NICOTINE, GNP NICOTINE TRANSDERMAL SYSTEM, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR PT24 TD 21 MG/24HR | PV | |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| (Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, 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 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR | PV | PV | (Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, 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, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, 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 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR | PV | PV |
| | | | APO-VARENICLINE TABS | PV | QL(2 ea daily); PV |
| | | | <i>bupropion hcl (smoking deterrent)</i> | PV | PV |
| | | | NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (<i>nicotine</i>) | PV | PV |
| | | | NICODERM CQ PT24 TD 21 MG/24HR (<i>nicotine</i>) | PV | |
| | | | NICORETTE MINI LOZG (<i>nicotine polacrilex</i>) | PV | PV |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>) | PV | PV |
| NICORETTE GUM (<i>nicotine polacrilex</i>) | PV | PV |
| NICORETTE LOZG (<i>nicotine polacrilex</i>) | PV | PV |
| <i>nicotine polacrilex</i> GUM | PV | PV |
| <i>nicotine polacrilex</i> LOZG | PV | PV |
| NICOTINE TRANSDERMAL SYSTEM KIT | PV | PV |
| <i>nicotine</i> MISC XX | PV | |
| <i>nicotine</i> PT24 TD 21 MG/24HR | PV | |
| <i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR | PV | PV |
| NICOTROL INHALER INHA | PV | PV |
| NICOTROL NS SOLN | PV | PV |
| <i>varenicline tartrate</i> TABS | PV | QL(2 ea daily); PV |
| <i>varenicline tartrate</i> TBPK | PV | PV |
| Transthyretin Amyloidosis Agents | | |
| TEGSEDI | SP | PA |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions | | |
| Cystic Fibrosis Agents | | |
| KALYDECO PACK | SP | PA |
| KALYDECO TABS | SP | PA |
| ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| ORKAMBI PACK 94 MG-75 MG | SP | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ORKAMBI TABS | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA |
| PULMOZYME | 2 | QL(5 ml daily); PA |
| SYMDEKO | SP | PA |
| TRIKAFTA TBPK 100 MG-50 MG | SP | Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 ea daily); PA |
| TRIKAFTA TBPK 50 MG-25 MG | SP | PA |
| Pulmonary Fibrosis Agents | | |
| ESBRIET CAPS (<i>pirfenidone</i>) | SP | QL(3 ea daily); LA; PA |
| ESBRIET TABS (<i>pirfenidone</i>) | SP | QL(3 ea daily); LA; PA |
| OFEV | SP | QL(2 ea daily); PA |
| <i>pirfenidone</i> CAPS | SP | QL(3 ea daily); LA; PA |
| <i>pirfenidone</i> TABS | SP | QL(3 ea daily); LA; PA |
| SULFONAMIDES - Drugs to Treat Bacterial Infections | | |
| Sulfonamides | | |
| <i>sulfadiazine</i> TABS | 1 | |
| TETRACYCLINES - Drugs to Treat Bacterial Infections | | |
| Tetracyclines | | |
| (Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG | 1 | |
| (Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG | 2 | |

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|---|-----------|---------------------|
| (Doxycycline Hyclate) LYMEPAK TABS 100 MG | 1 | |
| ACTICLATE TABS (doxycycline hyclate) | NF | |
| demeclocycline hcl TABS | 1 | |
| doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG | 2 | |
| doxycycline (monohydrate) CAPS 150 MG | 2 | ST |
| doxycycline (monohydrate) SUSR | 1 | |
| doxycycline (monohydrate) TABS 150 MG | 2 | ST |
| doxycycline (monohydrate) TABS 50 MG, 100 MG | 1 | |
| doxycycline (monohydrate) TABS 75 MG | 1 | ST |
| doxycycline hyclate CAPS | 1 | |
| doxycycline hyclate TABS 20 MG, 100 MG | 1 | |
| minocycline hcl CAPS | 1 | |
| minocycline hcl CP24 | 3 | ST |
| minocycline hcl TABS 50 MG, 100 MG | 1 | |
| minocycline hcl TABS 75 MG | 1 | PA |
| TARGADOX TABS (doxycycline hyclate) | NF | |
| tetracycline hcl CAPS | 1 | |
| VIBRAMYCIN CAPS (doxycycline hyclate) | NF | |
| VIBRAMYCIN SUSR (doxycycline (monohydrate)) | NF | |
| XIMINO CP24 (minocycline hcl) | NF | |
| XIMINO CP24 | 3 | ST |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | | |
| Antithyroid Agents | | |
| methimazole TABS | 1 | |
| propylthiouracil | 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, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG | 1 | |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG | 1 | QL(1 ea daily) |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG | 1 | |
| (Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG | 1 | |
| (Thyroid) NP THYROID 15 TABS 15 MG | 1 | |
| ADTHYZA TABS 32.5 MG, 65 MG, 130 MG | 3 | |
| ADTHYZA TABS 16.25 MG, 97.5 MG | 2 | |
| ARMOUR THYROID TABS | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| ARMOUR THYROID TABS | 2 | | TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG | NF | |
| CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>) | 2 | QL(2 ea daily) | (<i>levothyroxine sodium</i>) | | |
| CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>) | 2 | | TOXOIDS | | |
| <i>levothyroxine sodium</i> CAPS | 2 | | Toxoid Combinations | | |
| <i>levothyroxine sodium</i> TABS | 1 | | ADACEL SUSP | PV | |
| <i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG | 1 | QL(1 ea daily) | BOOSTRIX SUSP | PV | |
| <i>liothyronine sodium</i> TABS 5 MCG | 1 | | DAPTACEL | PV | |
| <i>liothyronine sodium</i> TABS 25 MCG, 50 MCG | 1 | QL(2 ea daily) | DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP | PV | |
| NIVA THYROID TABS | 1 | | INFANRIX | PV | |
| NP THYROID 120 TABS | 1 | | PEDIARIX SUSY | PV | |
| NP THYROID 30 TABS | 1 | | PENTACEL | PV | |
| NP THYROID 60 TABS | 1 | | QUADRACEL SUSP | PV | |
| NP THYROID 90 TABS | 1 | | TDVAX SUSP | PV | |
| SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>) | 2 | | TENIVAC INJ | PV | |
| SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>) | 2 | QL(1 ea daily) | TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP | PV | |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | 1 | | ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG | 1 | | Antispasmodics | | |
| TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG | 2 | | (Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG | 1 | |
| | | | (Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG | 1 | |
| | | | (Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG | 1 | |
| | | | ANASPAZ TBDP (<i>hyoscyamine sulfate</i>) | NF | |
| | | | BELLADONNA/OPIUM | 3 | |
| | | | <i>chlordiazepoxide hcl-clidinium bromide</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| CUVPOSA SOLN OR (<i>glycopyrrolate</i>) | NF | | (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 | RX/OTC |
| <i>dicyclomine hcl CAPS</i> | 1 | | | | |
| <i>dicyclomine hcl SOLN OR</i> | 1 | | | | |
| <i>dicyclomine hcl TABS</i> | 1 | | | | |
| GLYCATE TABS | 3 | | | | |
| <i>glycopyrrolate SOLN OR 1 MG/5ML</i> | 1 | | | | |
| <i>glycopyrrolate TABS 1 MG, 2 MG</i> | 1 | | | | |
| GLYCOPYRROLATE TABS | 3 | | | | |
| <i>hyoscyamine sulfate SUBL 0.125 MG</i> | 1 | | | | |
| <i>hyoscyamine sulfate TABS 0.125 MG</i> | 1 | | | | |
| <i>hyoscyamine sulfate TB12 0.375 MG</i> | 1 | | | | |
| <i>hyoscyamine sulfate TBDP 0.125 MG</i> | 1 | | | | |
| LEVBID TB12 (<i>hyoscyamine sulfate</i>) | NF | | | | |
| LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>) | NF | | | | |
| LEVSIN TABS (<i>hyoscyamine sulfate</i>) | NF | | | | |
| LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>) | NF | | | | |
| <i>methscopolamine bromide</i> | 1 | | | | |
| ROBINUL FORTE TABS (<i>glycopyrrolate</i>) | NF | | | | |
| ROBINUL TABS (<i>glycopyrrolate</i>) | NF | | | | |
| H-2 Antagonists | | | <i>cimetidine hcl OR 300 MG/5ML</i> | 1 | |
| | | | <i>cimetidine TABS 300 MG, 800 MG</i> | 1 | |
| | | | <i>cimetidine TABS 400 MG</i> | 1 | QL(4 ea daily) |
| | | | <i>famotidine SUSR</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|--|
| <i>famotidine TABS 40 MG</i> | 1 | QL(2 ea daily) | (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR | 1 | QL(1 ea daily) |
| <i>famotidine TABS 20 MG</i> | 1 | RX/OTC | | | |
| <i>nizatidine CAPS</i> | 1 | | | | |
| <i>nizatidine SOLN</i> | 1 | | | | |
| PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>) | NF | RX/OTC | | | |
| PEPCID AC TABS 20 MG (<i>famotidine</i>) | NF | RX/OTC | | | |
| PEPCID TABS 20 MG (<i>famotidine</i>) | NF | RX/OTC | | | |
| PEPCID TABS 40 MG (<i>famotidine</i>) | NF | QL(2 ea daily) | | | |
| Misc. Anti-Ulcer | | | (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) |
| CARAFATE SUSP (<i>sucralfate</i>) | NF | | | | |
| CARAFATE TABS (<i>sucralfate</i>) | NF | QL(4 ea daily) | | | |
| <i>sucralfate SUSP</i> | 1 | | | | |
| <i>sucralfate TABS</i> | 1 | QL(4 ea daily) | | | |
| Proton Pump Inhibitors | | | (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) |
| (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 | RX/OTC | | | |
| (Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG | 1 | QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC | ACIPHEX TBEC (<i>rabeprazole sodium</i>) | NF | QL(1 ea daily); PA |
| | | | <i>esomeprazole magnesium PACK</i> | 1 | PA |
| | | | FIRST-OMEPRAZOLE SUSP | 3 | |
| | | | <i>lansoprazole CPDR 15 MG</i> | 1 | RX/OTC |
| | | | <i>lansoprazole CPDR 30 MG</i> | 1 | QL(1 ea daily) |
| | | | <i>lansoprazole TBDD 15 MG</i> | 1 | QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC |

Updated March 1, 2024

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>lansoprazole TBDD 30 MG</i> | 1 | QL(1 ea daily); AL(Up to 12 yrs old) |
| NEXIUM PACK (<i>esomeprazole magnesium</i>) | NF | PA |
| NEXIUM PACK | 3 | PA |
| OMEPRAZOLE + SYRSPEND SFALKA SUSP | 3 | |
| <i>omeprazole magnesium CPDR</i> | 1 | QL(1 ea daily) |
| <i>omeprazole CPDR 10 MG</i> | 1 | |
| <i>omeprazole CPDR 20 MG, 40 MG</i> | 1 | QL(1 ea daily) |
| <i>pantoprazole sodium PACK</i> | 1 | QL(1 ea daily) |
| <i>pantoprazole sodium TBEC</i> | 1 | QL(1 ea daily) |
| PREVACID 24HR CPDR (<i>lansoprazole</i>) | NF | RX/OTC |
| PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>) | NF | QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC |
| PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>) | NF | QL(1 ea daily); AL(Up to 12 yrs old) |
| PREVACID CPDR 30 MG (<i>lansoprazole</i>) | NF | QL(1 ea daily) |
| PRILOSEC PACK | 3 | PA |
| PROTONIX PACK (<i>pantoprazole sodium</i>) | NF | QL(1 ea daily) |
| PROTONIX TBEC (<i>pantoprazole sodium</i>) | NF | QL(1 ea daily) |
| RABEPRAZOLE SODIUM DR SPRINKLE CPSP | 3 | PA |
| <i>rabeprazole sodium TBEC</i> | 2 | QL(1 ea daily); PA |
| Ulcer Drugs - Prostaglandins | | |
| CYTOTEC (<i>misoprostol</i>) | NF | |
| <i>misoprostol</i> | 1 | |
| Ulcer Therapy Combinations | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i> | 1 | 14 rtl MAX day(s) supply; 365 rtl lmt day(s) |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | | |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic) | | |
| <i>darifenacin hydrobromide</i> | 1 | |
| DETROL LA CP24 (<i>tolterodine tartrate</i>) | NF | QL(1 ea daily) |
| DETROL TABS (<i>tolterodine tartrate</i>) | NF | QL(2 ea daily) |
| DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>) | NF | |
| <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>solifenacin succinate TABS 10 MG</i> | 1 | QL(1 ea daily) |
| <i>solifenacin succinate TABS 5 MG</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>) | NF | QL(1 ea daily) |
| <i>tropium chloride CP24</i> | 1 | |
| <i>tropium chloride TABS</i> | 1 | QL(2 ea daily) |
| VESICARE TABS 5 MG (<i>solifenacin succinate</i>) | NF | |
| VESICARE TABS 10 MG (<i>solifenacin succinate</i>) | NF | QL(1 ea daily) |
| Urinary Antispasmodics - Cholinergic Agonists | | |
| <i>bethanechol chloride</i> | 1 | |
| Urinary Antispasmodics - Direct Muscle Relaxants | | |
| <i>flavoxate hcl</i> | 1 | |
| VACCINES | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---|-------------------------------------|-----------|---|
| Bacterial Vaccines | | | AFLURIA QUADRIVALENT 2023-2024 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| ACTHIB SOLR IM | PV | | COMIRNATY 2023-24 SUSP | PV | |
| BEXSERO | PV | | COMIRNATY 2023-24 SUSY | PV | |
| HIBERIX SOLR IJ | PV | | COMIRNATY SUSP | PV | |
| MENQUADFI | PV | | ENGERIX-B SUSP 20 MCG/ML | PV | |
| MENVEO SOLR | PV | | ENGERIX-B SUSY | PV | |
| PEDVAX HIB SUSP | PV | | FLUAD QUADRIVALENT 2021-2022 | PV | |
| PNEUMOVAX 23 | PV | | FLUAD QUADRIVALENT 2022-2023 | PV | |
| PNEUMOVAX 23/1 DOSE | PV | | FLUAD QUADRIVALENT 2023-2024 | PV | |
| PREVNAR 13 | PV | | FLUARIX QUADRIVALENT 2021-2022 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| TRUMENBA | PV | | FLUARIX QUADRIVALENT 2022-2023 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| Viral Vaccines | | | FLUARIX QUADRIVALENT 2023-2024 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| AFLURIA QUADRIVALENT 2021-2022 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | FLUBLOK QUADRIVALENT 2021-2022 | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| AFLURIA QUADRIVALENT 2021-2022 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | | | |
| AFLURIA QUADRIVALENT 2022-2023 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | | | |
| AFLURIA QUADRIVALENT 2022-2023 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | | | |
| AFLURIA QUADRIVALENT 2023-2024 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|-----------|---|--------------------------------------|-----------|---|
| FLUBLOK QUADRIVALENT 2022-2023 | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | FLULAVAL QUADRIVALENT 2021-2022 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| FLUBLOK QUADRIVALENT 2023-2024 | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | FLULAVAL QUADRIVALENT 2022-2023 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | FLULAVAL QUADRIVALENT 2023-2024 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| FLUCELVAX QUADRIVALENT 2021-2022 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | FLUMIST QUADRIVALENT | PV | |
| | | | FLUZONE HIGH-DOSE PF 2021-2022 | PV | |
| | | | FLUZONE HIGH-DOSE PF 2022-2023 | PV | |
| FLUCELVAX QUADRIVALENT 2022-2023 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | FLUZONE HIGH-DOSE PF 2023-2024 | PV | |
| | | | FLUZONE QUADRIVALENT 2021-2022 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| | | | FLUZONE QUADRIVALENT 2021-2022 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| FLUCELVAX QUADRIVALENT 2023-2024 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | FLUZONE QUADRIVALENT 2022-2023 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| | | | FLUZONE QUADRIVALENT 2023-2024 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill |
| FLUCELVAX QUADRIVALENT 2023-2024 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|---|-----------|--------------------------|
| FLUZONE QUADRIVALENT 2022-2023 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | RECOMBIVAX HB SUSY | PV | |
| FLUZONE QUADRIVALENT 2023-2024 SUSP | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | ROTARIX SUSR | PV | |
| FLUZONE QUADRIVALENT 2023-2024 SUSY | PV | Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill | ROTATEQ SOLN | PV | |
| GARDASIL 9 SUSP | PV | | SHINGRIX | PV | AL (At least 50 yrs old) |
| GARDASIL 9 SUSY | PV | | SPIKEVAX COVID-19 VACCINE/2023-24 SUSP | PV | |
| HAVRIX | PV | | SPIKEVAX COVID-19 VACCINE/2023-24 SUSY | PV | |
| HEPLISAV-B SOSY | PV | | TWINRIX SUSY | PV | |
| M-M-R II SOLR | PV | | VAQTA | PV | |
| MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP | PV | | VARIVAX INJ | PV | |
| MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML | PV | | VAGINAL AND RELATED PRODUCTS | | |
| NOVAVAX COVID-19 VACCINE | PV | | Spermicides | | |
| NOVAVAX COVID-19 VACCINE/2023-24 | PV | | ENCARE SUPP 100 MG | PV | PV |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP | PV | | OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL | PV | PV |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP | PV | | TODAY SPONGE MISC | PV | PV |
| PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP | PV | | VCF VAGINAL CONTRACEPTIVE FILM FILM | PV | PV |
| PROQUAD SUSR | PV | | VCF VAGINAL CONTRACEPTIVEGEL GEL | PV | PV |
| RECOMBIVAX HB SUSP | PV | | Vaginal Anti-infectives | | |
| | | | (Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG | 1 | |
| | | | CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>) | NF | |
| | | | CLEOCIN SUPP | 3 | |
| | | | <i>clindamycin phosphate vaginal CREA</i> | 1 | |
| | | | CLINDESSE | 3 | |
| | | | GYNAZOLE-1 | 3 | |
| | | | <i>metronidazole vaginal</i> | 1 | |
| | | | <i>terconazole vaginal CREA</i> | 1 | |
| | | | <i>terconazole vaginal SUPP</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| VANDAZOLE | 2 | |
| Vaginal Contraceptive - pH Modulators | | |
| PHEXXI | PV | PV |
| Vaginal Estrogens | | |
| (Estradiol Vaginal) YUVAFEM TABS | 1 | |
| ESTRACE CREA (<i>estradiol vaginal</i>) | NF | |
| <i>estradiol vaginal CREA</i> | 1 | |
| <i>estradiol vaginal TABS</i> | 1 | |
| ESTRING RING | 2 | QL(1 per fill mail) |
| FEMRING | 3 | QL(1 ea per 90 days retail; 1 ea per 90 days mail) |
| PREMARIN | 2 | QL(2 gm daily) |
| VAGIFEM TABS (<i>estradiol vaginal</i>) | NF | |
| Vaginal Progestins | | |
| CRINONE GEL 8 % | 3 | PA |
| ENDOMETRIN INST | 3 | PA |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | | |
| Anaphylaxis Therapy Agents | | |
| AUVI-Q SOAJ 0.1 MG/0.1ML | SP | QL(2 ea per fill retail; 4 ea per 30 days retail); PA |
| <i>epinephrine (anaphylaxis) SOAJ</i> | 3 | QL(2 ea per fill retail; 4 ea per 30 days retail) |
| <i>epinephrine (anaphylaxis) SOAJ</i> | 3 | Limited to 2 auto-injectors per fill; QL(2 ea per fill retail; 4 ea per 30 days retail) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>) | NF | Must try epinephrine auto-injector ; QL(2 ea per fill retail; 4 ea per 30 days retail) |
| EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>) | NF | Must try epinephrine auto-injector ; QL(2 ea per fill retail; 4 ea per 30 days retail) |
| Neurogenic Orthostatic Hypotension (NOH) - Agents | | |
| <i>droxidopa</i> | SP | PA |
| NORTHERA (<i>droxidopa</i>) | SP | PA |
| Vasopressors | | |
| <i>midodrine hcl</i> | 1 | |
| VITAMINS | | |
| Oil Soluble Vitamins | | |
| DRISDOL CAPS (<i>ergocalciferol</i>) | NF | |
| <i>ergocalciferol CAPS</i> | 1 | |
| MEPHYTON TABS (<i>phytonadione</i>) | NF | |
| <i>phytonadione TABS 5 MG</i> | 1 | |
| Water Soluble Vitamins | | |
| POTABA CAPS | 3 | |

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INDEX

| | | |
|--|--|---|
| (Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %59 | CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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 CHEW8 | 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 TBEC84 |
| (Alprazolam) ALPRAZOLAM XR TB2413 | (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 MG7 | (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 SUPP84 |
| (Amiodarone Hcl) PACERONE TABS14 | (Azathioprine) AZASAN TABS 75 MG, 100 MG109 | (Budesonide-Formoterol Fumarate Dihydrate) BREYNA15 |
| (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 MG7 | (AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY115 | (Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG7 |
| (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, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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 CHEW8 | (Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN117 | (Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG7 |
| (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, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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 CHEW8 | (Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC118 | (Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .7 |
| (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, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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 CHEW8 | (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 TBEC84 | (Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG7 |
| (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, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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 CHEW8 | (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 SUPP84 | (Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE10 |
| (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, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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 CHEW8 | (Calcipotriene) CALCITRENE OINT 64 | (Calcium Acetate (Phosphate Binder)) CALPHRON TABS77 |
| (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, GOODSENSE ASPIRIN ADULT LOW STRENGTH, 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 CHEW8 | (Carbamazepine) EPITOL TABS ..18 | (Carisoprodol) VANADOM TABS 350 |

| | | |
|---|---|--|
| MG 114 | EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ... 53 | DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX 64 |
| (Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD 110 | (Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA 53 | (Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG 50 |
| (Chlorzoxazone) LORZONE TABS 375 MG, 750 MG 114 | (Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT 53 | (Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG 51 |
| (Cholestyramine Light) PREVALITE PACK 29 | (Desonide) DESRX GEL 66 | (Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG 49 |
| (Cholestyramine Light) PREVALITE POWD 29 | (Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG 58 | (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER . 49 |
| (Ciclopirox) CICLODAN SOLN 63 | (Dexamethasone) TAPERDEX 12- DAY, TAPERDEX 7-DAY TBPK ... 58 | (Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG 49 |
| (Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB 59 | (Dexchlorpheniramine Maleate) RYCLORA SOLN 28 | (Diltiazem Hcl) DILT-XR CP24 50 |
| (Clindamycin Phosphate (Topical)) CLINDACIN FOAM 60 | (Dextroamphetamine Sulfate) PROCENTRA SOLN 1 | (Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 50 |
| (Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ... 60 | (Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG 1 | (Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG 129 |
| (Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % 66 | (Diazepam) DIAZEPAM INTENSOL CONC 13 | (Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 129 |
| (Clobetasol Propionate Emulsion) TOVET 66 | (Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG 5 | (Doxycycline Hyclate) LYMEPAK TABS 100 MG 130 |
| (Clobetasol Propionate) CLODAN SHAM 66 | (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 | (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG 53 |
| (Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG 110 | | (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG 53 |
| (Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 110 | | |
| (Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ... 53 | | |
| (Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, | | |

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| (Glipizide) GLIPIZIDE XL TB2426 | (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..60 | (Levetiracetam) ROWEEPRA TABS 500 MG19 |
| (Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML 59 | (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..60 | (Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS 28 |
| (Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP59 | (Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG 60 | (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 .54 |
| (Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD 10 MG/5ML-100 MG/5ML59 | (Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 70 | (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 ...54 |
| (Homatropine Hbr) HOMATROPAIRE117 | (Ketoconazole (Topical)) KETODAN FOAM 63 | (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 .53 |
| (Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 58 | (Lactulose (Encephalopathy)) ENULOSE, GENERLAC 77 | (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 57 |
| (Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %12 | (Lactulose) CONSTULOSE SOLN 10 GM/15ML83 | (Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, |
| (Hydrocortisone (Topical)) ALA-SCALP LOTN 2 % 66 | (Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT18 | |
| (Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG 131 | (Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT19 | |
| (Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 131 | (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 .133 | |
| (Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG 131 | (Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .133 | |
| (Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG5 | | |
| (Icatibant Acetate) SAJAZIR SOSY 81 | | |
| (Indomethacin) INDOCIN SUPP5 | | |
| (Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC63 | | |
| (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..60 | | |

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| LEVONEST, TRIVORA-2854 | (Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 26 | 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 126 |
| (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSSE54 | (Lorazepam) LORAZEPAM INTENSOL CONC 13 | |
| (Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG54 | (Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC 8 | (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 126 |
| (Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE54 | (Methadone Hcl) METHADOSE TBSO8 | |
| (Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX54 | (Methylergonovine Maleate) METHERGINE TABS121 | |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG130 | (Metronidazole (Topical)) ROSADAN CREA69 | |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG130 | (Metronidazole (Topical)) ROSADAN GEL 0.75 %69 | |
| (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 130 | (Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG . 137 | |
| (Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG130 | (Miglustat) YARGESA81 | |
| (Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %69 | (Nabumetone) RELAFEN 500 MG .5 | |
| | (Nabumetone) RELAFEN 750 MG .5 | |
| | (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN118 | |
| | (Niacin (Antihyperlipidemic)) NIACOR TABS30 | |
| | (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 .125

(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
127

(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
127

(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 GUM127

(Nicotine) CVS NICOTINE
TRANSDERMALSYSYTEM STEP 1,
EQ NICOTINE, GNP NICOTINE
TRANSDERMALSYSYTEM,
HABITROL, HM NICOTINE
TRANSDERMAL SYSTEM STEP 1,
NICOTINE STEP 1, NICOTINE
TRANSDERMAL SYSTEM STEP 1,
NICOTINE TRANSDERMAL
SYSTEM STEP 1/CLEAR, QC
NICOTINE TRANSDERMAL
SYSTEM/STEP 1, RA NICOTINE,
RA NICOTINE TRANSDERMAL
SYSTEM, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
1/CLEAR PT24 TD 21 MG/24HR 127

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

TRANSDERMAL SYSTEM STEP 2,
NICOTINE TRANSDERMAL
SYSTEM STEP 2/CLEAR,
NICOTINE TRANSDERMAL
SYSTEM STEP 3, NICOTINE
TRANSDERMAL SYSTSTEM STEP
3/CLEAR, QC NICOTINE
TRANSDERMAL SYSTEM/STEP 2,
RA NICOTINE, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
2/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
3/CLEAR PT24 TD 14 MG/24HR 128

(Nicotine) CVS NICOTINE
TRANSDERMALSYSYTEM, CVS
NICOTINE
TRANSDERMALSYSYTEM STEP 2,
CVS NICOTINE
TRANSDERMALSYSYTEM/STEP 3,
EQ NICOTINE, EQ NICOTINE STEP
3, GNP NICOTINE
TRANSDERMALSYSYTEM, GNP
NICOTINE
TRANSDERMALSYSYTEM STEP 2,
HM NICOTINE TRANSDERMAL
SYSTEM STEP 2, HM NICOTINE
TRANSDERMAL SYSTEM STEP 3,
NICOTINE STEP 3, NICOTINE
TRANSDERMAL SYSTEM STEP 2,
NICOTINE TRANSDERMAL
SYSTEM STEP 2/CLEAR,
NICOTINE TRANSDERMAL
SYSTEM STEP 3, NICOTINE
TRANSDERMAL SYSTSTEM STEP
3/CLEAR, QC NICOTINE
TRANSDERMAL SYSTEM/STEP 2,
RA NICOTINE, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
2/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
3/CLEAR PT24 TD 7 MG/24HR ..128

(Norelgestromin-Ethinyl Estradiol)
XULANE, ZAFEMY57

(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 | PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG | 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 |
| 55 | 55 | 56 |
| (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 | (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 | (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI |
| 54 | 55 | 75 |
| (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW | (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG | (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE |
| 55 | 55 | 56 |
| (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS | (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG | (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 |
| 55 | 55 | 56 |
| (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, | (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA | (Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA |
| 55 | 57 | 56 |
| (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 | (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 | (Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA |
| 55 | 55 | 56 |
| (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, | (Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... | (Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, |
| 55 | 63 | |

| | | |
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| QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % 120 | 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 ... 111 | (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 83 |
| (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 % 120 | (Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML .. 111 | (Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT .. 122 |
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 133 | (Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML ... 111 | (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 117 |
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG 133 | (Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 111 | (Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 21 |
| (Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 133 | (Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 111 | (Phenytoin) PHENYTOIN INFATABS CHEW 21 |
| (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 10 | (Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 112 | (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 84 |
| (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG 10 | (Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 112 | (Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP 78 |
| (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG .. 10 | (Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 112 | (Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL 108 |
| (Ped Multivitamins W/Fl & Iron) | (PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E 83 | (Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF . 109 |
| | | (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 109 |
| | | (Potassium Chloride Microencapsulated Crystals ER) |

| | | |
|---|--|--|
| KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 109 | 100 MG-15 MG-3 MG-4000 UNIT- 200 MG-150 MCG-30 UNIT-29 MG 112 | 10-1, SULFAMEZ WASH EMUL 10 %-1 % 60 |
| (Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 109 | (Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 112 | (Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM 60 |
| (Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ 109 | (Prochlorperazine) COMPRO 45 | (Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % 60 |
| (Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ 109 | (Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 29 | (Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ... 34 |
| (Potassium Chloride) KLOR-CON PACK OR 20 MEQ 109 | (Promethazine Hcl) PROMETHEGAN SUPP 50 MG 29 | (Tadalafil (Pulmonary Hypertension)) ALYQ TABS 52 |
| (Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 78 | (Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML 59 | (Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM 11 |
| (Potassium Citrate-Citric Acid) CYTRA-K SOLN 78 | (Salicylic Acid) KERALYT SHAM 6 % 69 | (Tetracaine Hcl (Ophth)) ALTACAINE 118 |
| (Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 108 | (Sapropterin Dihydrochloride) JAVYGTOR PACK 74 | (Theophylline) ELIXOPHYLLIN ELIX . 16 |
| (Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 119 | (Sapropterin Dihydrochloride) JAVYGTOR TABS 74 | (Thyroid) NP THYROID 15 TABS 15 MG 130 |
| (Prednisolone) MILLIPRED TABS .58 | (Silver Sulfadiazine) SSD 65 | (Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 % 117 |
| (Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 112 | (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 59 | (Tretinoin) AVITA CREA 0.025 % . 60 |
| (Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 112 | (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 59 | (Tretinoin) AVITA GEL 0.025 % ... 60 |
| (Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW 112 | (Sodium Citrate & Citric Acid) CYTRA-2 78 | (Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE 111 |
| (Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT 112 | (Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP 108 | (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, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI- SYMPTOM, RA NASAL ALLERGY SPRAY AERO 116 |
| (Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT- 8 MCG-3 MG-20 MG-7 MG-3 MG- | (Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML 110 | |
| | (Sotalol Hcl) SORINE TABS 49 | |
| | (Sulfacetamide Sodium W/ Sulfur) BP | |

| | | |
|---|--|--|
| (Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %66 | ACCU-CHEK SAFE-T-PRO LANCETS 88 | ACTI-LANCE LITE SAFETY LANCETS 28G88 |
| (Urea) CEROVEL LOTN 40 % 68 | ACCU-CHEK SAFE-T-PRO PLUSLANCETS 88 | ACTI-LANCE SPECIAL SAFETY LANCETS 17G88 |
| (Vigabatrin) VIGADRONE TABS .. 21 | ACCU-CHEK SOFTCLIX LANCETS 88 | ACTI-LANCE SPECIAL SAFETYLANCETS 17G88 |
| (Vigabatrin) VIGADRONE, VIGPODER PACK21 | ACCUPRIL (quinapril hcl)31 | ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G88 |
| (Warfarin Sodium) JANTOVEN TABS16 | ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) 32 | ACTIMMUNE42 |
| 1ST TIER UNILET COMFORTOUCH LANCETS 28G88 | ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)32 | ACTIQ LPOP 1600 MCG (fentanyl citrate) 8 |
| 1ST TIER UNILET COMFORTOUCH LANCETS 30G88 | acebutolol hcl CAPS49 | ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate) 8 |
| abacavir sulfate SOLN46 | acetaminophen w/ codeine SOLN .10 | ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 75 |
| abacavir sulfate TABS46 | acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG10 | ACTONEL TABS 150 MG (risedronate sodium)73 |
| abacavir sulfate-lamivudine46 | acetaminophen w/ codeine TABS 60 MG-300 MG10 | ACTONEL TABS 35 MG (risedronate sodium)73 |
| ABILIFY TABS 15 MG (aripiprazole) . 45 | acetazolamide CP1272 | ACTOPLUS MET TABS (pioglitazone hcl-metformin hcl)24 |
| ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)45 | acetazolamide TABS 125 MG 72 | ACTOS 15 MG (pioglitazone hcl) ..26 |
| ABILIFY TABS 20 MG (aripiprazole) . 45 | acetazolamide TABS 250 MG 72 | ACTOS 30 MG, 45 MG (pioglitazone hcl) 26 |
| abiraterone acetate38 | acetic acid (otic)121 | ACULAR (ketorolac tromethamine (ophth)) 120 |
| ABSORICA 10 MG, 25 MG (isotretinoin)60 | acetylcysteine SOLN59 | ACULAR LS (ketorolac tromethamine (ophth))120 |
| ABSORICA 20 MG (isotretinoin) ...60 | ACIPHEX TBEC (rabeprazole sodium) 133 | ACUVAIL120 |
| ABSORICA 30 MG (isotretinoin) ...60 | acitretin 10 MG64 | acyclovir CAPS 48 |
| ABSORICA 35 MG, 40 MG (isotretinoin)60 | acitretin 17.5 MG64 | acyclovir SUSP 48 |
| acamprosate calcium 123 | acitretin 25 MG64 | acyclovir TABS OR 400 MG48 |
| acarbose24 | ACTHIB SOLR IM 135 | acyclovir TABS OR 800 MG48 |
| ACCOLATE 10 MG (zafirlukast) ...14 | ACTICLATE TABS (doxycycline hyclate) 130 | |
| ACCOLATE 20 MG (zafirlukast) ...14 | ACTIDOM DMX LIQD59 | |
| ACCU-CHEK FASTCLIX LANCETS . 88 | ACTI-LANCE LANCETS 28G88 | |

| | | | | | |
|---|-----|---|-----|---|-----|
| acyclovir topical OINT | 65 | ADTHYZA TABS 32.5 MG, 65 MG, 130 MG | 130 | AGAMREE | 58 |
| ACZONE 5 % (dapsone (topical)) . | 60 | ADVAIR DISKUS AEPB (fluticasone- salmeterol) | 15 | AGRYLIN 0.5 MG (anagrelide hcl) | 81 |
| ADACEL SUSP | 131 | ADVANCED MOBILE LANCET 30G 88 | | AIMOVIG | 107 |
| ADALIMUMAB-ADAZ SOAJ | 4 | ADVATE | 79 | AIMSCO LUBRICATED MISC | 86 |
| ADALIMUMAB-ADAZ SOSY | 4 | ADVIN COVID-19 ANTIGEN HOME TEST KIT | 70 | AIMSCO TWIST LANCETS 32G . | 88 |
| adapalene CREA | 61 | ADVOCATE LANCETS | 88 | AIMSCO TWIST LANCETS 33G . | 88 |
| adapalene GEL 0.1 % | 61 | ADVOCATE LANCETS 30G | 88 | AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol) | 15 |
| adapalene GEL 0.3 % | 61 | ADVOCATE SAFETY LANCETS . | 88 | AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol) | 15 |
| adapalene-benzoyl peroxide GEL 2.5 %-0.1 % | 61 | ADVOCATE SAFETY LANCETS 26G | 88 | AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol) | 15 |
| ADCIRCA TABS (tadalafil (pulmonary hypertension)) | 52 | ADYNOVATE | 79 | AIRZONE PEAK FLOW METER | 106 |
| ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 3.125 MG- 3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (amphetamine- dextroamphetamine) | 1 | AFINITOR DISPERZ TBSO (everolimus) | 39 | AKTEN | 118 |
| ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG- 3.75 MG-3.75 MG-3.75 MG (amphetamine-dextroamphetamine) . | 1 | AFINITOR TABS (everolimus) | 39 | AKYNZEO | 27 |
| ADDERALL TABS 2.5 MG-2.5 MG- 2.5 MG-2.5 MG (amphetamine- dextroamphetamine) | 1 | AFLURIA QUADRIVALENT 2021- 2022 SUSP | 135 | ALA-SCALP LOTN | 66 |
| ADDERALL XR CP24 (amphetamine-dextroamphetamine) . | 1 | AFLURIA QUADRIVALENT 2021- 2022 SUSY | 135 | albedazole | 12 |
| adefovir dipivoxil | 48 | AFLURIA QUADRIVALENT 2022- 2023 SUSP | 135 | ALBENZA (albedazole) | 12 |
| ADEMPAS | 52 | AFLURIA QUADRIVALENT 2022- 2023 SUSY | 135 | albuterol sulfate AERS | 15 |
| ADIPEX-P CAPS (phentermine hcl) | 2 | AFLURIA QUADRIVALENT 2023- 2024 SUSP | 135 | albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML | 16 |
| ADIPEX-P TABS (phentermine hcl) | 2 | AFREZZA POWD | 25 | ALBUTEROL SULFATE NEBU | 16 |
| ADTHYZA TABS 16.25 MG, 97.5 MG | 130 | AFSTYLA | 79 | albuterol sulfate SYRP | 16 |
| | | AGAMATRIX ULTRA-THIN LANCETS 33G | 88 | albuterol sulfate TABS | 16 |
| | | | | ALCAINE (propracaine hcl) | 118 |
| | | | | alclometasone dipropionate CREA | 66 |
| | | | | alclometasone dipropionate OINT | 66 |
| | | | | ALDACTAZIDE (spironolactone & hydrochlorothiazide) | 72 |
| | | | | ALDACTAZIDE | 72 |
| | | | | ALDACTONE TABS (spironolactone) | |

| | | | | | |
|---|-----|--|-----|--------------------------------------|-----|
| | 72 | alprazolam TBDP | 13 | AMITIZA (lubiprostone) | 76 |
| ALDARA (imiquimod) | 68 | ALPROLIX | 80 | amitriptyline hcl TABS | 23 |
| ALECENSA | 39 | ALREX SUSP 0.2 % (loteprednol etabonate) | 119 | amlodipine besylate TABS 2.5 MG 50 | |
| alendronate sodium SOLN | 73 | ALTABAX | 62 | amlodipine besylate TABS 5 MG, 10 | |
| alendronate sodium TABS 35 MG | 73 | ALTACE CAPS 1.25 MG, 2.5 MG, 5 | | MG | 50 |
| alendronate sodium TABS 5 MG, 10 | | MG, 10 MG (ramipril) | 31 | amlodipine besylate-atorvastatin | |
| MG | 73 | ALTUVIIIIO | 80 | calcium 10 MG-10 MG, 2.5 MG-10 | |
| alendronate sodium TABS 70 MG | 73 | ALUNBRIG TABS | 39 | MG, 2.5 MG-20 MG, 2.5 MG-40 MG, | |
| ALFERON N | 42 | ALUNBRIG TBPK | 39 | 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 | |
| alfuzosin hcl | 79 | alvimopan | 77 | MG, 5 MG-80 MG | 51 |
| ALINIA SUSR | 34 | amantadine hcl CAPS | 43 | amlodipine besylate-atorvastatin | |
| ALINIA TABS (nitazoxanide) | 34 | amantadine hcl TABS | 43 | calcium 10 MG-20 MG, 10 MG-40 | |
| aliskiren fumarate | 33 | AMARYL (glimepiride) | 26 | MG, 10 MG-80 MG | 51 |
| ALKERAN (melphalan hcl) | 36 | AMBIEN CR TBCR (zolpidem tartrate) | 83 | amlodipine besylate-benazepril hcl | |
| ALKERAN (melphalan) | 36 | AMBIEN TABS (zolpidem tartrate) | 83 | 10 MG-2.5 MG | 32 |
| allopurinol 100 MG | 79 | ambrisentan | 52 | amlodipine besylate-benazepril hcl | |
| allopurinol 300 MG | 79 | amcinonide CREA | 66 | 10 MG-5 MG, 20 MG-10 MG, 20 MG- | |
| almotriptan malate | 107 | amcinonide LOTN | 66 | 5 MG, 40 MG-10 MG, 40 MG-5 MG | |
| ALOCRIL | 120 | amcinonide OINT | 66 | 32 | |
| alogliptin benzoate | 24 | AMERGE (naratriptan hcl) | 107 | amlodipine besylate-valsartan 10 | |
| ALOMIDE | 120 | AMICAR SOLN OR (aminocaproic acid) | 82 | MG-160 MG | 32 |
| ALORA PTTW | 75 | AMICAR TABS (aminocaproic acid) | 82 | amlodipine besylate-valsartan 10 | |
| alosetron hcl | 77 | amiloride & hydrochlorothiazide | 72 | MG-320 MG, 5 MG-160 MG, 5 MG- | |
| ALPHAGAN P (brimonidine tartrate) | 117 | amiloride hcl TABS | 72 | 320 MG | 32 |
| ALPHANATE SOLR | 79 | aminocaproic acid SOLN OR 0.25 | | amlodipine-valsartan- | |
| ALPHANINE SD 500 UNIT, 1000 | | GM/ML | 82 | hydrochlorothiazide | 32 |
| UNIT, 1500 UNIT | 79 | aminocaproic acid TABS | 82 | amoxapine | 23 |
| ALPRAZOLAM INTENSOL CONC | 13 | amiodarone hcl TABS | 14 | amoxicillin & pot clavulanate CHEW . | |
| alprazolam TABS | 13 | | | 122 | |
| alprazolam TB24 | 13 | | | amoxicillin & pot clavulanate SUSR | |
| | | | | 122 | |
| | | | | amoxicillin & pot clavulanate TABS | |
| | | | | 122 | |
| | | | | amoxicillin & pot clavulanate TB12 | |
| | | | | 122 | |
| | | | | amoxicillin CAPS | 122 |
| | | | | amoxicillin CHEW 125 MG, 250 MG . | |

| | | | | | |
|--|----------------|---|--|---|-----|
| 122 | sulfate) | 131 | AQUALANCE LANCETS ULTRA THIN 30G | 88 | |
| amoxicillin SUSR | 122 | anastrozole | 38 | ARAVA 10 MG (leflunomide) | 6 |
| amoxicillin TABS | 122 | ANCOBON (flucytosine) | 28 | ARAVA 20 MG (leflunomide) | 6 |
| amoxicillin-clarithromycin w/ lansoprazole THPK | 134 | ANDEXXA 200 MG | 27 | ARCALYST | 5 |
| amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG | 1 | ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone) | 11 | ARICEPT TABS (donepezil hydrochloride) | 123 |
| amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG | 1 | ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (testosterone) | 11 | ARIKAYCE | 3 |
| amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG | 1 | ANDROGEL PUMP GEL TD 1.62 % (testosterone) | 11 | ARIMIDEX (anastrozole) | 38 |
| amphetamine-dextroamphetamine TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG | 1 | ANGELIQ | 75 | aripiprazole SOLN OR | 45 |
| ampicillin & sulbactam sodium IV 10 GM-5 GM | 122 | ANNOVERA | 57 | aripiprazole TABS 15 MG | 45 |
| ampicillin CAPS 500 MG | 122 | ANORO ELLIPTA | 16 | aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG | 45 |
| ampicillin sodium IJ 1 GM, 125 MG 122 | | ANTARA 30 MG | 30 | aripiprazole TABS 20 MG | 46 |
| AMPYRA (dalfampridine) | 124 | ANTIVERT TABS 50 MG (meclizine hcl) | 27 | aripiprazole TBDP | 46 |
| ANAFRANIL (clomipramine hcl) .. | 23 | ANUSOL-HC EX (hydrocortisone (rectal)) | 12 | ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) | 17 |
| anagrelide hcl | 81 | ANZEMET TABS 50 MG | 27 | ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) | 17 |
| ANALPRAM-HC LOTN EX | 12 | APEXICON E CREA | 66 | armodafinil 150 MG, 200 MG, 250 MG | 2 |
| ANAPROX DS TABS (naproxen sodium) | 5 | APO-VARENICLINE TABS | 128 | armodafinil 50 MG | 2 |
| ANASPAZ TBDP (hyoscyamine | | apraclonidine hcl | 117 | ARMOUR THYROID TABS | 130 |
| | | aprepitant CAPS 40 MG | 27 | ARMOUR THYROID TABS | 131 |
| | | aprepitant CAPS 80 MG, 125 MG .. | 27 | ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT | 15 |
| | | aprepitant CAPS | 27 | ARNUITY ELLIPTA 50 MCG/ACT .. | 15 |
| | | aprepitant MISC | 27 | AROMASIN (exemestane) | 38 |
| | | APRISO CP24 (mesalamine) | 77 | ARTHROTEC 50 TBEC (diclofenac w/ misoprostol) | 5 |
| | | APTENSIO XR CP24 (methylphenidate hcl) | 2 | ARTHROTEC 75 TBEC (diclofenac w/ misoprostol) | 5 |
| | | APTIOM | 19 | | |
| | | APTIVUS CAPS | 46 | | |

| | | |
|---|--|--|
| ASACOL HD TBEC (mesalamine) .77 | ASTAGRAF XL CP24 110 | AURORA LANCET SUPER THIN30G 89 |
| asenapine maleate45 | ATABEX EC TBEC 112 | AURORA LANCET THIN 23G 89 |
| aspirin CHEW 8 | ATACAND 32 MG (candesartan cilexetil)31 | AURYXIA77 |
| aspirin TBEC 81 MG 8 | ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)31 | AUSTEDO TABS 12 MG 124 |
| aspirin-dipyridamole81 | ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)32 | AUSTEDO TABS 6 MG, 9 MG ... 124 |
| ASSESS PEAK FLOW METER FULL RANGE106 | atazanavir sulfate CAPS46 | AUVI-Q SOAJ 0.1 MG/0.1ML 138 |
| ASSESS PEAK FLOW METER LOW RANGE106 | atenolol & chlorthalidone32 | AVALIDE (irbesartan-hydrochlorothiazide) 32 |
| ASSURE COMFORT LANCETS ULTRA THIN 28G88 | atenolol TABS49 | AVAPRO (irbesartan) 31 |
| ASSURE HAEMOLANCE PLUS HIGH FLOW 18G88 | ATIVAN TABS (lorazepam)13 | AVODART (dutasteride)79 |
| ASSURE HAEMOLANCE PLUS LOW FLOW 25G88 | atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG2 | AVONEX PEN AJKT124 |
| ASSURE HAEMOLANCE PLUS MICRO FLOW 28G89 | atomoxetine hcl 60 MG, 80 MG, 100 MG2 | AVONEX PSKT124 |
| ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G89 | atorvastatin calcium TABS30 | AYGESTIN TABS (norethindrone acetate) 123 |
| ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE89 | atovaquone34 | AYVAKIT 100 MG, 200 MG, 300 MG 39 |
| ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"105 | atovaquone-proguanil hcl35 | AYVAKIT 25 MG, 50 MG 39 |
| ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"105 | ATRALIN GEL (tretinoin)61 | AZASITE 118 |
| ASSURE LANCE LANCETS89 | atropine sulfate (ophthalmic) OINT 117 | azathioprine TABS110 |
| ASSURE LANCE LANCETS 21G .89 | atropine sulfate (ophthalmic) SOLN 117 | azelaic acid GEL69 |
| ASSURE LANCE PLUS SAFETYLANCETS 25G89 | ATROPINE SULFATE SOLN 1 % 117 | azelastine hcl (ophth) 120 |
| ASSURE LANCE PLUS SAFETYLANCETS 30G89 | ATROVENT HFA14 | azelastine hcl 0.1 %, 137 MCG/SPRAY 115 |
| ASSURE LANCE SAFETY LANCET 28G89 | AUBAGIO (teriflunomide)124 | azelastine hcl 0.15 %, 205.5 MCG/SPRAY 115 |
| | AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)122 | azelastine hcl-fluticasone propionate SUSP 115 |
| | AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML122 | AZELEX 61 |
| | AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)122 | AZILECT (rasagiline mesylate) ... 44 |
| | | azithromycin PACK 85 |
| | | azithromycin SUSR 85 |

| | | | | | |
|--|-----|---|-----|--|-----|
| azithromycin TABS 250 MG | 85 | LOK/30G X 1/2" | 105 | BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide) | 32 |
| azithromycin TABS 500 MG | 85 | BD MICROTAINER LANCETS ... | 89 | BENLYSTA SOAJ | 110 |
| azithromycin TABS 600 MG | 85 | BD NEEDLE/30G X 1/2" | 105 | BENLYSTA SOSY | 110 |
| AZOPT (brinzolamide) | 120 | BD PEN MINI MISC | 105 | BENSAL HP OINT | 69 |
| AZULFIDINE EN-TABS TBEC (sulfasalazine) | 77 | BD PEN MISC | 105 | BENZAMYCIN GEL (benzoyl peroxide-erythromycin) | 61 |
| AZULFIDINE TABS (sulfasalazine) 77 | | BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM | 105 | BENZNIDAZOLE | 12 |
| bacitracin (ophthalmic) | 118 | BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" .. | 105 | benzonatate | 58 |
| bacitracin-polymyxin b (ophth) ... | 118 | BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" ... | 105 | benzoyl peroxide-erythromycin GEL . 61 | |
| bacitracin-poly-neomycin-hc | 119 | BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM | 105 | benzphetamine hcl 50 MG | 2 |
| baclofen SOLN IT 40 MG/20ML, 500 MCG/ML | 115 | BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM | 105 | benztropine mesylate SOLN | 43 |
| baclofen TABS 10 MG | 115 | BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" .. | 105 | benztropine mesylate TABS | 43 |
| baclofen TABS 20 MG | 115 | BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" | 105 | bepotastine besilate | 120 |
| baclofen TABS 5 MG | 115 | 105 | | BEPREVE (bepotastine besilate) 120 | |
| BACTRIM DS TABS (sulfamethoxazole-trimethoprim) .. | 34 | BD VERITOR AT-HOME COVID-19 TEST KIT | 70 | BESIVANCE | 118 |
| BACTRIM TABS (sulfamethoxazole- trimethoprim) | 34 | BELLADONNA/OPIUM | 131 | BESREMI | 42 |
| BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) | 56 | BELSOMRA | 83 | BETADINE OPHTHALMIC PREP 118 | |
| balsalazide disodium CAPS | 77 | benazepril & hydrochlorothiazide . | 32 | betaine | 74 |
| BALVERSA | 39 | benazepril hcl | 31 | betamethasone dipropionate (topical) CREA | 66 |
| BANZEL SUSP (rufinamide) | 19 | BENEFIX KIT | 80 | betamethasone dipropionate (topical) LOTN | 66 |
| BANZEL TABS 200 MG (rufinamide) . | 19 | BENICAR 40 MG (olmesartan medoxomil) | 31 | betamethasone dipropionate (topical) OINT | 66 |
| BANZEL TABS 400 MG (rufinamide) . | 19 | BENICAR 5 MG, 20 MG (olmesartan medoxomil) | 31 | betamethasone dipropionate augmented CREA | 66 |
| BARACLUDE TABS (entecavir) ... | 48 | BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide) | 32 | betamethasone dipropionate augmented GEL 0.05 % | 66 |
| BD AUTOSHIELD DUO 30G X 5MM | 105 | | | betamethasone dipropionate | |
| BD ECLIPSE NEEDLE/LUER- | | | | | |

| | | |
|---|---|--|
| augmented LOTN66 | bimatoprost SOLN120 | brimonidine tartrate-timolol maleate . 117 |
| betamethasone dipropionate augmented OINT66 | BINAXNOW COVID-19 AG CARD HOME TEST KIT70 | brinzolamide 120 |
| betamethasone valerate CREA66 | bisacodyl SUPP85 | bromfenac sodium (ophth)120 |
| betamethasone valerate FOAM ... 66 | bisacodyl TBEC85 | bromocriptine mesylate CAPS43 |
| betamethasone valerate LOTN66 | bisoprolol & hydrochlorothiazide ..32 | bromocriptine mesylate TABS 2.5 MG 43 |
| betamethasone valerate OINT66 | bisoprolol fumarate 49 | BROMSITE 0.075 % (bromfenac sodium (ophth))120 |
| BETAPACE AF (sotalol hcl (afib/af))49 | BIVIGAM SOLN121 | BRUKINSA39 |
| BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) 49 | BLEPH-10 SOLN (sulfacetamide sodium (ophth))118 | budesonide (inhalation) SUSP 0.25 MG/2ML 15 |
| BETASERON KIT 124 | BLEPHAMIDE S.O.P. OINT119 | budesonide (inhalation) SUSP 0.5 MG/2ML 15 |
| betaxolol hcl (ophth) SOLN117 | BLEPHAMIDE SUSP119 | budesonide (inhalation) SUSP 1 MG/2ML 15 |
| betaxolol hcl49 | BONIVA TABS (ibandronate sodium) 73 | budesonide (intrarectal)12 |
| bethanechol chloride134 | BOOSTRIX SUSP131 | budesonide CPEP 58 |
| BETHKIS NEBU (tobramycin) 3 | BORTEZOMIB SOLR IJ 1 MG, 2.5 MG 39 | budesonide TB2458 |
| BETIMOL117 | bortezomib SOLR IJ 39 | budesonide-formoterol fumarate dihydrate16 |
| BETOPTIC-S SUSP117 | bosentan TABS 52 | bumetanide TABS 0.5 MG, 1 MG ..72 |
| bexarotene (topical)64 | BOSULIF CAPS39 | bumetanide TABS 2 MG72 |
| bexarotene 42 | BOSULIF TABS 100 MG, 400 MG .39 | BUMEX TABS 0.5 MG (bumetanide) . 72 |
| BEXSERO135 | BOSULIF TABS 500 MG39 | BUPHENYL POWD (sodium phenylbutyrate)74 |
| BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)56 | BRAFTOVI 75 MG39 | BUPHENYL TABS (sodium phenylbutyrate)74 |
| bicalutamide38 | BREATHE EASE PEAK FLOW METER106 | buprenorphine hcl SUBL 2 MG 11 |
| BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML 122 | BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH16 | buprenorphine hcl SUBL 8 MG 11 |
| BICILLIN L-A SUSY 122 | BREZTRI AEROSPHERE16 | buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG11 |
| BIDIL (isosorbide dinitrate- hydralazine hcl) 51 | BRILINTA81 | |
| BIKTARVY 200 MG-50 MG-25 MG 46 | brimonidine tartrate (topical) 69 | |
| BILTRICIDE (praziquantel)12 | brimonidine tartrate 117 | |

| | | |
|--|---|---|
| buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...11 | MCG/HR, 15 MCG/HR, 20 MCG/HR (buprenorphine)11 | calcitriol SOLN OR74 |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 11 | BYSTOLIC (nebivolol hcl)49 | calcium acetate (phosphate binder) CAPS77 |
| buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR . 11 | cabergoline75 | calcium acetate (phosphate binder) TABS77 |
| bupropion hcl (smoking deterrent) 128 | CABOMETYX TABS39 | CALCIUM-FOLIC ACID PLUS D 108 |
| bupropion hcl TABS22 | CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)51 | CALQUENCE 39 |
| bupropion hcl TB1222 | CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (amlodipine besylate-atorvastatin calcium)51 | CANASA SUPP (mesalamine)77 |
| bupropion hcl TB24 150 MG, 300 MG22 | CAFERGOT TABS (ergotamine w/ caffeine)107 | candesartan cilexetil 32 MG 31 |
| bupropion hcl TB24 450 MG22 | caffeine citrate SOLN OR 1 | candesartan cilexetil 4 MG, 8 MG, 16 MG 31 |
| buspiron hcl 13 | CALAN SR TBCR 120 MG (verapamil hcl) 50 | candesartan cilexetil- hydrochlorothiazide 32 |
| busulfan SOLN36 | CALAN SR TBCR 180 MG, 240 MG (verapamil hcl) 50 | capecitabine36 |
| BUSULFEX SOLN (busulfan)36 | CALCIFOL 108 | CAPEX SHAM 66 |
| butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG7 | calcipotriene CREA 64 | CAPRELSA 40 |
| butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG7 | calcipotriene FOAM 64 | captopril 31 |
| butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG7 | CALCIPOTRIENE FOAM64 | CARAC CREA (fluorouracil (topical)) 64 |
| butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG 10 | calcipotriene OINT64 | CARAFATE SUSP (sucralfate) ...133 |
| butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 10 | calcipotriene SOLN 64 | CARAFATE TABS (sucralfate) ...133 |
| butalbital-aspirin-caffeine CAPS 7 | calcipotriene-betamethasone dipropionate OINT 66 | carbamazepine CHEW19 |
| butalbital-aspirin-caffeine w/cod ...10 | calcipotriene-betamethasone dipropionate SUSP66 | carbamazepine CP1219 |
| butorphanol tartrate NA 10 MG/ML 11 | calcitonin (salmon) IJ 73 | carbamazepine SUSP 19 |
| BUTRANS PTWK 5 MCG/HR, 10 | calcitonin (salmon) NA73 | carbamazepine TABS19 |
| | calcitriol (topical)64 | carbamazepine TB12 100 MG19 |
| | calcitriol CAPS 0.25 MCG 74 | carbamazepine TB12 200 MG19 |
| | calcitriol CAPS 0.5 MCG74 | carbamazepine TB12 400 MG19 |

| | | | | | |
|--|-----|--|-----|--|-----|
| carbidopa-levodopa TBCR 100 MG-25 MG | 43 | CARETOUCH SAFETY LANCETS/28G | 89 | cefadroxil CAPS | 52 |
| carbidopa-levodopa TBCR 200 MG-50 MG | 43 | CARETOUCH SAFETY LANCETS/30G | 89 | cefadroxil SUSR | 52 |
| carbidopa-levodopa TBCR 200 MG-50 MG | 43 | CARETOUCH TWIST LANCETS 28G | 89 | cefadroxil TABS | 52 |
| carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG | 43 | CARETOUCH TWIST LANCETS 30G | 89 | cefazolin sodium SOLR IV 1 GM .. | 52 |
| carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG | 43 | CARETOUCH TWIST LANCETS 33G | 89 | cefdinir CAPS | 53 |
| carbinoxamine maleate SOLN | 28 | CARETOUCH TWIST LANCETS MULTI COLOR/30G | 89 | cefdinir SUSR | 53 |
| carbinoxamine maleate TABS 4 MG . | 28 | carisoprodol TABS | 115 | cefixime CAPS | 53 |
| CARBINOXAMINE MALEATE TABS . | 28 | carisoprodol w/ aspirin & codeine | 115 | cefixime SUSR | 53 |
| CARDIZEM CD CP24 (diltiazem hcl coated beads) | 50 | CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) | 74 | cefotetan disodium IJ 1 GM, 2 GM | 52 |
| CARDIZEM LA TB24 (diltiazem hcl) | 50 | CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) | 74 | CEFOXITIN SODIUM | 52 |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) | 50 | CARNITOR TABS (levocarnitine (metabolic modifiers)) | 74 | cefoxitin sodium IV 1 GM, 2 GM ... | 52 |
| CARDURA (doxazosin mesylate) . | 32 | carteolol hcl (ophth) | 117 | cefpodoxime proxetil SUSR | 53 |
| CARDURA XL | 79 | carvedilol 3.125 MG | 49 | cefpodoxime proxetil TABS | 53 |
| CAREONE LANCET SUPER THIN/30G | 89 | carvedilol 6.25 MG, 12.5 MG, 25 MG | 49 | cefprozil SUSR | 53 |
| CAREONE LANCET THIN | 89 | carvedilol phosphate | 49 | cefprozil TABS | 53 |
| CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" | 105 | CASODEX (bicalutamide) | 38 | cefuroxime axetil TABS | 53 |
| CARESENS LANCETS | 89 | CAYA DPRH | 86 | CELEBREX 400 MG (celecoxib) ... | 5 |
| CARESTART COVID-19 ANTIGEN HOME TEST KIT | 70 | CAYSTON | 35 | CELEBREX 50 MG, 100 MG, 200 MG (celecoxib) | 5 |
| CARETOUCH SAFETY LANCETS/26G | 89 | cefaclor CAPS | 52 | celecoxib 400 MG | 5 |
| | | CEFACLOR ER TB12 | 52 | celecoxib 50 MG, 100 MG, 200 MG | 5 |
| | | cefaclor SUSR 125 MG/5ML, 375 MG/5ML | 52 | CELEXA TABS (citalopram hydrobromide) | 22 |
| | | | | CELLCEPT CAPS (mycophenolate mofetil) | 110 |
| | | | | CELLCEPT SUSR (mycophenolate mofetil) | 110 |
| | | | | CELLCEPT TABS (mycophenolate mofetil) | 110 |
| | | | | CELLTRION DIATRUST COVID-19 AG HOME TEST KIT | 70 |
| | | | | CELONTIN (methsuximide) | 21 |

| | | | | | |
|--|-----|--|-----|--|-----|
| CENTANY OINT | 62 | CIALIS 5 MG, 10 MG, 20 MG (tadalafil) | 51 | citalopram hydrobromide TABS ... | 22 |
| cephalexin CAPS | 52 | ciclopirox GEL | 63 | CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- | |
| cephalexin SUSR | 52 | ciclopirox olamine CREA | 63 | 20 MG-50 MG-25 MG-2 MG-159 MG- | |
| CEPROTIN | 81 | ciclopirox olamine SUSP | 63 | 90 MG-150 MCG-30 UNIT-0.75 MG- | |
| CERDELGA | 81 | ciclopirox SHAM | 63 | 300 MG | 112 |
| CEREZYME 400 UNIT | 82 | ciclopirox SOLN | 63 | CITRANATAL ASSURE | 112 |
| CERVIDIL INST | 121 | cilostazol | 81 | CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG | |
| CETACAINE AERO | 69 | CILOXAN OINT | 118 | 112 | |
| CETRAXAL (ciprofloxacin hcl (otic)) . 121 | | CILOXAN SOLN (ciprofloxacin hcl (ophth)) | 118 | CITRANATAL BLOOM | 112 |
| cevimeline hcl | 111 | CIMDUO | 46 | CITRANATAL BLOOM DHA | 112 |
| CHEMET | 26 | cimetidine hcl OR 300 MG/5ML .. | 132 | CITRANATAL DHA | 112 |
| CHENODAL | 76 | cimetidine TABS 300 MG, 800 MG 132 | | CITRANATAL ESSENCE | 112 |
| chlordiazepoxide hcl CAPS | 13 | cimetidine TABS 400 MG | 132 | CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG | 112 |
| chlordiazepoxide hcl-clidinium bromide | 131 | cinacalcet hcl | 74 | CITRANATAL MEDLEY | 113 |
| chlordiazepoxide-amitriptyline ... | 123 | CIPRO HC | 121 | CLARINEX TABS (desloratadine) . | 28 |
| chlorhexidine gluconate (mouth- throat) | 111 | CIPRO SUSR | 76 | clarithromycin SUSR | 85 |
| chloroquine phosphate TABS | 35 | CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) | 76 | clarithromycin TABS | 85 |
| chlorpromazine hcl TABS | 45 | CIPRODEX (ciprofloxacin- dexamethasone) | 121 | clarithromycin TB24 | 85 |
| chlorthalidone 25 MG, 50 MG | 72 | ciprofloxacin hcl (ophth) SOLN ... | 118 | CLEANLET LANCETS 28G | 89 |
| chlorzoxazone TABS 375 MG, 500 MG, 750 MG | 115 | ciprofloxacin hcl (otic) | 121 | CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT | 70 |
| cholestyramine light PACK | 29 | ciprofloxacin hcl TABS | 76 | clemastine fumarate TABS 2.68 MG . 28 | |
| cholestyramine light POWD | 29 | ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML | 76 | CLEOCIN (clindamycin hcl) | 34 |
| cholestyramine PACK | 29 | ciprofloxacin-dexamethasone ... | 121 | CLEOCIN CREA (clindamycin phosphate vaginal) | 137 |
| cholestyramine POWD | 29 | ciprofloxacin-fluocinolone acetonide . 121 | | CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride) | 35 |
| choline fenofibrate 135 MG | 30 | citalopram hydrobromide SOLN ... | 22 | CLEOCIN SUPP | 137 |
| choline fenofibrate 45 MG | 30 | | | | |
| CIALIS 2.5 MG (tadalafil) | 51 | | | | |

| | | | |
|--|--|---|-----|
| CLEOCIN-T LOTN (clindamycin phosphate (topical)) | clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % | clonazepam TABS | 18 |
| CLEVER CHEK LANCETS ULTRATHIN | clindamycin phosphate-tretinoin | clonazepam TBDP | 18 |
| CLEVER CHEK LANCETS ULTRATHIN 30G | CLINDESSE | clonidine hcl (adhd) TB12 | 2 |
| CLEVER CHOICE COMFORT EZLANCETS 21G | CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT | clonidine hcl TABS | 32 |
| CLEVER CHOICE COMFORT EZLANCETS 23G | clobazam SUSP | clopidogrel bisulfate | 81 |
| CLEVER CHOICE COMFORT EZLANCETS 28G | clobazam TABS 10 MG | clorazepate dipotassium TABS | 13 |
| CLEVER CHOICE PEAK FLOW METER | clobazam TABS 20 MG | clotrimazole | 110 |
| CLIMARA PRO | clobetasol propionate CREA 0.05 % | clotrimazole w/ betamethasone CREA | 63 |
| CLIMARA PTWK (estradiol) | 66 | clotrimazole w/ betamethasone LOTN | 63 |
| CLINDAGEL GEL (clindamycin phosphate (topical)) | clobetasol propionate emollient base 0.05 % | clozapine TABS | 45 |
| clindamycin hcl | clobetasol propionate emulsion | clozapine TBDP 12.5 MG | 45 |
| clindamycin palmitate hydrochloride | clobetasol propionate FOAM | CLOZARIL TABS (clozapine) | 45 |
| 35 | clobetasol propionate GEL 0.05 % | C-NATE DHA CAPS | 113 |
| clindamycin phosphate (topical) FOAM | clobetasol propionate LIQD | COAGADDEX | 80 |
| 61 | clobetasol propionate LOTN | COAGUCHEK LANCETS | 90 |
| clindamycin phosphate (topical) GEL | clobetasol propionate OINT 0.05 % | COARTEM | 35 |
| 61 | 66 | codeine sulfate TABS | 8 |
| clindamycin phosphate (topical) LOTN | clobetasol propionate SHAM | CODITUSSIN AC LIQD | 59 |
| 61 | 66 | COGENTIN SOLN (benztropine mesylate) | 43 |
| clindamycin phosphate (topical) SOLN | clobetasol propionate SOLN 0.05 % | COLAZAL CAPS (balsalazide disodium) | 77 |
| 61 | 66 | colchicine CAPS | 79 |
| clindamycin phosphate (topical) SWAB | CLOBEX LIQD (clobetasol propionate) | colchicine TABS | 79 |
| 61 | 67 | colchicine w/ probenecid | 79 |
| clindamycin phosphate vaginal CREA | CLOBEX LOTN 0.05 % (clobetasol propionate) | COLCRYS TABS (colchicine) | 79 |
| 137 | 67 | colesevelam hcl PACK | 29 |
| clindamycin phosphate-benzoyl peroxide (refrigerate) | CLOBEX SHAM (clobetasol propionate) | colesevelam hcl TABS | 29 |
| 61 | 67 | COLESTID FLAVORED GRAN (colestipol hcl) | 29 |
| | clocortolone pivalate | | |
| | CLODERM (clocortolone pivalate) | | |
| | 67 | | |
| | clomipramine hcl | | |
| | 23 | | |

| | | | | | |
|--|-----|---|-----|---|-----|
| COLESTID FLAVORED PACK (colestipol hcl) | 29 | COMTAN (entacapone) | 43 | CORTENEMA (hydrocortisone (intrarectal)) | 12 |
| COLESTID GRAN (colestipol hcl) . | 29 | CONCEPT DHA | 113 | CORTIFOAM EX 10 % | 12 |
| COLESTID PACK (colestipol hcl) . | 29 | CONCEPT OB | 113 | CORTISPORIN-TC | 121 |
| COLESTID TABS (colestipol hcl) . | 29 | CONCERTA TBCR 18 MG, 27 MG (methylphenidate hcl) | 2 | COSENTYX SENSOREADY PEN SOAJ | 64 |
| colestipol hcl GRAN | 29 | CONCERTA TBCR 36 MG (methylphenidate hcl) | 2 | COSENTYX SOSY 150 MG/ML ... | 65 |
| colestipol hcl PACK | 29 | CONCERTA TBCR 54 MG (methylphenidate hcl) | 2 | COSENTYX SOSY 75 MG/0.5ML . | 64 |
| colestipol hcl TABS | 29 | CONDOMS | 86 | COSENTYX UNOREADY SOAJ .. | 64 |
| COMBIGAN (brimonidine tartrate- timolol maleate) | 117 | CONDYLOX GEL (podofilox) | 69 | COSOPT (dorzolamide hcl-timolol maleate) | 117 |
| COMBIPATCH PTTW | 75 | CONTRAVE | 2 | COSOPT PF (dorzolamide hcl- timolol maleate) | 117 |
| COMBIVENT RESPIMAT AERS .. | 16 | CONZIP CP24 (tramadol hcl) | 8 | COTELLIC | 40 |
| COMBIVIR (lamivudine-zidovudine) . | 46 | COPAXONE SOSY 20 MG/ML (glatiramer acetate) | 124 | COVID-19 AG TEST KIT | 70 |
| COMETRIQ KIT | 40 | COPAXONE SOSY 40 MG/ML (glatiramer acetate) | 124 | COVID-19 AT HOME TEST KITS . | 70 |
| COMFORT ASSURED LANCETS MICRO THIN 33G | 90 | COPIKTRA | 40 | COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT | 70 |
| COMFORT ASSURED LANCETS SUPER THIN 28G | 90 | CORDRAN CREA (flurandrenolide) 67 | | COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT | 70 |
| COMFORT LANCETS | 90 | CORDRAN TAPE | 67 | COZAAR (losartan potassium) ... | 31 |
| COMFORT TOUCH LANCETS ULTRA THIN 31G | 90 | COREG 3.125 MG (carvedilol) | 49 | CREON CPEP | 71 |
| COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G | 90 | COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol) | 49 | CRESEMBA CAPS 186 MG | 28 |
| COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G | 90 | COREG CR (carvedilol phosphate) 49 | | CRESTOR TABS (rosuvastatin calcium) | 30 |
| COMIRNATY 2023-24 SUSP | 135 | CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol) | 49 | CRINONE GEL 8 % | 138 |
| COMIRNATY 2023-24 SUSY | 135 | CORIFACT | 80 | cromolyn sodium (ophth) | 120 |
| COMIRNATY SUSP | 135 | CORLANOR SOLN | 52 | cromolyn sodium NEBU | 14 |
| COMPLERA | 46 | CORLANOR TABS | 52 | CUPRIMINE CAPS (penicillamine) 109 | |
| COMPLETENATE CHEW | 113 | CORTANE-B | 67 | CUTIVATE LOTN (fluticasone | |
| | | CORTEF TABS (hydrocortisone) .. | 58 | | |

| | | |
|--|--|---|
| propionate)67 | acid)82 | (desmopressin acetate)75 |
| CUVPOSA SOLN OR (glycopyrrolate)132 | CYMBALTA CPEP (duloxetine hcl) 23 | DDAVP TABS 0.2 MG (desmopressin acetate)75 |
| CVS COVID-19 AT HOME TESTKIT KIT70 | cyproheptadine hcl SYRP29 | deferasirox PACK26 |
| CVS LANCETS 21G90 | cyproheptadine hcl TABS29 | deferasirox TABS26 |
| CVS LANCETS MICRO THIN 33G 90 | CYSTADANE (betaine)74 | deferasirox TBSO26 |
| CVS LANCETS MICRO-THIN 33G 90 | CYSTAGON CAPS78 | deferiprone TABS 500 MG26 |
| CVS LANCETS ORIGINAL90 | CYSTARAN120 | DELESTROGEN (estradiol valerate) 76 |
| CVS LANCETS THIN 26G90 | CYTOMEL TABS 25 MCG, 50 MCG (lithyronine sodium)131 | DELSTRIGO46 |
| CVS LANCETS ULTRA THIN 30G 90 | CYTOMEL TABS 5 MCG (lithyronine sodium)131 | DELZICOL CPDR (mesalamine) ..77 |
| CVS LANCETS ULTRA-THIN 30G 90 | CYTOTEC (misoprostol)134 | demeclocycline hcl TABS130 |
| CVS ULTRA THIN LANCETS90 | D.H.E. 45 SOLN IJ (dihydroergotamine mesylate)107 | DEMSER (metyrosine)31 |
| cyclobenzaprine hcl TABS 5 MG, 10 MG115 | dalfampridine124 | DEPAKOTE ER TB24 (divalproex sodium)22 |
| CYCLOGYL (cyclopentolate hcl) 117 | DALIRESP (roflumilast)15 | DEPAKOTE SPRINKLES CSDR (divalproex sodium)22 |
| CYCLOGYL117 | danazol CAPS11 | DEPAKOTE TBEC (divalproex sodium)22 |
| CYCLOMYDRIL117 | DANTRIUM CAPS 25 MG, 50 MG (dantrolene sodium)115 | DEPEN TITRATABS TABS (penicillamine)109 |
| cyclopentolate hcl117 | dantrolene sodium CAPS115 | DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR57 |
| cyclophosphamide CAPS36 | dapsone (topical) 5 %61 | DEPO-SUBQ PROVERA 104 SUSY SC57 |
| CYCLOPHOSPHAMIDE TABS36 | dapsone 100 MG34 | DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)67 |
| cycloserine36 | dapsone 25 MG34 | DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)67 |
| cyclosporine (ophth) EMUL118 | DAPTACEL131 | DERMOTIC (fluocinolone acetonide (otic))121 |
| cyclosporine CAPS110 | darifenacin hydrobromide134 | DESCOVY 200 MG-25 MG46 |
| cyclosporine modified (for microemulsion) CAPS110 | darunavir TABS46 | |
| cyclosporine modified (for microemulsion) SOLN110 | DAURISMO38 | |
| CYKLOKAPRON SOLN (tranexamic acid)82 | DAYPRO TABS (oxaprozin)5 | |
| | DAYTRANA PTCH (methylphenidate)2 | |
| | DDAVP TABS 0.1 MG | |

| | | | | | |
|---|-----|--|-----|--|-----|
| desipramine hcl TABS | 23 | CONC | 58 | diazepam TABS 2 MG, 5 MG | 13 |
| desloratadine TABS | 28 | dexamethasone sodium phosphate (ophth) | 119 | diazoxide | 24 |
| desloratadine TBDP | 29 | dexamethasone SOLN | 58 | DIBENZYLINE (phenoxybenzamine hcl) | 31 |
| DESMOPRESSIN ACETATE SOLN NA | 75 | dexamethasone TABS | 58 | dichlorphenamide | 72 |
| desmopressin acetate spray | 75 | dexamethasone TBPK | 58 | DICLEGIS TBEC (doxylamine- pyridoxine) | 27 |
| desmopressin acetate spray refrigerated | 75 | DEXEDRINE CP24 (dextroamphetamine sulfate) | 1 | diclofenac potassium TABS 50 MG .5 | |
| desmopressin acetate TABS 0.1 MG 75 | | dexmethylphenidate hcl CP24 | 2 | diclofenac sodium (actinic keratoses) EX | 64 |
| desmopressin acetate TABS 0.2 MG 75 | | dexmethylphenidate hcl TABS | 2 | diclofenac sodium (ophth) | 120 |
| desogestrel & ethinyl estradiol | 56 | dextroamphetamine sulfate CP24 ... | 1 | diclofenac sodium (topical) GEL EX 64 | |
| desogestrel-ethinyl estradiol (biphasic) | 56 | dextroamphetamine sulfate SOLN .. | 1 | diclofenac sodium (topical) SOLN EX 1.5 % | 64 |
| desonide CREA | 67 | dextroamphetamine sulfate TABS 10 MG | 1 | diclofenac sodium (topical) SOLN EX 2 % | 64 |
| desonide GEL | 67 | dextroamphetamine sulfate TABS 5 MG | 1 | diclofenac sodium TB24 | 5 |
| desonide LOTN | 67 | DHIVY TABS | 43 | diclofenac sodium TBEC | 5 |
| desonide OINT | 67 | DIACOMIT CAPS 250 MG | 19 | diclofenac w/ misoprostol TBEC | 5 |
| DESOWEN CREA (desonide) | 67 | DIACOMIT CAPS 500 MG | 19 | dicloxacillin sodium | 122 |
| desoximetasone CREA | 67 | DIACOMIT PACK 250 MG | 19 | dicyclomine hcl CAPS | 132 |
| desoximetasone GEL | 67 | DIACOMIT PACK 500 MG | 19 | dicyclomine hcl SOLN OR | 132 |
| desoximetasone LIQD | 67 | DIASTAT ACUDIAL GEL (diazepam (anticonvulsant)) | 18 | dicyclomine hcl TABS | 132 |
| desoximetasone OINT | 67 | DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant)) | 18 | diethylpropion hcl TABS | 2 |
| DESOXYN (methamphetamine hcl) . 1 | | DIATHRIVE LANCETS | 90 | diethylpropion hcl TB24 | 2 |
| desvenlafaxine succinate | 23 | DIATHRIVE LANCETS ULTRA THIN 30G | 90 | DIFFERIN CREA (adapalene) | 61 |
| DETROL LA CP24 (tolterodine tartrate) | 134 | diazepam (anticonvulsant) GEL ... | 18 | DIFFERIN GEL 0.1 % (adapalene) 61 | |
| DETROL TABS (tolterodine tartrate) . 134 | | diazepam CONC | 13 | DIFFERIN GEL 0.3 % (adapalene) 61 | |
| dexamethasone ELIX | 58 | diazepam SOLN OR 5 MG/5ML ... | 13 | DIFFERIN LOTN | 61 |
| DEXAMETHASONE INTENSOL | | diazepam TABS 10 MG | 13 | DIFICID TABS | 86 |

| | | | | | |
|--------------------------------------|-----|-------------------------------------|-----------------------------------|----------------------------|-----|
| diflorasone diacetate CREA | 67 | DIOVAN HCT 12.5 MG-160 MG, 12.5 | DOPTelet | 82 | |
| diflorasone diacetate OINT | 67 | MG-320 MG, 12.5 MG-80 MG, 25 | DORAL (quazepam) | 83 | |
| DIFLUCAN SUSR (fluconazole) ... | 28 | MG-320 MG (valsartan- | dorzolamide hcl | 120 | |
| DIFLUCAN TABS (fluconazole) ... | 28 | hydrochlorothiazide) | 32 | DORZOLAMIDE HCL | 120 |
| diflunisal TABS | 8 | DIOVAN HCT 25 MG-160 MG | DORZOLAMIDE HCL/TIMOLOL | | |
| difluprednate | 119 | (valsartan-hydrochlorothiazide) ... | MALEATE | 117 | |
| digoxin SOLN OR 0.05 MG/ML | 51 | 31 | dorzolamide hcl-timolol maleate . | 117 | |
| digoxin TABS 0.0625 MG, 0.125 MG, | | DIOVAN TABS 160 MG (valsartan) | DOVATO | 46 | |
| 0.25 MG, 62.5 MCG, 125 MCG, 250 | | 31 | DOVONEX CREA (calcipotriene) . | 65 | |
| MCG | 51 | DIPENTUM | doxazosin mesylate | 32 | |
| dihydroergotamine mesylate SOLN IJ | | diphenhydramine hcl SOLN 50 | doxepin hcl (antipruritic) | 64 | |
| 1 MG/ML | 107 | MG/ML | 28 | doxepin hcl CAPS | 23 |
| dihydroergotamine mesylate SOLN | | diphenoxylate w/ atropine LIQD ... | 26 | doxepin hcl CONC | 23 |
| NA 4 MG/ML | 107 | diphenoxylate w/ atropine TABS .. | 26 | doxercalciferol CAPS | 74 |
| DILANTIN (phenytoin sodium | | DIPHThERIA/TETANUS TOXOIDS | doxycycline (monohydrate) CAPS | | |
| extended) | 21 | ADSORBED PEDIATRIC SUSP . | 150 MG | 130 | |
| DILANTIN | 21 | 131 | doxycycline (monohydrate) CAPS 50 | | |
| DILANTIN INFATABS CHEW | | DIPROLENE OINT (betamethasone | MG, 75 MG, 100 MG | 130 | |
| (phenytoin) | 21 | dipropionate augmented) | doxycycline (monohydrate) SUSR | | |
| DILANTIN-125 SUSP (phenytoin) . | 21 | 81 | 130 | | |
| DILAUDID LIQD (hydromorphone | | dipyridamole | doxycycline (monohydrate) TABS | | |
| hcl) | 8 | 81 | 150 MG | 130 | |
| DILAUDID TABS (hydromorphone | | disopyramide phosphate CAPS ... | doxycycline (monohydrate) TABS 50 | | |
| hcl) | 8 | 13 | MG, 100 MG | 130 | |
| diltiazem hcl coated beads CP24 .. | 50 | disulfiram | doxycycline (monohydrate) TABS 75 | | |
| diltiazem hcl CP12 | 50 | 123 | MG | 130 | |
| diltiazem hcl CP24 | 50 | DITROPAN XL TB24 5 MG, 10 MG | doxycycline (rosacea) | 69 | |
| diltiazem hcl extended release beads | | (oxybutynin chloride) | doxycycline hyclate CAPS | 130 | |
| | 50 | 134 | doxycycline hyclate TABS 20 MG, | | |
| diltiazem hcl TABS | 50 | DIURIL SUSP | 100 MG | 130 | |
| diltiazem hcl TB24 | 50 | 72 | doxylamine-pyridoxine TBEC | 27 | |
| dimethyl fumarate CDPK | 124 | 22 | DRISDOL CAPS (ergocalciferol) . | 138 | |
| dimethyl fumarate CPDR | 124 | 22 | dronabinol CAPS | 27 | |
| | | dofetilide | | | |
| | | 14 | | | |
| | | DOJOLVI | | | |
| | | 117 | | | |
| | | DOMETUSS-DMX LIQD | | | |
| | | 59 | | | |
| | | donepezil hydrochloride TABS ... | | | |
| | | 123 | | | |
| | | donepezil hydrochloride TBDP ... | | | |
| | | 123 | | | |

| | | | | | |
|--|-----|--|-----|---|-----|
| DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" | 105 | 12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG | 113 | EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" | 105 |
| DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" | 105 | DUETACT (pioglitazone hcl-glimepiride) | 24 | EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" | 106 |
| DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" | 105 | DULCOLAX PINK LAXATIVE TBEC (bisacodyl) | 85 | EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED ... | 91 |
| DROPLET LANCETS ULTRA THIN 30G | 90 | DULCOLAX SUPP (bisacodyl) | 85 | EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED ... | 91 |
| DROPLET PERSONAL LANCETS30G | 90 | DULCOLAX TBEC (bisacodyl) | 85 | EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED ... | 91 |
| DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML | 105 | duloxetine hcl CPEP 20 MG, 30 MG, 60 MG | 23 | EASY TOUCH LANCETS 26G/PULL-TOP | 91 |
| DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML | 105 | DUOPA SUSP | 43 | EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED ... | 91 |
| drosiprenone-ethinyl estradiol | 56 | DUPIXENT SOPN 300 MG/2ML ... | 68 | EASY TOUCH LANCETS 28G/PULL-TOP | 91 |
| drosiprenone-ethinyl estradiol-levomefolate calcium | 56 | DUPIXENT SOSY 200 MG/1.14ML 68 | | EASY TOUCH LANCETS 28G/TWIST | 91 |
| DROXIA CAPS | 82 | DUREX EXTRA SENSITIVE THIN DEVI | 86 | EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED | 91 |
| droxidopa | 138 | DUREZOL (difluprednate) | 119 | EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED ... | 91 |
| DRUG MART LANCETS THIN ... | 90 | dutasteride | 79 | EASY TOUCH LANCETS 30G/PULL-TOP | 91 |
| DRUG MART ON-THE-GO LANCETS GENTLE 30G | 90 | dutasteride-tamsulosin hcl | 79 | EASY TOUCH LANCETS 30G/TWIST | 91 |
| DRUG MART UNILET LANCETSSUPER THIN 30G | 91 | DYMISTA SUSP (azelastine hcl-fluticasone propionate) | 115 | EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ... | 91 |
| DRUG MART UNILET LANCETSULTRA THIN 28G | 91 | DYRENIUM CAPS (triamterene) .. | 72 | EASY TOUCH LANCETS 32G/PULL-TOP | 91 |
| DRUG MART UNILET MICRO THIN LANCETS 33G | 91 | E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) | 85 | EASY TOUCH LANCETS 32G/TWIST | 91 |
| DRYSOL SOLN | 69 | EASY COMFORT LANCETS 30G/PULL TOP | 91 | EASY TOUCH LANCETS 33G/TWIST | 91 |
| DUAVEE | 75 | EASY COMFORT LANCETS 30G/THIN TOP | 91 | EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED | 91 |
| DUET DHA 400 MISC | 113 | EASY COMFORT LANCETS TWIST TOP | 91 | | |
| DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT- | | | | | |

| | | | | | |
|--|-----|--|-----|---|-----|
| EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED | 91 | ELESTRIN GEL | 76 | EMTRIVA SOLN | 46 |
| EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED | 92 | eletriptan hydrobromide | 107 | enalapril maleate & hydrochlorothiazide | 32 |
| EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED | 92 | ELIDEL (pimecrolimus) | 69 | enalapril maleate TABS | 31 |
| EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED | 92 | ELIGARD SC | 38 | ENBREL MINI SOCT | 6 |
| EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED | 92 | ELIQUIS STARTER PACK TBPK . | 17 | ENBREL SOLN | 6 |
| econazole nitrate CREA | 63 | ELIQUIS TABS | 17 | ENBREL SOLR | 6 |
| EDARBI 40 MG | 31 | ELLA | 57 | ENBREL SOSY 25 MG/0.5ML | 6 |
| EDARBI 80 MG | 31 | ELLUME COVID-19 HOME TEST KIT | 70 | ENBREL SOSY 50 MG/ML | 6 |
| EDARBYCLOR | 32 | ELMIRON CAPS | 79 | ENBREL SURECLICK SOAJ | 6 |
| EDECRIN (ethacrynic acid) | 72 | ELOCTATE | 80 | ENCARE SUPP 100 MG | 137 |
| EDURANT | 46 | EMBRACE LANCETS ULTRA THIN 30G | 92 | ENDARI | 82 |
| efavirenz CAPS | 46 | EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G | 92 | ENDOMETRIN INST | 138 |
| efavirenz TABS | 46 | EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G | 92 | ENGERIX-B SUSP 20 MCG/ML . | 135 |
| efavirenz-emtricitabine-tenofovir disoproxil fumarate | 46 | EMCYT | 38 | ENGERIX-B SUSY | 135 |
| efavirenz-lamivudine-tenofovir disoproxil fumarate | 46 | EMEND CAPS 80 MG (aprepitant) 28 | 28 | enoxaparin sodium SOLN IJ 300 MG/3ML | 17 |
| EFFER-K | 109 | EMEND SUSR | 28 | enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML | 17 |
| EFFEXOR XR CP24 (venlafaxine hcl) | 23 | EMEND TRIPACK CAPS (aprepitant) | 28 | enoxaparin sodium SOSY 30 MG/0.3ML | 17 |
| EFFIENT (prasugrel hcl) | 81 | EMGALITY SOAJ | 107 | enoxaparin sodium SOSY 40 MG/0.4ML | 17 |
| EFUDEX CREA (fluorouracil (topical)) | 64 | EMGALITY SOSY 100 MG/ML ... | 107 | enoxaparin sodium SOSY 60 MG/0.6ML | 17 |
| EGRIFTA 2 MG | 73 | EMGALITY SOSY 120 MG/ML ... | 107 | enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML | 17 |
| EGRIFTA SV | 73 | EMSAM | 22 | entacapone | 43 |
| | | emtricitabine CAPS | 46 | entecavir TABS | 48 |
| | | emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG | 46 | ENTEREG (alvimopan) | 77 |
| | | emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG | 46 | ENTRESTO | 51 |
| | | EMTRIVA CAPS (emtricitabine) ... | 46 | EPCLUSA PACK | 48 |

| | | | | | |
|---|-----|--|-----|--|-----|
| EPCLUSA TABS | 48 | erlotinib hcl | 37 | estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM | 76 |
| EPIDIOLEX | 19 | ERTACZO | 63 | estradiol PTTW | 76 |
| EPIDUO GEL (adapalene-benzoyl peroxide) | 61 | ertapenem sodium IJ | 34 | estradiol PTWK | 76 |
| EPIFOAM FOAM | 67 | ERYGEL GEL (erythromycin (acne aid)) | 61 | estradiol TABS | 76 |
| epinastine hcl (ophth) | 120 | ERYPED 200 SUSR (erythromycin ethylsuccinate) | 85 | estradiol vaginal CREA | 138 |
| epinephrine (anaphylaxis) SOAJ . | 138 | ERYPED 400 SUSR (erythromycin ethylsuccinate) | 85 | estradiol vaginal TABS | 138 |
| EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) | 138 | erythromycin (acne aid) GEL | 61 | estradiol valerate | 76 |
| EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis)) | 138 | erythromycin (acne aid) SOLN | 61 | ESTRING RING | 138 |
| EPIVIR HBV TABS (lamivudine (hbv)) | 48 | erythromycin (ophth) | 118 | ESTROGEL GEL | 76 |
| EPIVIR SOLN (lamivudine) | 46 | ERYTHROMYCIN | 118 | ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe) | 56 |
| EPIVIR TABS (lamivudine) | 46 | erythromycin base CPEP | 85 | eszopiclone | 83 |
| eplerenone | 33 | erythromycin base TABS | 85 | ethacrynic acid | 72 |
| EPZICOM (abacavir sulfate- lamivudine) | 46 | erythromycin base TBEC | 86 | ethambutol hcl TABS | 36 |
| EQL COLOR LANCETS 21G | 92 | erythromycin ethylsuccinate SUSR 86 | | ethosuximide CAPS | 21 |
| EQL COLOR LANCETS MICRO THIN 33G | 92 | ESBRIET CAPS (pirfenidone) | 129 | ethosuximide SOLN | 21 |
| EQL SUPER THIN LANCETS 30G 92 | | ESBRIET TABS (pirfenidone) | 129 | ethynodiol diacet & eth estrad | 56 |
| EQL THIN LANCETS 26G | 92 | escitalopram oxalate SOLN | 22 | etodolac CAPS | 5 |
| EQUETRO | 44 | escitalopram oxalate TABS 10 MG, 20 MG | 22 | etodolac TABS | 5 |
| ergocalciferol CAPS | 138 | escitalopram oxalate TABS 5 MG . | 22 | etodolac TB24 | 5 |
| ergoloid mesylates TABS | 125 | ESGIC TABS (butalbital- acetaminophen-caffeine) | 7 | etonogestrel-ethinyl estradiol | 57 |
| ERGOMAR SUBL | 107 | esomeprazole magnesium PACK | 133 | ETOPOPHOS | 42 |
| ergotamine w/ caffeine TABS | 107 | estazolam | 83 | etoposide CAPS | 42 |
| ERIVEDGE | 38 | ESTRACE CREA (estradiol vaginal) . | 138 | etoposide SOLN 1 GM/50ML, 500 MG/25ML | 42 |
| ERLEADA 240 MG | 38 | ESTRACE TABS (estradiol) | 76 | etoposide SOLN 100 MG/5ML | 42 |
| ERLEADA 60 MG | 38 | estradiol & norethindrone acetate TABs | 75 | etravirine | 46 |

| | | |
|--|---|--|
| everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG110 | ezetimibe-simvastatin 29 | felbamate TABS 21 |
| everolimus TABS 40 | E-ZJECT LANCETS MICRO-THIN 33G 92 | FELBATOL SUSP (felbamate) 21 |
| everolimus TBSO 40 | EZ-LETS LANCETS 21G 92 | FELBATOL TABS (felbamate) 21 |
| EVISTA (raloxifene hcl) 73 | EZ-LETS LANCETS 26G SUPER- SOFT 92 | FELDENE CAPS 10 MG (piroxicam) . 5 |
| EVOCLIN FOAM (clindamycin phosphate (topical)) 61 | EZ-LETS LANCETS 28G ULTRA- SOFT 92 | FELDENE CAPS 20 MG (piroxicam) . 5 |
| EVOTAZ 46 | EZ-LETS LANCETS 30G 92 | felodipine 10 MG 50 |
| EVOXAC (cevimeline hcl) 111 | FABHALTA 81 | felodipine 2.5 MG, 5 MG 50 |
| EVRYSDI 116 | FABIOR FOAM 61 | FEMARA (letrozole) 38 |
| EXELDERM CREA (sulconazole nitrate) 63 | famciclovir 48 | FEMCAP DEVI 86 |
| EXELDERM SOLN 63 | famotidine SUSR 132 | FEMHRT (norethindrone acetate- ethinyl estradiol) 75 |
| EXELON (rivastigmine) 123 | famotidine TABS 20 MG 133 | FEMRING 138 |
| exemestane 38 | famotidine TABS 40 MG 133 | fenofibrate CAPS 30 |
| EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ... 32 | FANAPT 44 | fenofibrate micronized 130 MG, 200 MG 30 |
| EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) 32 | FANAPT TITRATION PACK 44 | fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG 30 |
| EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide) 32 | FANTASY LUBRICATED MISC ... 86 | fenofibrate TABS 145 MG 30 |
| EXJADE TBSO (deferasirox) 27 | FANTASY LUBRICATED/SPERMICIDE MISC 86 | fenofibrate TABS 48 MG, 160 MG .30 |
| EXODERM 63 | FARESTON (toremifene citrate) .. 38 | fenofibrate TABS 54 MG 30 |
| EXTINA FOAM (ketoconazole (topical)) 63 | FARXIGA 26 | FENOFIBRATE TABS 30 |
| E-Z JECT LANCETS 92 | FARYDAK 40 | FENSOLVI SC 73 |
| E-Z JECT LANCETS 21G 92 | FASENRA PEN SOAJ 14 | fantanyl citrate LPOP 1600 MCG ... 8 |
| E-Z JECT LANCETS COLOR 92 | FASTEP COVID-19 ANTIGEN HOME TEST KIT 70 | fantanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG 8 |
| E-Z JECT LANCETS SUPER THIN 30G 92 | FC2 FEMALE CONDOM 86 | fantanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR 8 |
| E-Z JECT LANCETS THIN 26G .. 92 | febuxostat 40 MG 79 | fantanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR 8 |
| ezetimibe 30 | febuxostat 80 MG 79 | felbamate SUSP 21 |

| | | | | | |
|--|-----|--|-----|---|-----|
| FERRIPROX SOLN | 27 | FLAGYL CAPS (metronidazole) ... | 34 | FLUBLOK QUADRIVALENT 2021-2022 | 135 |
| FERRIPROX TABS 500 MG (deferiprone) | 27 | FLAREX | 119 | FLUBLOK QUADRIVALENT 2022-2023 | 136 |
| fesoterodine fumarate | 134 | flavoxate hcl | 134 | FLUBLOK QUADRIVALENT 2023-2024 | 136 |
| FETZIMA CP24 20 MG | 23 | FLEBOGAMMA DIF SOLN | 121 | FLUCELVAX QUADRIVALENT 2021-2022 SUSP | 136 |
| FETZIMA CP24 40 MG, 80 MG, 120 MG | 23 | flecainide acetate | 14 | FLUCELVAX QUADRIVALENT 2021-2022 SUSY | 136 |
| FETZIMA TITRATION PACK C4PK 23 | | FLOMAX (tamsulosin hcl) | 79 | FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 136 |
| FIBRICOR (fenofibric acid) | 30 | FLOMASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal)) | 116 | FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 136 |
| FIFTY50 SAFETY SEAL LANCETS 30G | 92 | FLOMASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) .. | 116 | FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 136 |
| FIFTY50 SAFETY SEAL LANCETS 32G | 92 | FLORIVA | 108 | FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 136 |
| FIFTY50 UNILET LANCETS 33G | 92 | FLORIVA | 112 | FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 136 |
| FINACEA FOAM | 69 | FLORIVA PLUS SOLN | 112 | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 136 |
| FINACEA GEL (azelaic acid) | 69 | FLOVENT DISKUS AEPB 100 MCG/BLIST | 15 | fluconazole SUSR | 28 |
| finasteride | 79 | FLOVENT DISKUS AEPB 250 MCG/BLIST | 15 | fluconazole TABS | 28 |
| FINE 30 | 93 | FLOVENT DISKUS AEPB 50 MCG/BLIST | 15 | flucytosine | 28 |
| FINGERSTIX LANCETS | 93 | FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT | 70 | fludarabine phosphate SOLR | 36 |
| fingolimod hcl | 124 | FLUAD QUADRIVALENT 2021-2022 | 135 | fludrocortisone acetate TABS | 58 |
| FIORICET CAPS (butalbital-acetaminophen-caffeine) | 7 | FLUAD QUADRIVALENT 2022-2023 | 135 | FLULAVAL QUADRIVALENT 2021-2022 SUSY | 136 |
| FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . | | FLUAD QUADRIVALENT 2023-2024 | 135 | FLULAVAL QUADRIVALENT 2022-2023 SUSY | 136 |
| 10 | | FLUARIX QUADRIVALENT 2021-2022 SUSY | 135 | FLULAVAL QUADRIVALENT 2023-2024 SUSY | 136 |
| FIRAZYR SOSY (icatibant acetate) 81 | | FLUARIX QUADRIVALENT 2022-2023 SUSY | 135 | FLUMIST QUADRIVALENT | 136 |
| FIRDAPSE | 35 | FLUARIX QUADRIVALENT 2023-2024 SUSY | 135 | fluocinolone acetonide (otic) | 121 |
| FIRST-MOUTHWASH BLM | 110 | | | fluocinolone acetonide CREA | 67 |
| FIRST-OMEPRAZOLE SUSP | 133 | | | fluocinolone acetonide OIL | 67 |
| FIRVANQ SOLR OR 25 MG/ML (vancomycin hcl) | 34 | | | fluocinolone acetonide OINT | 67 |

| | | |
|---|---|--|
| fluocinolone acetone SOLN67 | AEPB 100 MCG/ACT 15 | FLUZONE QUADRIVALENT 2021-2022 SUSY 136 |
| fluocinonide CREA67 | fluticasone propionate (inhalation) AEPB 250 MCG/ACT 15 | FLUZONE QUADRIVALENT 2022-2023 SUSP 136 |
| fluocinonide emulsified base67 | fluticasone propionate (inhalation) AEPB 50 MCG/ACT15 | FLUZONE QUADRIVALENT 2022-2023 SUSY 137 |
| fluocinonide GEL67 | fluticasone propionate (nasal) SUSP . 116 | FLUZONE QUADRIVALENT 2023-2024 SUSP 137 |
| fluocinonide OINT67 | fluticasone propionate CREA 0.05 % 67 | FLUZONE QUADRIVALENT 2023-2024 SUSY 137 |
| fluocinonide SOLN67 | fluticasone propionate hfa15 | FML FORTE SUSP119 |
| fluorometholone (ophth) SUSP ...119 | fluticasone propionate LOTN 67 | FML LIQUIFILM SUSP (fluorometholone (ophth)) 119 |
| fluorouracil (topical) CREA 5 % ...64 | fluticasone propionate OINT67 | FML OINT119 |
| fluorouracil (topical) SOLN64 | fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT16 | FOCALIN TABS (dexmethylphenidate hcl) 2 |
| fluoxetine hcl (pmdd) TABS 125 | fluticasone-salmeterol AERO 16 | FOCALIN XR CP24 (dexmethylphenidate hcl) 2 |
| fluoxetine hcl CAPS 10 MG, 20 MG 22 | fluvastatin sodium CAPS 30 | folic acid TABS 1 MG82 |
| fluoxetine hcl CAPS 40 MG22 | fluvastatin sodium TB24 30 | folic acid TABS 400 MCG, 800 MCG . 82 |
| fluoxetine hcl CPDR22 | fluvoxamine maleate CP24 100 MG 22 | FOLIVANE-F 82 |
| fluoxetine hcl SOLN22 | fluvoxamine maleate CP24 150 MG 22 | FOLIVANE-OB113 |
| fluoxetine hcl TABS 10 MG22 | fluvoxamine maleate TABS 100 MG . 23 | fondaparinux sodium 2.5 MG/0.5ML . 17 |
| fluoxetine hcl TABS 20 MG, 60 MG 22 | fluvoxamine maleate TABS 25 MG, 50 MG23 | fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML17 |
| FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl)22 | FLUZONE HIGH-DOSE PF 2021- 2022136 | FORA LANCETS93 |
| fluphenazine hcl CONC45 | FLUZONE HIGH-DOSE PF 2022- 2023136 | FORFIVO XL TB24 (bupropion hcl) 22 |
| fluphenazine hcl ELIX45 | FLUZONE HIGH-DOSE PF 2023- 2024136 | formaldehyde SOLN 10 %46 |
| fluphenazine hcl TABS45 | FLUZONE QUADRIVALENT 2021- 2022 SUSP 136 | FORTESTA GEL TD (testosterone) 11 |
| flurandrenolide CREA67 | | FOSAMAX TABS 70 MG (alendronate sodium) 73 |

| | | | | | |
|---|----|--|-----|--|-----|
| fosamprenavir calcium TABS | 46 | BLOOD GLUCOSE MONITORING SYSTEM KIT | 93 | GALZIN | 109 |
| fosfomycin tromethamine | 35 | FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP | 71 | GAMASTAN | 121 |
| fosinopril sodium & hydrochlorothiazide | 32 | FREESTYLE TEST STRIPS STRP 71 | | GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML | 122 |
| fosinopril sodium | 31 | FREESTYLE UNISTICK II LANCETS | 93 | GAMMAKED 1 GM/10ML | 122 |
| FOSRENOL CHEW 1000 MG (lanthanum carbonate) | 78 | FROVA (frovatriptan succinate) . | 107 | GAMMAPLEX SOLN | 122 |
| FOSRENOL CHEW 500 MG (lanthanum carbonate) | 78 | frovatriptan succinate | 107 | GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML | 122 |
| FOSRENOL CHEW 750 MG (lanthanum carbonate) | 78 | furosemide SOLN OR 10 MG/ML, 40 MG/5ML | 72 | GARDASIL 9 SUSP | 137 |
| FOSRENOL PACK | 78 | furosemide TABS | 72 | GARDASIL 9 SUSY | 137 |
| FRAGMIN SOLN 95000 UNIT/3.8ML 17 | | FUZEON SOLR | 46 | gatifloxacin (ophth) | 118 |
| FRAGMIN SOSY 2500 UNIT/0.2ML 17 | | FYCOMPA SUSP | 18 | GATTEX | 78 |
| FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML .. | 17 | FYCOMPA TABS 2 MG | 18 | gefitinib | 37 |
| FREDS PHARMACY UNILET LANCETS SUPER THIN 30G | 93 | FYCOMPA TABS 4 MG | 18 | GELFILM OP | 119 |
| FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G | 93 | FYCOMPA TABS 6 MG | 18 | gemfibrozil TABS | 30 |
| FREESTYLE FREEDOM LITE KIT 93 | | FYCOMPA TABS 8 MG, 10 MG, 12 MG | 18 | GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT | 71 |
| FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP | 70 | gabapentin CAPS | 19 | GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT | 71 |
| FREESTYLE LANCETS | 93 | gabapentin SOLN | 19 | GENERESS FE (norethindrone & ethinyl estradiol-fe) | 56 |
| FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT | 93 | gabapentin TABS 600 MG, 800 MG 19 | | gentamicin sulfate (ophth) SOLN . | 118 |
| FREESTYLE LITE TEST STRIPS STRP | 71 | GABITRIL (tiagabine hcl) | 21 | gentamicin sulfate (topical) CREA . | 62 |
| FREESTYLE PRECISION NEO | | GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML .. | 115 | gentamicin sulfate (topical) OINT .. | 62 |
| | | GALAFOLD | 74 | GENTEEL BUTTERFLY TOUCH LANCETS | 93 |
| | | galantamine hydrobromide CP24 | 123 | GENTLE-LET GP LANCETS | 93 |
| | | galantamine hydrobromide SOLN | 123 | GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT .. | 93 |
| | | galantamine hydrobromide TABS | 123 | GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT | 93 |
| | | | | GENTLE-LET LANCETS SAFETY | |

| | | | | | |
|--|-----|---|-----|--|-----|
| STYLE/FINE POINT | 93 | GLOBAL INJECT EASE LANCETS 28G | 93 | GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL .. | 94 |
| GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT | 93 | GLOBAL INJECT EASE LANCETS 30G | 93 | GOODSENSE LANCETS MICRO- THIN 33G | 94 |
| GENVOYA | 46 | glucagon (rdna) | 24 | GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL | 94 |
| GEODON 20 MG, 40 MG (ziprasidone hcl) | 44 | GLUCAGON EMERGENCY KIT (glucagon (rdna)) | 24 | GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL | 94 |
| GEODON 60 MG, 80 MG (ziprasidone hcl) | 44 | GLUCOCOM LANCETS 28G | 93 | GOODSENSE LANCETS ULTRA- THIN 30G | 94 |
| GILENYA (fingolimod hcl) | 124 | GLUCOCOM LANCETS 30G | 93 | GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL | 94 |
| GILENYA 0.5 MG | 124 | GLUCOTROL XL TB24 (glipizide) . | 26 | GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT | 71 |
| GILOTRIF | 37 | glyburide micronized 1.5 MG, 3 MG, 6 MG | 26 | granisetron hcl TABS | 27 |
| GILPHEX TR TABS 10 MG-388 MG . 59 | | glyburide TABS | 26 | griseofulvin microsize SUSP | 28 |
| GILTUSS COUGH & COLD TABS | 59 | glyburide-metformin | 24 | griseofulvin microsize TABS | 28 |
| GILTUSS SINUS & CONGESTION TABS | 59 | GLYCATE TABS | 132 | griseofulvin ultramicrosize | 28 |
| glatiramer acetate SOSY 20 MG/ML . 124 | | glycopyrrolate SOLN OR 1 MG/5ML . 132 | | guaifenesin-codeine SOLN | 59 |
| glatiramer acetate SOSY 40 MG/ML . 124 | | glycopyrrolate TABS 1 MG, 2 MG 132 | | guanfacine hcl (adhd) | 2 |
| GLEEVEC 100 MG (imatinib mesylate) | 40 | GLYCOPYRROLATE TABS | 132 | guanfacine hcl | 32 |
| GLEEVEC 400 MG (imatinib mesylate) | 40 | GLYNASE (glyburide micronized) | 26 | GYNAZOLE-1 | 137 |
| GLEOSTINE 10 MG, 40 MG, 100 MG | 36 | GLYXAMBI | 24 | HADLIMA PUSHTOUCH SOAJ | 4 |
| glimepiride | 26 | GNP LANCETS 21G | 93 | HADLIMA SOSY | 4 |
| glipizide TABS | 26 | GNP LANCETS THIN 26G | 93 | HAEGARDA SOLR SC 2000 UNIT 81 | |
| glipizide TB24 | 26 | GNP STERILE LANCETS 28G ... | 93 | HAEGARDA SOLR SC 3000 UNIT 81 | |
| glipizide-metformin hcl | 24 | GNP STERILE LANCETS 30G ... | 94 | HAEMOLANCE | 94 |
| GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" .. | 106 | GNP STERILE LANCETS 33G ... | 94 | HAEMOLANCE LOW FLOW LANCETS | 94 |
| GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" | 106 | GOJJI STERILE LANCETS 30G .. | 94 | HAEMOLANCE PLUS | 94 |
| | | GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... | 83 | HAEMOLANCE PLUS HIGH FLOW . 94 | |
| | | GONITRO PACK | 12 | | |

| | | |
|--|---|--|
| HAEMOLANCE PLUS LOW FLOW 94 | HUMALOG KWIKPEN SOPN 100 UNIT/ML25 | HUMULIN N KWIKPEN SUPN 25 |
| HAEMOLANCE PLUS MAX FLOW 94 | HUMALOG KWIKPEN SOPN 200 UNIT/ML25 | HUMULIN N SUSP 25 |
| HAEMOLANCE PLUS PEDIATRIC FLOW94 | HUMALOG MIX 50/50 KWIKPEN SUPN 25 | HUMULIN R SOLN IJ25 |
| HALCION 0.25 MG (triazolam) 83 | HUMALOG MIX 50/50 SUSP25 | HUMULIN R U-500 (CONCENTRATED) SOLN SC25 |
| halobetasol propionate CREA67 | HUMALOG MIX 75/25 KWIKPEN SUPN 25 | HUMULIN R U-500 KWIKPEN SOPN SC25 |
| halobetasol propionate OINT67 | HUMALOG MIX 75/25 SUSP25 | HYCANTIN CAPS 42 |
| HALOG SOLN 67 | HUMALOG SOCT 25 | HYCANTIN SOLR (topotecan hcl) 42 |
| haloperidol lactate CONC45 | HUMALOG SOLN IJ 25 | HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide) 58 |
| haloperidol TABS 45 | HUMATE-P SOLR 80 | HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide) 58 |
| HAVRIX 137 | HUMATIN3 | hydralazine hcl TABS34 |
| HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G94 | HUMATROPE CART IJ73 | HYDREA (hydroxyurea)42 |
| H-E-B INCONTROL LANCETS MICRO THIN 33G94 | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML 4 | hydrochlorothiazide CAPS72 |
| H-E-B INCONTROL LANCETS SUPER THIN 30G94 | HUMIRA PEN PNKT 40 MG/0.4ML .4 | hydrochlorothiazide TABS 72 |
| H-E-B INCONTROL LANCETS ULTRA THIN 28G94 | HUMIRA PEN PNKT 40 MG/0.8ML .4 | hydrocodone bitartrate-homatropine methylbromide SOLN58 |
| HEMANGEOL SOLN OR49 | HUMIRA PEN PNKT 80 MG/0.8ML .4 | hydrocodone bitartrate-homatropine methylbromide TABS 58 |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT80 | HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML4 | hydrocodone polistirex- chlorpheniramine polistirex SUER .59 |
| heparin sodium (porcine) SOLN IJ 10000 UNIT/ML 17 | HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML4 | hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 10 |
| HEPLISAV-B SOSY 137 | HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT4 | hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG10 |
| HEPSERA (adefovir dipivoxil)48 | HUMIRA PEN-PS/UV STARTER PNKT4 | hydrocodone-acetaminophen TABS 300 MG-7.5 MG10 |
| HIBERIX SOLR IJ 135 | HUMIRA PSKT 10 MG/0.1ML5 | hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 |
| HIPREX (methenamine hippurate) 35 | HUMIRA PSKT5 | |
| HUMALOG JUNIOR KWIKPEN SOPN25 | HUMULIN 70/30 KWIKPEN SUPN 25 | |
| | HUMULIN 70/30 SUSP25 | |

| | | | | | |
|--|-----|---|-----|--|-----|
| MG-7.5 MG | 10 | hydroxyzine hcl TABS | 13 | imatinib mesylate 100 MG | 40 |
| hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . | 10 | hydroxyzine pamoate CAPS | 13 | imatinib mesylate 400 MG | 40 |
| hydrocortisone (intrarectal) | 12 | hyoscyamine sulfate SUBL 0.125 MG | 132 | IMBRUVICA CAPS | 40 |
| hydrocortisone (rectal) EX 2.5 % .. | 12 | hyoscyamine sulfate TABS 0.125 MG | 132 | IMBRUVICA TABS | 40 |
| hydrocortisone (topical) CREA 2.5 % | 67 | hyoscyamine sulfate TB12 0.375 MG | 132 | imipenem-cilastatin IV 250 MG-250 MG | 34 |
| hydrocortisone (topical) LOTN 2 %, 2.5 % | 67 | hyoscyamine sulfate TBDP 0.125 MG | 132 | imipenem-cilastatin IV 500 MG-500 MG | 34 |
| hydrocortisone (topical) OINT 2.5 % . | 67 | HYPERSAL NEBU (sodium chloride (inhalant)) | 59 | imipramine hcl TABS 10 MG, 25 MG . | 23 |
| hydrocortisone butyrate CREA | 67 | HYPERSAL NEBU | 59 | imipramine hcl TABS 50 MG | 23 |
| hydrocortisone butyrate hydrophilic lipo base | 67 | HYPODERMIC NEEDLE 30GX1/2" . | 106 | imipramine pamoate | 23 |
| hydrocortisone butyrate OINT | 67 | HYQVIA | 122 | imiquimod 5 % | 69 |
| hydrocortisone butyrate SOLN | 67 | HY-VEE LANCETS | 94 | IMITREX 20 MG/ACT (sumatriptan) | 107 |
| hydrocortisone TABS | 58 | HY-VEE THIN LANCETS | 94 | IMITREX 5 MG/ACT (sumatriptan) | 107 |
| hydrocortisone valerate CREA | 67 | HYZAAR (losartan potassium & hydrochlorothiazide) | 33 | IMITREX STATDOSE REFILL SOCT (sumatriptan succinate) | 107 |
| hydrocortisone valerate OINT | 67 | ibandronate sodium TABS | 73 | IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate) ... | 107 |
| hydrocortisone w/acetic acid | 121 | IBRANCE CAPS | 40 | IMITREX TABS (sumatriptan succinate) | 107 |
| HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid) ... | 121 | IBRANCE TABS | 40 | IMODIUM A-D CAPS (loperamide hcl) | 26 |
| hydromorphone hcl LIQD | 8 | ibuprofen TABS 400 MG, 600 MG, 800 MG | 5 | IMURAN TABS (azathioprine) | 110 |
| hydromorphone hcl TABS | 8 | icatibant acetate SOSY | 81 | IN TOUCH STERILE LANCETS30G | 94 |
| hydromorphone hcl TB24 32 MG ... | 8 | ICLUSIG | 40 | INBRIJA CAPS | 43 |
| hydromorphone hcl TB24 8 MG, 12 MG, 16 MG | 8 | icosapent ethyl | 29 | INCRELEX | 73 |
| hydroxychloroquine sulfate 200 MG | 35 | IDELVION | 80 | INCRUSE ELLIPTA | 14 |
| hydroxyurea | 42 | IDHIFA | 40 | indapamide TABS 1.25 MG, 2.5 MG . | 73 |
| hydroxyzine hcl SOLN 50 MG/ML . | 13 | IHEALTH COVID-19 ANTIGENRAPID TEST KIT | 71 | INDERAL LA CP24 (propranolol hcl) . | |
| hydroxyzine hcl SYRP | 13 | ILEVRO | 120 | | |

| | | | | | |
|--|-----------------------|---|---------------------------------|--|-----|
| 49 | INTELENCE 25 MG | 46 | isotretinoin 10 MG, 25 MG | 61 | |
| INDERAL XL | 49 | INTELISWAB COVID-19 RAPID TEST KIT | 71 | isotretinoin 20 MG | 62 |
| INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ... | 71 | INTRON A SOLR | 42 | isotretinoin 30 MG | 61 |
| INDOCIN SUSP (indomethacin) | 5 | INTUNIV (guanfacine hcl (adhd)) .. | 2 | isotretinoin 35 MG, 40 MG | 62 |
| indomethacin CAPS 25 MG, 50 MG | 5 | INVANZ IJ (ertapenem sodium) ... | 34 | isoxsuprine hcl | 51 |
| indomethacin CPR | 5 | INVEGA (paliperidone) | 44 | isradipine CAPS | 50 |
| indomethacin SUPP | 5 | iodoquinol-hydrocortisone in aloe vehicle | 63 | ISTALOL SOLN (timolol maleate (ophth)) | 117 |
| indomethacin SUSP | 5 | IOPIDINE | 117 | ISTODAX SOLR (romidepsin) | 40 |
| INFANRIX | 131 | ipratropium bromide (nasal) | 115 | itraconazole CAPS | 28 |
| INFLECTRA | 77 | ipratropium bromide SOLN 0.02 % | 14 | itraconazole SOLN | 28 |
| INGREZZA CAPS 40 MG, 80 MG 124 | | ipratropium-albuterol SOLN | 16 | ivermectin (pediculicide) | 70 |
| INGREZZA CAPS 60 MG | 124 | irbesartan | 31 | ivermectin (rosacea) | 69 |
| INGREZZA CPPK | 124 | irbesartan-hydrochlorothiazide ... | 33 | ivermectin | 12 |
| INLYTA | 36 | IRESSA (gefitinib) | 37 | IXINITY SOLR | 80 |
| INNOPRAN XL | 49 | ISENTRESS CHEW | 46 | JADENU SPRINKLE PACK (deferasirox) | 27 |
| INQOVI | 39 | ISENTRESS HD TABS | 46 | JADENU TABS (deferasirox) | 27 |
| INREBIC | 40 | ISENTRESS PACK | 46 | JAKAFI | 40 |
| INSPIRA (eplerenone) | 34 | ISENTRESS TABS | 46 | JALYN (dutasteride-tamsulosin hcl) . 79 | |
| INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML | 25 | isoniazid SYRP | 36 | JANUMET TABS | 24 |
| INSULIN GLARGINE MAX SOLOSTAR SOPN | 25 | isoniazid TABS | 36 | JANUMET XR TB24 1000 MG-100 MG | 24 |
| INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML | 25 | ISOPTO ATROPINE SOLN | 117 | JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG | 24 |
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN | 25 | ISOPTO CARPINE SOLN 1 %, 2 % (pilocarpine hcl) | 117 | JANUVIA | 25 |
| INSULIN SYRINGES AND PEN NEEDLES | 106 | ISORDIL TITRADOSE TABS (isosorbide dinitrate) | 12 | JARDIANCE | 26 |
| INTEGRA F | 82 | isosorbide dinitrate TABS | 12 | JIVI | 80 |
| INTELENCE (etravirine) | 46 | isosorbide dinitrate-hydralazine hcl 51 | | JULUCA | 46 |
| | | isosorbide mononitrate TABS | 13 | JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG | 30 |
| | | isosorbide mononitrate TB24 | 13 | | |

| | | | | | |
|--------------------------------------|-----|----------------------------------|-----|------------------------------------|-----|
| JYNARQUE TBPK | 75 | KIMONO LUBRICATED MISC | 86 | KOATE SOLR | 80 |
| KALETRA SOLN (lopinavir-ritonavir) . | 46 | KIMONO MAXX/LARGE FLARE | | KOATE-DVI SOLR 500 UNIT, 1000 | |
| | | MISC | 86 | UNIT | 80 |
| KALETRA TABS (lopinavir-ritonavir) . | 46 | KIMONO MICRO THIN MISC | 86 | KOGENATE FS KIT | 80 |
| KALYDECO PACK | 129 | KIMONO MICRO THIN PLUS | | KOMBIGLYZE XR (saxagliptin- | |
| KALYDECO TABS | 129 | SPERMICIDE LUBRICATED MISC | | metformin hcl) | 24 |
| | | 86 | | KOSELUGO | 40 |
| KAMELEON LUBRICATED MISC .86 | | KIMONO PLUS SPERMICIDE | | KOVALTRY | 80 |
| | | LUBRICATED MISC | 86 | K-PHOS NEUTRAL (pot phosphate | |
| KAPVAY TB12 (clonidine hcl (adhd)) | 2 | KIMONO PLUS | | monobasic w/ sod phosphate dibasic | |
| | | SPERMICIDE/LUBRICATED MISC | | & monobasic) | 108 |
| KCENTRA | 80 | 86 | | K-PHOS NO 2 | 78 |
| KENALOG AERS (triamcinolone | | KIMONO PS LUBRICATED MISC .86 | | K-PHOS TABS (potassium | |
| acetoneide (topical)) | 68 | KIMONO PS PLUS | | phosphate monobasic) | 108 |
| KEPPRA SOLN OR 100 MG/ML | | SPERMICIDE/LUBRICATED MISC | | KRINTAFEL | 35 |
| (levetiracetam) | 19 | 86 | | KROGER HEALTHPRO TWIST | |
| KEPPRA TABS (levetiracetam) | 19 | KIMONO SENSATION | | LANCETS/26G | 95 |
| KEPPRA XR TB24 (levetiracetam) 19 | | LUBRICATED MISC | 86 | KROGER LANCETS | 95 |
| KESIMPTA | 124 | KIMONO SENSATION PLUS | | KROGER LANCETS 21G | 95 |
| ketoconazole (topical) CREA | 63 | SPERMICIDE LUBRICATED MISC | | KROGER LANCETS MICRO | |
| ketoconazole (topical) FOAM | 63 | 86 | | THIN33G | 95 |
| ketoconazole (topical) SHAM 2 % .63 | | KIMONO SPECIAL DEVI | 86 | KROGER LANCETS SUPER THIN | |
| ketoconazole | 28 | KINNEY LANCETS | 94 | 95 | |
| KETONE STRP | 71 | KINNEY THIN LANCETS | 95 | KROGER LANCETS THIN | 95 |
| ketoprofen CAPS 75 MG | 6 | KISQALI | 40 | KROGER LANCETS THIN 26G .. | 95 |
| ketoprofen CP24 | 6 | KISQALI FEMARA 200 DOSE | 39 | KROGER LANCETS | |
| ketorolac tromethamine (ophth) . | 120 | KISQALI FEMARA 400 DOSE | 39 | ULTRATHIN30G | 95 |
| ketorolac tromethamine TABS | 6 | KISQALI FEMARA 600 DOSE | 39 | K-TAB TBCR 10 MEQ, 20 MEQ | |
| KETOSTIX STRP | 71 | KITABIS PAK NEBU (tobramycin) .. | 3 | (potassium chloride) | 109 |
| KEVEYIS (dichlorphenamide) | 72 | KLARITY-A | 118 | K-TAB TBCR 8 MEQ (potassium | |
| KEVZARA SOAJ | 5 | KLARON (sulfacetamide sodium | | chloride) | 109 |
| KEVZARA SOSY | 5 | (acne)) | 62 | KUVAN PACK (sapropterin | |
| KIMONO COLORS DEVI | 86 | KLONOPIN TABS (clonazepam) .. | 18 | dihydrochloride) | 74 |
| | | KLOXXADO LIQD | 27 | KUVAN TABS (sapropterin | |

| | | |
|---|---|--|
| dihydrochloride)74 | (lamotrigine)19 | lansoprazole CPDR 15 MG133 |
| K-Y ME & YOU EXTRA LUBRICATED DEVI86 | lamivudine (hbv) TABS 48 | lansoprazole CPDR 30 MG133 |
| K-Y ME & YOU INTENSE DEVI ...86 | lamivudine SOLN 46 | lansoprazole TBDD 15 MG133 |
| labetalol hcl TABS 49 | lamivudine TABS46 | lansoprazole TBDD 30 MG134 |
| lacosamide SOLN OR 10 MG/ML . 19 | lamivudine-zidovudine46 | lanthanum carbonate CHEW 1000 MG 78 |
| lacosamide TABS19 | lamotrigine CHEW 19 | lanthanum carbonate CHEW 500 MG78 |
| lactic acid (ammonium lactate) CREA68 | lamotrigine KIT 25 MG20 | lanthanum carbonate CHEW 750 MG78 |
| lactulose (encephalopathy)77 | lamotrigine KIT20 | LANTUS SOLN 25 |
| lactulose SOLN 84 | lamotrigine TABS 20 | LANTUS SOLOSTAR SOPN 25 |
| LAGEVRIO48 | lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG 20 | lapatinib ditosylate 40 |
| LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 19 | lamotrigine TB24 250 MG20 | LASIX TABS (furosemide)72 |
| LAMICTAL ODT KIT (lamotrigine) .19 | lamotrigine TB24 300 MG20 | LASTACAFT 120 |
| LAMICTAL ODT KIT19 | lamotrigine TBDP20 | latanoprost SOLN120 |
| LAMICTAL ODT TBDP (lamotrigine) . 19 | LAMPIT34 | latanoprost SOLN121 |
| LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) . 19 | LANCETS 95 | LATUDA (lurasidone hcl) 44 |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine)19 | LANCETS 30G95 | leflunomide 10 MG6 |
| LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)19 | LANCETS 30G TWIST TOP95 | leflunomide 20 MG6 |
| LAMICTAL TABS (lamotrigine)19 | LANCETS 30G/TWIST TOP95 | lenalidomide109 |
| LAMICTAL XR KIT19 | LANCETS 33G EXTRA FINE95 | lenalidomide 2.5 MG, 20 MG109 |
| LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) 19 | LANCETS 33G UNIVERSAL DESIGN 95 | LENVIMA 10 MG DAILY DOSE ..37 |
| LAMICTAL XR TB24 250 MG (lamotrigine)19 | LANCETS MICRO THIN 33G95 | LENVIMA 12MG DAILY DOSE ...37 |
| LAMICTAL XR TB24 300 MG | LANCETS SUPER THIN 28G95 | LENVIMA 14 MG DAILY DOSE ...37 |
| | LANCETS THIN95 | LENVIMA 18 MG DAILY DOSE ...37 |
| | LANCETS ULTRA THIN 95 | LENVIMA 20 MG DAILY DOSE ...37 |
| | LANCETS ULTRA THIN 30G95 | LENVIMA 24 MG DAILY DOSE ...37 |
| | LANOXIN TABS 125 MCG, 250 MCG (digoxin)51 | LENVIMA 4 MG DAILY DOSE37 |
| | LANOXIN TABS 62.5 MCG (digoxin) . 51 | LENVIMA 8 MG DAILY DOSE37 |
| | | LESCOL XL TB24 (fluvastatin |

| | | | | | |
|---|-----|--|-----|---|-----|
| sodium) | 30 | levonorgestrel-eth estradiol (triphasic) | 56 | lidocaine-prilocaine CREA | 69 |
| LETAIRIS (ambrisentan) | 52 | levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG | 56 | LIDODERM PTCH (lidocaine) | 69 |
| letrozole | 38 | levonorgestrel-ethinyl estradiol (continuous) | 56 | linezolid SUSR | 35 |
| leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG | 42 | levonorgestrel-ethinyl estradiol-iron 56 | | linezolid TABS | 35 |
| leucovorin calcium TABS | 42 | | | LINZESS | 77 |
| LEUKERAN | 36 | levorphanol tartrate TABS 2 MG ... | 8 | LIORESAL INTRATHECAL SOLN IT (baclofen) | 115 |
| leuprolide acetate KIT IJ 1 MG/0.2ML | 38 | levorphanol tartrate TABS 3 MG ... | 8 | LIORESAL INTRATHECAL SOLN IT 115 | |
| levabuterol hcl | 16 | levothyroxine sodium CAPS | 131 | liothyronine sodium TABS 25 MCG, 50 MCG | 131 |
| levabuterol tartrate | 16 | levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG | 131 | liothyronine sodium TABS 5 MCG 131 | |
| LEVIBID TB12 (hyoscyamine sulfate) 132 | | levothyroxine sodium TABS | 131 | LIPITOR TABS (atorvastatin calcium) | 30 |
| levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML | 20 | LEVSIN TABS (hyoscyamine sulfate) | 132 | LIPOFEN CAPS (fenofibrate) | 30 |
| levetiracetam TABS | 20 | LEVSIN/SL SUBL (hyoscyamine sulfate) | 132 | lisdexamphetamine dimesylate CAPS 1 | |
| levetiracetam TB24 | 20 | LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate) | 23 | lisdexamphetamine dimesylate CHEW . 1 | |
| levobunolol hcl 0.5 % | 117 | LEXAPRO TABS 5 MG (escitalopram oxalate) | 23 | lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG | 33 |
| levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML | 74 | LEXIVA SUSP | 46 | lisinopril & hydrochlorothiazide 25 MG-20 MG | 33 |
| levocarnitine (metabolic modifiers) TABS | 74 | LEXIVA TABS (fosamprenavir calcium) | 46 | lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG | 31 |
| levocetirizine dihydrochloride SOLN 29 | | LIALDA TBEC (mesalamine) | 77 | lisinopril TABS 40 MG | 31 |
| levocetirizine dihydrochloride TABS 29 | | LIBERTY MEDICAL LANCETS 30G . 95 | | LITE TOUCH LANCETS | 95 |
| levofloxacin (ophth) 1.5 % | 118 | LIBRAX (chlordiazepoxide hcl-clidinium bromide) | 132 | LITETOUCH LANCETS MICRO THIN 33G | 95 |
| levofloxacin SOLN OR | 76 | lidocaine hcl (mouth-throat) | 110 | LITHIUM | 44 |
| levofloxacin TABS | 76 | lidocaine hcl SOLN | 69 | lithium carbonate CAPS 150 MG, 600 MG | 44 |
| levonorgestrel & eth estradiol TABS 56 | | lidocaine PTCH 5 % | 69 | lithium carbonate CAPS 300 MG .. | 44 |
| levonorgestrel (emergency oc) 1.5 MG | 57 | | | lithium carbonate TABS | 44 |

| | | | | | |
|---|-----|--|-----|--|-----|
| lithium carbonate TBCR | 44 | lorazepam CONC | 13 | LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) | 18 |
| LITHOBID TBCR (lithium carbonate) . 44 | | lorazepam TABS | 13 | LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) | 18 |
| LITHOSTAT | 79 | LORBRENA | 40 | LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ... | 18 |
| LIVALO (pitavastatin calcium) | 30 | LORTAB ELIX | 10 | loxapine succinate | 45 |
| LIVE BETTER LANCET SUPERTHIN 30G | 95 | losartan potassium & hydrochlorothiazide | 33 | lubiprostone | 76 |
| LIVE BETTER LANCET ULTRATHIN 28G | 96 | losartan potassium | 31 | LUMIGAN SOLN 0.01 % | 121 |
| LO LOESTRIN FE TABS | 56 | LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) | 56 | LUNESTA (eszopiclone) | 83 |
| LOCOID LIPOCREAM | 68 | LOTEMAX GEL (loteprednol etabonate) | 119 | LUNG PERFORMANCE PEAK FLOW METER | 106 |
| LODINE TABS (etodolac) | 6 | LOTEMAX OINT | 119 | LUPRON DEPOT (1-MONTH) KIT IM | 38 |
| LODOSYN (carbidopa) | 43 | LOTEMAX SUSP (loteprednol etabonate) | 119 | LUPRON DEPOT-PED (1-MONTH) 7.5 MG | 73 |
| LOKELMA | 110 | LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) | 31 | lurasidone hcl | 44 |
| LOMAIRA TABS | 2 | LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 33 | | LUXIQ FOAM (betamethasone valerate) | 68 |
| LOMOTIL TABS (diphenoxylate w/ atropine) | 26 | loteprednol etabonate GEL | 119 | LYNPARZA TABS | 40 |
| LONGS LANCETS STANDARD .. | 96 | loteprednol etabonate SUSP | 119 | LYRICA CAPS 225 MG, 300 MG (pregabalin) | 20 |
| LONGS LANCETS THIN | 96 | LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 33 | | LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) | 20 |
| LONGS LANCETS ULTRA THIN . | 96 | LOTRONEX (alose tron hcl) | 77 | LYRICA SOLN (pregabalin) | 20 |
| LONSURF | 39 | lovastatin TABS | 30 | LYSODREN | 38 |
| loperamide hcl CAPS | 26 | LOVAZA (omega-3-acid ethyl esters) | 29 | LYSTEDA TABS (tranexamic acid) 82 | |
| LOPID TABS (gemfibrozil) | 30 | LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) | 17 | MACROBID (nitrofurantoin monohyd macro) | 35 |
| lopinavir-ritonavir SOLN | 46 | LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) | 18 | MACRODANTIN (nitrofurantoin macrocrystal) | 35 |
| lopinavir-ritonavir TABS | 47 | LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) | 17 | mafenide acetate PACK | 65 |
| LOPRESSOR TABS (metoprolol tartrate) | 49 | | | | |
| LOPROX CREA (ciclopirox olamine) . 63 | | | | | |
| LOPROX SHAMPOO SHAM (ciclopirox) | 63 | | | | |
| LOPROX SUSP (ciclopirox olamine) . 63 | | | | | |

| | | | | | |
|--|-----|---|----|---|-----|
| MAGNEBIND 400 | 108 | meclofenamate sodium CAPS | 6 | (methylprednisolone) | 58 |
| magnesium sulfate IJ 50 % | 108 | MEDICHOICE PRE-SET SAFETY LANCET DUAL USE | 96 | MEDROL TABS | 58 |
| MALARONE (atovaquone-proguanil hcl) | 35 | MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW | 96 | medroxyprogesterone acetate 10 MG | 123 |
| malathion | 70 | MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW | 96 | medroxyprogesterone acetate 2.5 MG, 5 MG | 123 |
| maraviroc TABS | 47 | MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW | 96 | mefenamic acid CAPS | 6 |
| MARINOL CAPS 2.5 MG (dronabinol) | 27 | MEDICHOICE SAFETY LANCETEXTRA | 96 | mefloquine hcl | 35 |
| MARPLAN | 22 | MEDICHOICE SAFETY LANCETNORMAL | 96 | megestrol acetate (appetite) | 123 |
| MATULANE | 42 | MEDLANCE PLUS EXTRA LANCETS 21G | 96 | megestrol acetate SUSP | 38 |
| MAVYRET TABS | 48 | MEDLANCE PLUS LANCETS | 96 | megestrol acetate TABS | 38 |
| MAXALT TABS 10 MG (rizatriptan benzoate) | 107 | MEDLANCE PLUS LANCETS LITE 25G | 96 | MEIJER COLOR LANCETS UNIVERSAL 33G | 96 |
| MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) | 107 | MEDLANCE PLUS LANCETS LITE 25G | 96 | MEIJER LANCETS | 96 |
| MAXIDEX SUSP OP | 119 | MEDLANCE PLUS SPECIAL LANCETS 0.8MM | 96 | MEIJER LANCETS THIN | 97 |
| MAXITROL OINT (neomycin-polymy- dexameth) | 119 | MEDLANCE PLUS SUPERLITE 30G | 96 | MEIJER LANCETS UNIVERSAL21G | 97 |
| MAXITROL SUSP (neomycin- polymy-dexameth) | 119 | MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX | 96 | MEIJER LANCETS UNIVERSAL30G | 97 |
| MAXX LUBRICATED MISC | 86 | MEDLANCE PLUS UNIVERSAL LANCETS 21G | 96 | MEIJER LANCETS UNIVERSAL33G | 97 |
| MAXX PLUS SPERMICIDE LUBRICATED MISC | 87 | MEDLANCE PLUS/LITE 25G | 96 | MEIJER SUPER THIN LANCETS | 97 |
| MAXZIDE TABS (triamterene & hydrochlorothiazide) | 72 | MEDLANCE/EXTRA | 96 | MEKINIST TABS | 40 |
| MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) | 72 | MEDLANCE/LITE | 96 | MEKTOVI | 40 |
| MAYZENT STARTER PACK TBPK 124 | | MEDLANCE/UNIVERSAL | 96 | meloxicam TABS 15 MG | 6 |
| MAYZENT TABS 0.25 MG | 125 | MEDROL DOSEPAK TBPK (methylprednisolone) | 58 | meloxicam TABS 7.5 MG | 6 |
| MAYZENT TABS 1 MG | 125 | MEDROL TABS 4 MG, 8 MG, 16 MG | | melphalan | 36 |
| MAYZENT TABS 2 MG | 125 | | | melphalan hcl | 36 |
| meclizine hcl TABS 50 MG | 27 | | | memantine hcl CP24 | 123 |
| | | | | memantine hcl SOLN | 123 |
| | | | | memantine hcl TABS 10 MG | 123 |
| | | | | memantine hcl TABS 5 MG | 123 |

| | | | | | |
|---|-----|--|-----|---|----|
| memantine hcl TABS | 123 | metaxalone 800 MG | 115 | METHYLIN SOLN (methylphenidate hcl) | 3 |
| MENEST | 76 | metformin hcl SOLN | 24 | methylphenidate hcl CHEW | 3 |
| MENOSTAR PTWK | 76 | metformin hcl TABS 500 MG, 850 MG, 1000 MG | 24 | methylphenidate hcl CP24 60 MG .. | 3 |
| MENQUADFI | 135 | metformin hcl TB24 500 MG, 750 MG | 24 | methylphenidate hcl CP24 | 3 |
| MENVEO SOLR | 135 | methadone hcl CONC | 9 | methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG | 3 |
| meperidine hcl SOLN OR 50 MG/5ML | 9 | methadone hcl SOLN OR | 9 | methylphenidate hcl CPCR 20 MG, 30 MG | 3 |
| meperidine hcl TABS 50 MG | 9 | methadone hcl TABS | 9 | methylphenidate hcl SOLN | 3 |
| MEPHYTON TABS (phytonadione) 138 | | methadone hcl TBSO | 9 | methylphenidate hcl TABS 20 MG .. | 3 |
| MEPRON (atovaquone) | 34 | METHADOSE CONC (methadone hcl) | 9 | methylphenidate hcl TABS 5 MG, 10 MG | 3 |
| mercaptapurine TABS | 36 | METHADOSE SUGAR-FREE CONC (methadone hcl) | 9 | methylphenidate hcl TB24 18 MG, 27 MG, 54 MG | 3 |
| meropenem 500 MG | 34 | methamphetamine hcl | 1 | methylphenidate hcl TB24 36 MG .. | 3 |
| mesalamine CP24 | 77 | methazolamide TABS | 72 | methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG | 3 |
| mesalamine CPCR | 77 | methenamine hippurate | 35 | methylphenidate hcl TBCR 18 MG, 27 MG | 3 |
| mesalamine CPDR | 77 | methenamine mandelate 1 GM .. | 35 | methylphenidate hcl TBCR 54 MG .. | 3 |
| mesalamine ENEM | 77 | methimazole TABS | 130 | methylphenidate PTCH | 3 |
| mesalamine SUPP | 77 | METHITEST TABS | 11 | methylprednisolone TABS | 58 |
| mesalamine TBEC 1.2 GM | 77 | methocarbamol TABS 500 MG, 750 MG | 115 | methylprednisolone TBPK | 58 |
| mesalamine TBEC 800 MG | 77 | methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML | 36 | methyltestosterone CAPS | 11 |
| MESNEX TABS | 42 | methotrexate sodium SOLR | 36 | metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML | 76 |
| MESTINON SOLN OR (pyridostigmine bromide) | 35 | methotrexate sodium TABS 2.5 MG 36 | | metoclopramide hcl TABS | 76 |
| MESTINON TABS (pyridostigmine bromide) | 35 | methoxsalen rapid | 65 | metoclopramide hcl TBDP | 76 |
| MESTINON TIMESPAN TBCR (pyridostigmine bromide) | 35 | methscopolamine bromide | 132 | metolazone | 73 |
| METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl) | 2 | methsuximide | 21 | METOPIRONE | 70 |
| METADATE CD CPCR 20 MG, 30 MG (methylphenidate hcl) | 3 | methyl dopa TABS | 32 | metoprolol & hydrochlorothiazide TABS | 33 |
| metaxalone 400 MG | 115 | methylergonovine maleate TABS | 121 | | |

| | | | | | |
|--|-----|--|-----|---|-----|
| metoprolol succinate TB24 | 49 | mifepristone | 75 | (topical)) | 70 |
| metoprolol tartrate TABS | 49 | miglitol | 24 | misoprostol | 134 |
| METROCREAM CREA (metronidazole (topical)) | 69 | miglustat | 82 | MITIGARE CAPS (colchicine) | 79 |
| METROGEL GEL 1 % (metronidazole (topical)) | 69 | MIGRANAL SOLN NA (dihydroergotamine mesylate) | 107 | mitoxantrone hcl 2 MG/ML | 39 |
| METROLOTION LOTN (metronidazole (topical)) | 70 | MILLIPRED TABS | 58 | MM TWIST LANCETS | 97 |
| metronidazole (topical) CREA | 70 | MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) | 56 | M-M-R II SOLR | 137 |
| metronidazole (topical) GEL 0.75 % 70 | | MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE | 106 | M-NATAL PLUS TABS | 113 |
| metronidazole (topical) GEL 1 % .. | 70 | MINI WRIGHT PEAK FLOW METER | 106 | MOBIC TABS 15 MG (meloxicam) .. | 6 |
| metronidazole (topical) LOTN | 70 | MINI WRIGHT PEAK FLOW METER STANDARD RANGE | 106 | MOBIC TABS 7.5 MG (meloxicam) .. | 6 |
| metronidazole CAPS | 34 | MINIPRESS CAPS (prazosin hcl) .. | 32 | modafinil | 3 |
| metronidazole TABS | 34 | MINIVELLE PTTW (estradiol) | 76 | MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML | 137 |
| metronidazole vaginal | 137 | minocycline hcl CAPS | 130 | MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . | 137 |
| metyrosine | 31 | minocycline hcl CP24 | 130 | 137 | |
| mexiletine hcl | 14 | minocycline hcl TABS 50 MG, 100 MG | 130 | moexipril hcl | 31 |
| MG217 PSORIASIS MULTI- SYMPTOM OINT | 69 | minocycline hcl TABS 75 MG | 130 | molindone hcl | 45 |
| MIACALCIN IJ (calcitonin (salmon)) 73 | | minoxidil 2.5 MG, 10 MG | 34 | MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG) | 47 |
| MICARDIS 20 MG, 40 MG (telmisartan) | 31 | MIRALAX POWD (polyethylene glycol 3350) | 84 | mometasone furoate (nasal) SUSP 116 | |
| MICARDIS 80 MG (telmisartan) ... | 31 | MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) .. | 43 | mometasone furoate (nasal) SUSP 116 | |
| MICARDIS HCT (telmisartan- hydrochlorothiazide) | 33 | MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride) | 43 | mometasone furoate CREA | 68 |
| MICROLET LANCETS | 97 | MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) | 56 | mometasone furoate OINT | 68 |
| MICROLIFE DIGITAL PEAK FLOW METER | 106 | mirtazapine TABS | 22 | mometasone furoate SOLN | 68 |
| midazolam hcl SYRP | 83 | mirtazapine TBDP | 22 | MONOLET LANCETS | 97 |
| midodrine hcl | 138 | MIRVASO (brimonidine tartrate | | MONOLET OPD LANCETS | 97 |
| MIFEPREX (mifepristone) | 75 | | | MONOLETTOR SAFETY LANCETS 97 | |
| | | | | montelukast sodium CHEW | 14 |
| | | | | montelukast sodium PACK | 14 |
| | | | | montelukast sodium TABS | 14 |
| | | | | MONUROL (fosfomycin | |

| | | |
|---|---|---|
| tromethamine)35 | MULTI-VIT-FLOR CHEW112 | NAMENDA TABS 10 MG (memantine hcl) 123 |
| morphine sulfate beads9 | mupirocin OINT 62 | NAMENDA TABS 5 MG (memantine hcl)123 |
| morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG9 | MYALEPT 74 | NAMENDA TITRATION PAK TABS (memantine hcl) 123 |
| morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML 9 | MYAMBUTOL TABS 400 MG (ethambutol hcl)36 | NAMENDA XR CP24 (memantine hcl) 123 |
| morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML9 | MYCOBUTIN (rifabutin)36 | NAMZARIC C4PK 123 |
| morphine sulfate SUPP 10 MG, 20 MG, 30 MG9 | mycophenolate mofetil CAPS 110 | NAPROSYN SUSP (naproxen) 6 |
| morphine sulfate TABS 15 MG9 | mycophenolate mofetil SUSR 110 | NAPROSYN TABS 500 MG (naproxen)6 |
| morphine sulfate TABS 30 MG9 | mycophenolate mofetil TABS110 | naproxen sodium TABS 275 MG, 550 MG6 |
| morphine sulfate TBCR 9 | mycophenolate sodium 110 | naproxen SUSP 6 |
| MOVANTIK77 | MYDRIACYL SOLN (tropicamide) 117 | naproxen TABS 6 |
| moxifloxacin hcl (ophth) SOLN OP 118 | MYFORTIC (mycophenolate sodium) 110 | naratriptan hcl107 |
| moxifloxacin hcl TABS76 | MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G97 | NARCAN LIQD (naloxone hcl) 27 |
| MPD SAFETY LANCET 21G/1.8MM 97 | MYLERAN TABS36 | NARDIL (phenelzine sulfate)22 |
| MPD SAFETY LANCET 28G/1.8MM 97 | MYSOLINE (primidone)20 | NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) 116 |
| MPD SAFETY LANCET 30G/1.8MM 97 | MYTESI26 | NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal)) 116 |
| MPD SAFETY LANCETS 23G/1.8MM97 | nabumetone 500 MG6 | NASONEX 24HR SUSP116 |
| MS CONTIN TBCR (morphine sulfate)9 | nabumetone 750 MG6 | NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 113 |
| MUCOTROL WAFR 111 | nadolol TABS 20 MG, 40 MG, 80 MG49 | NATACYN118 |
| MULPLETA82 | NAFCILLIN 1 GM/50ML-5 % 123 | NATAZIA 56 |
| MULTIVITAMIN + FLUORIDE CHEW112 | naftifine hcl CREA 63 | nateglinide26 |
| MULTIVITAMIN WITH FLUORIDE CHEW112 | naftifine hcl GEL 2 %63 | NATPARA 73 |
| | NAFTIN GEL (naftifine hcl) 63 | NAYZILAM 18 |
| | NALOCET TABS10 | |
| | naloxone hcl LIQD 27 | |
| | naloxone hcl SOSY27 | |
| | naltrexone hcl 27 | |

| | | | | | |
|--|-----|---|-----|---|-----|
| neбиволол hcl | 49 | neostigmine methylsulfate SOSY .. | 36 | NICORETTE MINI LOZG (nicotine polacrilex) | 128 |
| NEBUPENT IN (pentamidine isethionate) | 34 | NERLYNX | 41 | NICORETTE STARTER KIT GUM (nicotine polacrilex) | 129 |
| NEBUSAL NEBU | 59 | NESINA (alogliptin benzoate) | 25 | nicotine MISC XX | 129 |
| NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG | 113 | NESTABS | 113 | nicotine polacrilex GUM | 129 |
| nefazodone hcl | 23 | NESTABS DHA | 113 | nicotine polacrilex LOZG | 129 |
| neomycin sulfate TABS | 3 | NESTABS ONE | 113 | nicotine PT24 TD 21 MG/24HR .. | 129 |
| neomycin-bacitracin zn-polymyxin 118 | | NEUPRO | 43 | nicotine PT24 TD 7 MG/24HR, 14 MG/24HR | 129 |
| neomycin-polymy-dexameth OINT 119 | | NEURONTIN CAPS (gabapentin) .. | 20 | NICOTINE TRANSDERMAL SYSTEM KIT | 129 |
| neomycin-polymy-dexameth SUSP 119 | | NEURONTIN SOLN (gabapentin) .. | 20 | NICOTROL INHALER INHA | 129 |
| neomycin-polymyxin-gramicidin . | 118 | NEURONTIN TABS (gabapentin) .. | 20 | NICOTROL NS SOLN | 129 |
| neomycin-polymyxin-hc (ophth) . | 119 | NEVANAC | 120 | nifedipine CAPS | 50 |
| neomycin-polymyxin-hc (otic) SOLN . | 121 | nevirapine SUSP | 47 | nifedipine TB24 30 MG, 60 MG ... | 50 |
| neomycin-polymyxin-hc (otic) SUSP . | 121 | nevirapine TABS | 47 | nifedipine TB24 | 50 |
| NEONATAL 19 | 113 | nevirapine TB24 | 47 | NILANDRON (nilutamide) | 38 |
| 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 ... | 113 | NEXAVAR (sorafenib tosylate) ... | 41 | nilutamide | 38 |
| NEONATAL PLUS TABS | 113 | NEXIUM PACK (esomeprazole magnesium) | 134 | nimodipine CAPS | 50 |
| NEORAL CAPS (cyclosporine modified (for microemulsion)) | 110 | NEXIUM PACK | 134 | NINLARO | 41 |
| NEORAL SOLN (cyclosporine modified (for microemulsion)) | 110 | NEXTSTELLIS | 56 | nisoldipine | 50 |
| NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML | 36 | niacin (antihyperlipidemic) TBCR .. | 31 | nitazoxanide TABS | 34 |
| | | NIASPAN TBCR (niacin (antihyperlipidemic)) | 31 | nitisinone CAPS 10 MG | 74 |
| | | nicardipine hcl CAPS | 50 | nitisinone CAPS 2 MG, 5 MG, 20 MG | 74 |
| | | NICODERM CQ PT24 TD 21 MG/24HR (nicotine) | 128 | NITRO-BID OINT | 13 |
| | | NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (nicotine) .. | 128 | NITRO-DUR PT24 (nitroglycerin) .. | 13 |
| | | NICORETTE GUM (nicotine polacrilex) | 129 | NITRO-DUR PT24 | 13 |
| | | NICORETTE LOZG (nicotine polacrilex) | 129 | nitrofurantoin | 35 |
| | | | | nitrofurantoin macrocrystal | 35 |
| | | | | nitrofurantoin monohyd macro | 35 |

| | | | | | |
|---|-----|---|-----|--|-----|
| nitroglycerin PT24 | 13 | norgestimate-ethinyl estradiol | 57 | NUBEQA | 38 |
| nitroglycerin SOLN TL 0.4 MG/SPRAY | 13 | NORITATE CREA | 70 | NUCALA SOAJ | 14 |
| nitroglycerin SUBL | 13 | NORPACE CAPS (disopyramide phosphate) | 13 | NUCALA SOLR | 14 |
| NITROLINGUAL SOLN TL (nitroglycerin) | 13 | NORPACE CR CP12 | 13 | NUCALA SOSY 100 MG/ML | 14 |
| NITROSTAT SUBL (nitroglycerin) . | 13 | NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) | 24 | NUCORT LOTN | 68 |
| NITYR TABS | 74 | NORTHERA (droxidopa) | 138 | NUEDEXTA | 125 |
| NIVA THYROID TABS | 131 | nortriptyline hcl CAPS | 24 | NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride) | 83 |
| NIVA-PLUS TABS | 113 | nortriptyline hcl SOLN | 24 | NUPLAZID CAPS | 44 |
| nizatidine CAPS | 133 | NORVASC TABS 2.5 MG (amlodipine besylate) | 50 | NUPLAZID TABS 10 MG | 44 |
| nizatidine SOLN | 133 | NORVASC TABS 5 MG, 10 MG (amlodipine besylate) | 50 | NUVARING (etonogestrel-ethinyl estradiol) | 57 |
| NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML | 73 | NORVIR PACK | 47 | NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil) | 3 |
| NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML | 73 | NORVIR SOLN | 47 | NUVIGIL 50 MG (armodafinil) | 3 |
| norelgestromin-ethinyl estradiol ... | 57 | NORVIR TABS (ritonavir) | 47 | NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT | 80 |
| norethin acet & estrad-fe CAPS ... | 56 | NOVA SAFETY LANCETS 23G .. | 97 | NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT | 80 |
| norethin acet & estrad-fe CHEW .. | 56 | NOVA SAFETY LANCETS 28G .. | 97 | NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT | 80 |
| norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG | 57 | NOVA SUREFLEX LANCETS | 97 | nystatin (mouth-throat) | 110 |
| norethindrone & ethinyl estradiol-fe 57 | | NOVAVAX COVID-19 VACCINE | 137 | nystatin (topical) CREA | 63 |
| norethindrone (contraceptive) | 58 | NOVAVAX COVID-19 VACCINE/2023-24 | 137 | nystatin (topical) OINT | 63 |
| norethindrone acet & eth estra ... | 57 | NOVOEIGHT | 80 | nystatin (topical) POWD EX | 63 |
| norethindrone acetate TABS | 123 | NOVOPEN ECHO DEVI | 106 | nystatin (topical) POWD EX | 63 |
| norethindrone acetate-ethinyl estradiol | 75 | NOVOSEVEN RT | 80 | nystatin TABS | 28 |
| norethindrone acetate-ethinyl estradiol-fe | 57 | NOXAFIL SUSP (posaconazole) .. | 28 | nystatin-triamcinolone CREA | 63 |
| norgestimate-ethinyl estradiol (triphasic) | 57 | NOXAFIL TBEC (posaconazole) .. | 28 | nystatin-triamcinolone OINT | 63 |
| | | NP THYROID 120 TABS | 131 | OB COMPLETE ONE | 113 |
| | | NP THYROID 30 TABS | 131 | OB COMPLETE PETITE | 113 |
| | | NP THYROID 60 TABS | 131 | OB COMPLETE PREMIER | 113 |
| | | NP THYROID 90 TABS | 131 | | |

| | | | | |
|---|-----|--|---|-----|
| OB COMPLETE/DHA | 113 | olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 33 | ONETOUCH DELICA PLUS LANCETS FINE 30G | 97 |
| OBIZUR | 81 | olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG | ONETOUCH ULTRA 2 KIT | 97 |
| OBSTETRIX ONE 30 MG-15 UNIT- 250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG 113 | | olopatadine hcl (nasal) | ONETOUCH ULTRA STRP | 71 |
| OALIVA | 76 | olopatadine hcl 0.1 % | ONETOUCH ULTRASOFT 2 LANCETS FINE 30G | 97 |
| OCTAGAM SOLN | 122 | olopatadine hcl 0.2 % | ONETOUCH ULTRASOFT LANCETS | 97 |
| octreotide acetate SOLN | 75 | OLUX FOAM (clobetasol propionate) 68 | ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT | 97 |
| octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML | 75 | OLUX-E (clobetasol propionate emulsion) | ONETOUCH VERIO REFLECT KIT 98 | |
| OCUFLOX (ofloxacin (ophth)) ... | 118 | omega-3-acid ethyl esters | ONETOUCH VERIO TEST STRIPS STRP | 71 |
| ODEFSEY | 47 | OMEPRAZOLE + SYRSPEND SFALKA SUSP | ONFI SUSP (clobazam) | 18 |
| ODOMZO | 38 | omeprazole CPDR 10 MG | ONFI TABS 10 MG (clobazam) | 18 |
| OFEV | 129 | omeprazole CPDR 20 MG, 40 MG 134 | ONFI TABS 20 MG (clobazam) | 18 |
| ofloxacin (ophth) | 118 | omeprazole magnesium CPDR .. | ONGLYZA (saxagliptin hcl) | 25 |
| ofloxacin (otic) | 121 | OMNIFLEX DIAPHRAGM | ONUREG TABS | 36 |
| ofloxacin 300 MG | 76 | ON/GO COVID-19 ANTIGEN SELF- TEST KIT | OPSUMIT | 52 |
| ofloxacin 400 MG | 76 | ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT | OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 137 | |
| olanzapine TABS 15 MG, 20 MG .. | 45 | ondansetron hcl SOLN OR 4 MG/5ML | ORACEA (doxycycline (rosacea)) | 70 |
| olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG | 45 | ondansetron hcl TABS 4 MG, 8 MG 27 | ORACIT | 78 |
| olanzapine TBDP | 45 | ondansetron TBDP | ORAPRED ODT TBDP (prednisolone sodium phosphate) | 58 |
| olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG 124 | | ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 113 | ORAVIG | 110 |
| olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG | 124 | ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G | ORENITRAM TBCR | 51 |
| olmesartan medoxomil 40 MG | 31 | | ORFADIN CAPS (nitisinone) | 74 |
| olmesartan medoxomil 5 MG, 20 MG 31 | | | ORFADIN CAPS 10 MG (nitisinone) . 74 | |
| olmesartan medoxomil-amlodipine- hydrochlorothiazide | 33 | | ORFADIN SUSP | 74 |

| | | | | | |
|--|-----|---|-----|--|-----|
| ORIAHNN | 75 | oxaprozin TABS | 6 | OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG | 10 |
| ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG | 129 | OXAYDO TABS 5 MG | 9 | OXYCODONE/ACETAMINOPHEN TABS 300 MG-2.5 MG | 10 |
| ORKAMBI PACK 94 MG-75 MG . | 129 | OXAYDO TABS 7.5 MG | 9 | oxycodone hcl TABS 10 MG | 9 |
| ORKAMBI TABS | 129 | oxazepam CAPS 10 MG, 15 MG .. | 13 | oxycodone hcl TABS 5 MG | 9 |
| orlistat | 2 | oxazepam CAPS 30 MG | 13 | OZEMPIC SOPN | 25 |
| orphenadrine citrate TB12 | 115 | oxcarbazepine SUSP | 20 | OZOBAX SOLN OR (baclofen) .. | 115 |
| oseltamivir phosphate CAPS 30 MG, 45 MG | 48 | oxcarbazepine TABS 150 MG | 20 | paliperidone | 44 |
| oseltamivir phosphate CAPS 75 MG . 48 | | oxcarbazepine TABS 300 MG | 20 | PALYNZIQ | 74 |
| oseltamivir phosphate SUSR | 48 | oxcarbazepine TABS 600 MG | 20 | PAMELOR CAPS (nortriptyline hcl) 24 | |
| OSMOPREP | 84 | oxiconazole nitrate CREA | 63 | PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT | 71 |
| OSPHENA | 73 | OXISTAT CREA (oxiconazole nitrate) | 63 | PANRETIN | 64 |
| OTEZLA TABS | 6 | OXISTAT LOTN | 63 | pantoprazole sodium PACK | 134 |
| OTEZLA TBPK | 6 | OXTELLAR XR TB24 150 MG, 300 MG | 20 | pantoprazole sodium TBEC | 134 |
| OTOVEL (ciprofloxacin-fluocinolone acetoneide) | 121 | OXTELLAR XR TB24 600 MG | 20 | PAREMYD | 120 |
| OTREXUP SOAJ 10 MG/0.4ML | 4 | oxybutynin chloride TABS 5 MG . | 134 | paricalcitol CAPS | 74 |
| OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 4 | oxybutynin chloride TB24 | 134 | PARLODEL CAPS (bromocriptine mesylate) | 43 |
| OVACE PLUS SHAM (sulfacetamide sodium) | 65 | OXYCODONE AND ACETAMINOPHEN TABS | 10 | PARLODEL TABS (bromocriptine mesylate) | 43 |
| OVACE PLUS WASH LIQD (sulfacetamide sodium) | 65 | oxycodone hcl CAPS | 9 | PARNATE (tranylcypromine sulfate) 22 | |
| OVACE WASH LIQD (sulfacetamide sodium) | 65 | oxycodone hcl CONC 100 MG/5ML | 9 | paroxetine hcl SUSP | 23 |
| OVIDE (malathion) | 70 | oxycodone hcl SOLN | 9 | paroxetine hcl TABS | 23 |
| oxacillin sodium IV 10 GM | 123 | oxycodone hcl TABS 30 MG | 9 | | |
| oxandrolone 10 MG | 11 | oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG | 9 | | |
| oxandrolone 2.5 MG | 11 | oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG .. | 10 | | |
| | | oxycodone w/ acetaminophen TABS 325 MG-2.5 MG | 10 | | |
| | | oxycodone w/ acetaminophen TABS 325 MG-5 MG | 10 | | |

| | | | | | |
|------------------------------------|-----|-------------------------------------|-----|----------------------------------|------|
| paroxetine hcl TB24 | 23 | bicarbonate-sod chloride | 83 | (oxycodone w/ acetaminophen) ... | 11 |
| PASER PACK | 36 | PEGASYS SOLN | 48 | PERCOCET TABS 325 MG-5 MG | |
| PATADAY 0.1 % (olopatadine hcl) | | PEG-PREP | 83 | (oxycodone w/ acetaminophen) ... | 11 |
| 120 | | penicillamine CAPS | 109 | PERFECT LANCETS 30G | 98 |
| PATADAY 0.2 % (olopatadine hcl) | | penicillamine TABS | 109 | PERFECT PRESSURE ACTIVATED | |
| 120 | | penicillin g potassium | 122 | SAFETY LANCETS 28G | 98 |
| PATANASE (olopatadine hcl (nasal)) | | PENICILLIN G POTASSIUM IN ISO- | | PERIDEX (chlorhexidine gluconate | |
| | 115 | OSMOTIC DEXTROSE | 122 | (mouth-throat)) | 111 |
| PAXIL CR TB24 (paroxetine hcl) .. | 23 | PENICILLIN G PROCAINE | 122 | perindopril erbumine | 31 |
| PAXIL SUSP (paroxetine hcl) | 23 | penicillin g sodium | 122 | permethrin CREA | 70 |
| PAXIL TABS (paroxetine hcl) | 23 | penicillin v potassium SOLR | 122 | perphenazine TABS | 45 |
| PAXLOVID (NIRMATRELVIR 2 X | | penicillin v potassium TABS | 122 | perphenazine-amitriptyline | 124 |
| 150MG & RITONAVIR) TAB PAK | 48 | PENNSAID SOLN EX 2 % | | PERSERIS PRSY | 44 |
| PAXLOVID 100 MG-150 MG | 48 | (diclofenac sodium (topical)) | 64 | PERSONAL BEST FULL RANGE | |
| pazopanib hcl | 41 | PENNSAID SOLN EX | 64 | 106 | |
| PC LANCETS SUPER THIN 30G | 98 | PENTACEL | 131 | PFIZER-BIONTECH COVID- | |
| PEAK A-I-R FLOW METER | 106 | pentamidine isethionate IN | 34 | 19VACCINE/5-11Y/2023-24 SUSP | |
| PEAK AIR PEAK FLOW | | PENTASA CPCR (mesalamine) .. | 77 | 137 | |
| METERADULT/PEDIATRIC | 106 | PENTASA CPCR 250 MG | 77 | PFIZER-BIONTECH COVID- | |
| PEDIAPRED SOLN (prednisolone | | pentazocine w/ naloxone hcl | 11 | 19VACCINE/6MO-4Y/2023-24 SUSP | |
| sodium phosphate) | 58 | pentoxifylline | 81 | | 137 |
| PEDIARIX SUSY | 131 | PEPCID AC MAXIMUM STRENGTH | | PFIZER-BIONTECH COVID- | |
| pediatric multivitamins w/fl CHEW | | TABS (famotidine) | 133 | 19VACCINE/ADULT RTU SUSP | .137 |
| 112 | | PEPCID AC TABS 20 MG | | PHARMACIST CHOICE | |
| pediatric vitamins acd w/ fluoride | | (famotidine) | 133 | SELECTLANCETS/ULTRA THIN | .98 |
| SOLN | 112 | PEPCID TABS 20 MG (famotidine) | | PHARMACIST CHOICE ULTRA | |
| PEDVAX HIB SUSP | 135 | 133 | | THIN LANCETS | 98 |
| peg 3350-kcl-nacl-na sulfate-na | | PEPCID TABS 40 MG (famotidine) | | PHARMACIST CHOICE ULTRA | |
| ascorbate-ascorbic acid | 83 | 133 | | THIN LANCETS 28G | 98 |
| peg 3350-kcl-sod bicarb-sod | | PERCOCET TABS 325 MG-10 MG, | | PHARMACIST CHOICE ULTRA | |
| chloride-sod sulfate SOLR 6.74 GM- | | 325 MG-7.5 MG (oxycodone w/ | | THIN LANCETS 31G | 98 |
| 2.97 GM-5.86 GM-22.74 GM-236 GM | | acetaminophen) | 11 | PHARMACIST CHOICE ULTRA | |
| | 83 | PERCOCET TABS 325 MG-2.5 MG | | THIN LANCETS 33G | 98 |
| peg 3350-potassium chloride-sod | | | | | |

| | | | | | |
|--|-----|---|-----|--|-----|
| PHARMACY COUNTER LANCETS | 98 | pioglitazone hcl-glimepiride | 24 | PNEUMOVAX 23 | 135 |
| phenelzine sulfate | 22 | pioglitazone hcl-metformin hcl TABS | 24 | PNEUMOVAX 23/1 DOSE | 135 |
| PHENERGAN SOLN (promethazine hcl) | 29 | PIP LANCETS/28G | 98 | PNV TABS 29-1 TABS | 113 |
| phenobarbital ELIX | 83 | PIP LANCETS/30G | 98 | PNV-DHA+DOCUSATE | 113 |
| phenobarbital TABS | 83 | piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM | 122 | PNV-OMEGA | 113 |
| phenoxybenzamine hcl | 31 | PIQRAY 200MG DAILY DOSE | 41 | POCKET PEAK FLOW METER | 106 |
| phentermine hcl CAPS | 2 | PIQRAY 250MG DAILY DOSE | 41 | POCKETPEAK PEAK FLOW METER LOW RANGE | 106 |
| phentermine hcl TABS | 2 | PIQRAY 300MG DAILY DOSE | 41 | POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM | 106 |
| phenylephrine hcl (mydriatic) SOLN | 117 | pirfenidone CAPS | 129 | PODOCON-25 SOLN | 69 |
| phenytoin CHEW | 21 | pirfenidone TABS | 129 | podofilox GEL | 69 |
| phenytoin sodium extended 100 MG, 200 MG, 300 MG | 21 | piroxicam CAPS 10 MG | 6 | podofilox SOLN | 69 |
| phenytoin SUSP | 21 | piroxicam CAPS 20 MG | 6 | POLY HUB NEEDLE/30G X 1/2" | 106 |
| PHEXXI | 138 | pitavastatin calcium | 30 | polyethylene glycol 3350 POWD | 84 |
| PHOSLYRA SOLN | 78 | PLAN B ONE-STEP (levonorgestrel (emergency oc)) | 57 | polymyxin b-trimethoprim | 118 |
| phytonadione TABS 5 MG | 138 | PLAQUENIL (hydroxychloroquine sulfate) | 35 | POLYTRIM (polymyxin b-trimethoprim) | 118 |
| PIFELTRO | 47 | PLAVIX 75 MG (clopidogrel bisulfate) | 81 | POLY-VI-FLOR CHEW | 112 |
| PIKO 1 ELECTRONIC | 106 | PLEGRIDY SOPN | 125 | POLY-VI-FLOR SUSP | 112 |
| pilocarpine hcl (oral) 5 MG | 111 | PLEGRIDY SOSY SC | 125 | POLY-VI-FLOR/IRON CHEW | 111 |
| pilocarpine hcl (oral) 7.5 MG | 111 | PLEGRIDY STARTER PACK SOPN | 125 | POLY-VI-FLOR/IRON SUSP | 111 |
| pilocarpine hcl SOLN 1 %, 2 %, 4 % | 117 | PLEGRIDY STARTER PACK SOSY SC | 125 | POMALYST | 39 |
| PILOT COVID-19 AT-HOME TEST KIT | 71 | PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) | 62 | posaconazole SUSP | 28 |
| pimecrolimus | 69 | PLEXION CREA (sulfacetamide sodium w/ sulfur) | 62 | posaconazole TBEC | 28 |
| pimozide | 125 | PLEXION LOTN (sulfacetamide sodium w/ sulfur) | 62 | pot & sod citrates w/citric ac SOLN | 78 |
| pindolol TABS | 49 | | | pot phosphate monobasic w/ sod phosphate dibasic & monobasic | 108 |
| pioglitazone hcl 15 MG | 26 | | | POTABA CAPS | 138 |
| pioglitazone hcl 30 MG, 45 MG | 26 | | | potassium chloride CPCR | 109 |

| | | | | | |
|---|-----|---|-----|--|-----|
| potassium chloride microencapsulated crystals er ... | 109 | pravastatin sodium | 30 | SUPER THIN 30G | 98 |
| potassium chloride PACK OR 20 MEQ | 109 | praziquantel | 12 | PREFERRED PLUS LANCETS THIN 26G | 98 |
| POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 109 | | prazosin hcl CAPS | 32 | PREFEST | 75 |
| potassium chloride SOLN OR 10 %, 20 % | 109 | PRECISION THINS GP LANCET | .98 | pregabalin CAPS 225 MG, 300 MG 20 | |
| potassium chloride TBCR | 109 | PRECISION XTRA | 71 | pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... | 20 |
| potassium citrate (alkalinizer) TBCR . 78 | | PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP .. | 71 | pregabalin SOLN | 20 |
| potassium citrate-citric acid SOLN .78 | | PRECOSE (acarbose) | 24 | PREMARIN | 138 |
| potassium iodide (expectorant) SOLN | 59 | PRED FORTE (prednisolone acetate (ophth)) | 119 | PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG | 76 |
| POVIDONE IODINE | 118 | PRED MILD | 119 | PREMARIN TABS 0.9 MG | 76 |
| PRALUENT SOAJ | 31 | PRED-G S.O.P. OINT | 119 | PREMIUM CONDOMS LUBRICATED MISC | 87 |
| pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG | 43 | PRED-G SUSP | 119 | PREMIUM SCAR PATCH | 69 |
| pramipexole dihydrochloride TABS 1 MG | 43 | prednicarbate OINT | 68 | PREMPHASE | 75 |
| pramipexole dihydrochloride TABS 1.5 MG | 43 | prednisolone acetate (ophth) | 119 | PREMPRO | 75 |
| pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG | 43 | PREDNISOLONE SODIUM PHOSPHATE | 119 | PRENA 1 TRUE | 113 |
| pramipexole dihydrochloride TB24 3 MG | 43 | prednisolone sodium phosphate SOLN | 58 | PRENA1 CHEW | 113 |
| pramipexole dihydrochloride TB24 3.75 MG | 43 | prednisolone sodium phosphate TBDP | 58 | PRENA1 PEARL | 113 |
| PRAMOSONE LOTN | 68 | PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN | 119 | PRENAISSANCE | 113 |
| PRAMOSONE OINT | 68 | prednisolone SOLN | 58 | PRENAISSANCE PLUS CAPS ... | 113 |
| PRAMOTIC | 121 | prednisolone TABS | 58 | PRENATAL 19 CHEW | 113 |
| prasugrel hcl | 81 | PREDNISONE INTENSOL CONC | 58 | PRENATAL 19 TABS | 113 |
| | | prednisone SOLN | 58 | PRENATAL PLUS TABS | 113 |
| | | prednisone TABS | 58 | PRENATAL PLUS VITAMIN ANDMINERAL TABS | 113 |
| | | prednisone TBPk | 58 | 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 | 113 |
| | | PREFERRED PLUS LANCETS COLORED 21G | 98 | PRENATAL VITAMINS PLUS LOW | |
| | | PREFERRED PLUS LANCETS | | | |

| | | | | | |
|--------------------------------|-----|------------------------------------|-----|------------------------------------|-----|
| IRON TABS | 113 | PREVNAR 13 | 135 | SAFETY LANCETS | 98 |
| PRENATAL-U CAPS | 113 | PREZCOBIX | 47 | PRODIGY SAFETY LANCETS ... | 98 |
| PRENATE | 113 | PREZISTA SUSP | 47 | PRODIGY TWIST TOP LANCETS | 98 |
| PRENATE DHA 90 MG-26 MG-400 | | PREZISTA TABS (darunavir) | 47 | PROFILNINE | 81 |
| MCG-400 UNIT-25 MCG-155 MG-50 | | PREZISTA TABS 75 MG, 150 MG | 47 | progesterone CAPS | 123 |
| MG-300 MG-40 UNIT-600 MCG-18 | | PRIFTIN | 36 | progesterone OIL | 123 |
| MG | 113 | PRILOSEC PACK | 134 | PROGLYCEM (diazoxide) | 24 |
| PRENATE ELITE 75 MG-21 MG-330 | | PRIMAQUINE PHOSPHATE TABS | | PROGRAF CAPS (tacrolimus) ... | 110 |
| MCG-400 MCG-600 UNIT-13 MCG- | | (primaquine phosphate) | 35 | PROGRAF PACK | 110 |
| 3.5 MG-21 MG-3 MG-155 MG-25 | | primaquine phosphate TABS | 35 | PROLATE TABS | 11 |
| MG-15 MG-1.5 MG-2600 UNIT-150 | | PRIMAXIN IV IV 500 MG-500 MG | | PROLENSA (bromfenac sodium | |
| MCG-40 UNIT-600 MCG-20 MG . | 114 | (imipenem-cilastatin) | 34 | (ophth)) | 120 |
| PRENATE ENHANCE | 114 | primidone 50 MG, 250 MG | 20 | PROLIA SOSY | 73 |
| PRENATE ESSENTIAL 90 MG-26 | | PRISTIQ (desvenlafaxine succinate) | | PROMACTA PACK | 82 |
| MG-280 MCG-400 MCG-220 UNIT- | | 23 | | PROMACTA TABS | 82 |
| 13 MCG-155 MG-50 MG-300 MG- | | PRIVIGEN SOLN | 122 | promethazine & phenylephrine SYRP | |
| 150 MCG-10 UNIT-40 MG-600 MCG- | | PRO COMFORT LANCETS 30G . | 98 | | 59 |
| 18 MG | 114 | PRO COMFORT LANCETS 31G . | 98 | promethazine hcl SOLN 25 MG/ML, | |
| PRENATE MINI 60 MG-26 MG-280 | | PRO COMFORT SAFETY LANCETS | | 50 MG/ML | 29 |
| MCG-400 MCG-1000 UNIT-13 MCG- | | 30G PRESSURE ACTIVATED ... | 98 | promethazine hcl SOLN 6.25 | |
| 80 MG-25 MG-350 MG-18 MG-150 | | PROAIR HFA AERS (albuterol | | MG/5ML | 29 |
| MCG-10 UNIT-600 MCG-25 MG . | 114 | sulfate) | 16 | promethazine hcl SUPP 12.5 MG, 25 | |
| PRENATE PIXIE | 114 | PROAIR RESPICLICK AEPB | 16 | MG | 29 |
| PRENATE RESTORE | 114 | probenecid | 79 | promethazine hcl SYRP | 29 |
| PRENATRIX TABS | 114 | PROCARDIA XL TB24 (nifedipine) | | promethazine hcl TABS 12.5 MG . | 29 |
| PRENATRYL TABS | 114 | 50 | | promethazine hcl TABS 25 MG ... | 29 |
| PREPIDIL GEL | 121 | prochlorperazine | 45 | promethazine hcl TABS 50 MG ... | 29 |
| PREPLUS TABS | 114 | prochlorperazine maleate TABS .. | 45 | promethazine w/codeine SOLN ... | 59 |
| PREVACID 24HR CPDR | | PROCTOFOAM HC FOAM EX ... | 12 | promethazine w/codeine SYRP ... | 59 |
| (lansoprazole) | 134 | PROCYSBI CPDR | 78 | promethazine-dm SYRP | 59 |
| PREVACID CPDR 30 MG | | PROCYSBI PACK | 78 | promethazine-phenylephrine-codeine | |
| (lansoprazole) | 134 | PRODIGY PRESSURE ACTIVATED | | | |
| PREVACID SOLUTAB TBDD 15 MG | | | | | |
| (lansoprazole) | 134 | | | | |
| PREVACID SOLUTAB TBDD 30 MG | | | | | |
| (lansoprazole) | 134 | | | | |

| | | |
|--|--|---|
|59 | (fluoxetine hcl) 23 | QBRELIS SOLN 31 |
| PROMETRIUM CAPS (progesterone)123 | PROZAC CAPS 40 MG (fluoxetine hcl) 23 | QC LANCETS SUPER THIN 99 |
| propafenone hcl CP12 14 | PRUDOXIN (doxepin hcl (antipruritic)) 64 | QC LANCETS ULTRA THIN 99 |
| propafenone hcl TABS 150 MG ... 14 | pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 59 | QC UNILET LANCETS 28G/ULTRA THIN 99 |
| propafenone hcl TABS 225 MG, 300 MG 14 | PSS SELECT GP LANCETS 98 | QC UNILET LANCETS 33G/MICRO THIN 99 |
| propracaine hcl 118 | PSS SELECT SAFETY LANCETS 99 | QINLOCK 41 |
| propranolol hcl CP24 49 | PULMICORT FLEXHALER AEPB . 15 | QSYMIA 2 |
| propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 49 | PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) 15 | QUADRACEL SUSP 131 |
| propranolol hcl TABS 49 | PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) 15 | QUALAQUIN CAPS (quinine sulfate) 35 |
| propylthiouracil 130 | PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) 15 | QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) 57 |
| PROQUAD SUSR 137 | PULMOZYME 129 | QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate) 20 |
| PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML 59 | PURE COMFORT LANCETS 30G 99 | QUDEXY XR CS24 25 MG, 50 MG (topiramate) 20 |
| PROSCAR (finasteride) 79 | PURE COMFORT PEAK FLOW METER ADULT 106 | QUESTRAN LIGHT POWD (cholestyramine light) 29 |
| PROTONIX PACK (pantoprazole sodium) 134 | PURE COMFORT PEAK FLOW METER CHILD 106 | QUESTRAN PACK (cholestyramine) 30 |
| PROTONIX TBEC (pantoprazole sodium) 134 | PURIXAN SUSP 36 | QUESTRAN POWD (cholestyramine) 30 |
| PROTOPIC OINT 0.03 % (tacrolimus (topical)) 69 | PX LANCETS MICROTHIN 33G .. 99 | quetiapine fumarate TABS 200 MG 45 |
| PROTOPIC OINT 0.1 % (tacrolimus (topical)) 69 | PX LANCETS ULTRA THIN 99 | quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG 45 |
| protriptyline hcl 24 | PX LANCETS ULTRA THIN 28G .. 99 | quetiapine fumarate TABS 300 MG, 400 MG 45 |
| PROVENTIL HFA AERS (albuterol sulfate) 16 | pyrazinamide 36 | quetiapine fumarate TB24 45 |
| PROVERA 10 MG (medroxyprogesterone acetate) .. 123 | pyridostigmine bromide SOLN OR 36 | QUFLORA FE PEDIATRIC LIQD 111 |
| PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) .. 123 | pyridostigmine bromide TABS 60 MG 36 | QUFLORA GUMMIES CHEW 112 |
| PROVIGIL (modafinil) 3 | pyridostigmine bromide TBCR 36 | QUFLORA PEDIATRIC CHEW .. 112 |
| PROZAC CAPS 10 MG, 20 MG | | |

| | | | | | |
|--------------------------------------|-----|--------------------------------|-------------------------------|----------------------------------|-----|
| QUFLORA PEDIATRIC SOLN ... | 112 | 12 | REALITY LATEX/ULTRA THIN DEVI | 87 | |
| QUICKVUE AT-HOME COVID-19 | | ranolazine TB12 1000 MG | 12 | REALITY TRIGGER LANCETS ... | 99 |
| TEST KIT | 71 | ranolazine TB12 500 MG | 12 | REBIF REBIDOSE SOAJ | 125 |
| QUILLIVANT XR SRER | 3 | RAPAFLO 4 MG (silodosin) | 79 | REBIF REBIDOSE TITRATIONPACK | |
| quinapril hcl | 31 | RAPAFLO 8 MG (silodosin) | 79 | SOAJ | 125 |
| quinapril-hydrochlorothiazide 12.5 | | RAPAMUNE SOLN (sirolimus) ... | 110 | REBIF SOSY | 125 |
| MG-10 MG, 12.5 MG-20 MG | 33 | RAPAMUNE TABS (sirolimus) ... | 110 | REBIF TITRATION PACK SOSY . | 125 |
| quinapril-hydrochlorothiazide 25 MG- | | RAPID SARS-COV-2 | | REBINYN | 81 |
| 20 MG | 33 | ANTIGENTEST CARD KIT | 71 | RECOMBINATE SOLR | 81 |
| quinidine gluconate TBCR | 13 | rasagiline mesylate | 44 | RECOMBIVAX HB SUSP | 137 |
| quinidine sulfate TABS | 13 | RASUVO SOAJ 20 MG/0.4ML | 4 | RECOMBIVAX HB SUSY | 137 |
| quinine sulfate CAPS 324 MG | 35 | RASUVO SOAJ 7.5 MG/0.15ML, 10 | | REGLAN TABS (metoclopramide hcl) | |
| QVAR REDIHALER 40 MCG/ACT . | 15 | MG/0.2ML, 12.5 MG/0.25ML, 15 | | | 76 |
| QVAR REDIHALER 80 MCG/ACT . | 15 | MG/0.3ML, 17.5 MG/0.35ML, 22.5 | | REGRANEX | 70 |
| RA E-ZJECT LANCETS 28G | 99 | MG/0.45ML, 25 MG/0.5ML, 30 | | RELENZA DISKHALER | 48 |
| RA E-ZJECT LANCETS THIN 26G | | MG/0.6ML | 4 | RELEXXII TBCR 18 MG, 27 MG ... | 3 |
| 99 | | RAVICTI | 74 | RELEXXII TBCR 36 MG | 3 |
| RA E-ZJECT LANCETS THIN 28G | | RAZADYNE ER CP24 (galantamine | | RELEXXII TBCR 54 MG | 3 |
| 99 | | hydrobromide) | 123 | RELION INSULIN SYRINGE | |
| RA E-ZJECT LANCETS ULTRATHIN | | READYLANCE SAFETY | | 0.5ML/31G X 15/64" | 106 |
| 30G | 99 | LANCETS/21G/2.2MM | 99 | RELION INSULIN SYRINGE | |
| RABEPRAZOLE SODIUM DR | | READYLANCE SAFETY | | 1ML/31GX15/64" | 106 |
| SPRINKLE CPSP | 134 | LANCETS/23G/1.8MM | 99 | RELION INSULIN SYRINGE/U- | |
| rabeprazole sodium TBEC | 134 | READYLANCE SAFETY | | 100/1ML/31G X 15/64" | 106 |
| RADICAVA ORS STARTER KIT | | LANCETS/26G/1.8MM | 99 | RELION LANCETS MICRO- | |
| SUSP | 116 | READYLANCE SAFETY | | THIN33G | 99 |
| RADICAVA ORS SUSP | 116 | LANCETS/28G/1.8MM | 99 | RELION LANCETS THIN 26G | 99 |
| raloxifene hcl | 73 | READYLANCE SAFETY | | RELION LANCETS ULTRA- | |
| ramelteon | 83 | LANCETS/30G/1.6MM | 99 | THIN30G | 99 |
| ramipril CAPS | 31 | REALITY LANCETS | 99 | RELION ULTRA THIN | |
| RANEXA TB12 1000 MG | | REALITY LATEX | | LANCETS/30G | 99 |
| (ranolazine) | 12 | CONDOMS/LUBRICATED MISC . | 87 | RELION ULTRA THIN LANCETS30G | |
| RANEXA TB12 500 MG (ranolazine) . | | REALITY LATEX/ULTRA | | | |
| | | TEXTURED DEVI | 87 | | |

| | | |
|---|---|--|
|100 | RETIN-A MICRO 0.1 % (tretinoin microsphere)62 | risedronate sodium TABS 5 MG, 30 MG, 35 MG73 |
| RELION ULTRA THIN PLUS LANCETS 32G100 | RETIN-A MICRO PUMP 0.04 % (tretinoin microsphere)62 | RISPERDAL SOLN (risperidone) ..44 |
| RELION ULTRA THIN PLUS LANCETS 33G100 | RETIN-A MICRO PUMP 0.1 % (tretinoin microsphere)62 | RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)44 |
| RELNATE DHA CAPS114 | RETROVIR CAPS (zidovudine) ... 47 | RISPERDAL TABS 3 MG (risperidone)44 |
| RELPAK (eletriptan hydrobromide) 107 | RETROVIR SYRP (zidovudine) ... 47 | risperidone SOLN44 |
| RELYVRIO116 | REVATIO SUSR (sildenafil citrate (pulmonary hypertension))52 | risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG45 |
| REMERON SOLTAB TBDP (mirtazapine)22 | REVATIO TABS (sildenafil citrate (pulmonary hypertension))52 | risperidone TABS 3 MG45 |
| REMERON TABS 15 MG, 30 MG (mirtazapine)22 | REVLIMID (lenalidomide)109 | risperidone TBDP45 |
| RENAGEL (sevelamer hcl)78 | REXALL LANCETS ULTRA THIN 100 | RITALIN LA CP24 (methylphenidate hcl)3 |
| RENFLEXIS77 | REXULTI46 | RITALIN TABS 20 MG (methylphenidate hcl)3 |
| RENVELA PACK 0.8 GM (sevelamer carbonate)78 | REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)47 | RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)3 |
| RENVELA PACK 2.4 GM (sevelamer carbonate)78 | REYATAZ PACK47 | ritonavir TABS47 |
| RENVELA TABS (sevelamer carbonate)78 | RHOFADE70 | rivastigmine123 |
| repaglinide26 | ribavirin (hepatitis c) CAPS48 | rivastigmine tartrate CAPS123 |
| RESTASIS EMUL (cyclosporine (ophth))118 | ribavirin48 | RIXUBIS SOLR81 |
| RESTORIL 15 MG (temazepam) ..83 | RIDAURA5 | rizatriptan benzoate TABS107 |
| RESTORIL 22.5 MG, 30 MG (temazepam)83 | rifabutin36 | rizatriptan benzoate TBDP108 |
| RESTORIL 7.5 MG (temazepam) .83 | rifampin CAPS36 | ROBINUL FORTE TABS (glycopyrrolate)132 |
| RETACRIT82 | RIGHTEST GL300 LANCETS ...100 | ROBINUL TABS (glycopyrrolate) .132 |
| RETEVMO41 | RILUTEK TABS (riluzole)116 | ROCALTROL CAPS 0.25 MCG (calcitriol)74 |
| RETIN-A CREA (tretinoin)62 | riluzole TABS116 | ROCALTROL CAPS 0.5 MCG (calcitriol)74 |
| RETIN-A GEL (tretinoin)62 | rimantadine hydrochloride TABS ..48 | ROCALTROL SOLN OR (calcitriol) 74 |
| RETIN-A MICRO 0.04 % (tretinoin microsphere)62 | RINVOQ3 | roflumilast15 |
| | RIOMET SOLN (metformin hcl) ...24 | |
| | risedronate sodium TABS 150 MG 73 | |

| | | | | |
|-------------------------------------|-----|-------------------------------------|------------------------------------|-----|
| romidepsin SOLR | 41 | 100 | SANDIMMUNE SOLN OR | 110 |
| ropinirole hydrochloride TABS | 43 | SAFE-T-LANCE NORMAL | SANDOSTATIN SOLN 50 MCG/ML, | |
| ropinirole hydrochloride TB24 12 MG | | FLOW21G | 100 MCG/ML (octreotide acetate) . | 75 |
| 44 | | SAFE-T-LANCE PLUS | SANDOSTATIN SOLN 500 MCG/ML | |
| ropinirole hydrochloride TB24 2 MG, | | SAFETYLANCET HIGH FLOW .. | (octreotide acetate) | 75 |
| 4 MG, 6 MG | 44 | SAFE-T-LANCE PLUS | SANTYL OINT | 68 |
| ropinirole hydrochloride TB24 8 MG | | SAFETYLANCET LOW FLOW .. | SAPHRIS (asenapine maleate) ... | 45 |
| 44 | | SAFE-T-LANCE PLUS | SAPHRIS 5 MG | 45 |
| rosuvastatin calcium TABS | 30 | SAFETYLANCET NORMAL FLOW | sapropterin dihydrochloride PACK . | 74 |
| ROTARIX SUSR | 137 | 100 | sapropterin dihydrochloride TABS . | 74 |
| ROTATEQ SOLN | 137 | SAFETY LANCET 30G/PRESSURE | SAPS HEALTH CARE TWIST TOP | |
| ROXICODONE TABS 30 MG | | ACTIVATED | LANCETS | 100 |
| (oxycodone hcl) | 9 | SAFETY LANCETS | SAPS HEALTH PLUS TWIST TOP | |
| ROXICODONE TABS 5 MG, 15 MG | | SAFETY LANCETS 21G | LANCETS 30G | 100 |
| (oxycodone hcl) | 9 | SAFETY LANCETS 23G | SAPS HEALTH TWIST TOP | |
| ROZEREM (ramelteon) | 83 | SAFETY LANCETS 28G | LANCETS 30G | 100 |
| ROZLYTREK CAPS | 41 | SAFETY LANCETS/PRESSURE | SAPSCARE TWIST TOP LANCETS | |
| RUBRACA | 41 | ACTIVATED/28G | 30G | 100 |
| rufinamide SUSP | 20 | SAFYRAL (drospirenone-ethinyl | SAVELLA TABS | 124 |
| rufinamide TABS 200 MG | 20 | estradiol-levomefolate calcium) ... | SAVELLA TITRATION PACK MISC | |
| rufinamide TABS 400 MG | 20 | 111 | 124 | |
| RUKOBIA | 47 | SALAGEN 5 MG (pilocarpine hcl | saxagliptin hcl | 25 |
| RYBELSUS TABS 3 MG | 25 | (oral)) | saxagliptin-metformin hcl | 24 |
| RYBELSUS TABS 7 MG, 14 MG .. | 25 | 111 | SAXENDA | 2 |
| RYDAPT | 41 | SALAGEN 7.5 MG (pilocarpine hcl | SB LANCETS THIN | 100 |
| RYTARY CPR | 44 | (oral)) | SB LANCETS ULTRA THIN | 100 |
| RYTHMOL SR CP12 (propafenone | | 111 | scopolamine | 27 |
| hcl) | 14 | salicylic acid in ammonium lactate | SEASONIQUE (levonorgestrel- | |
| RYVENT TABS | 28 | vehicle | ethinyl estradiol (91-day)) | 57 |
| SABRIL PACK (vigabatrin) | 21 | 69 | SECUADO | 45 |
| SABRIL TABS (vigabatrin) | 21 | SALICYLIC ACID OINT | SELECT-OB CHEW 60 MG-2.5 MG- | |
| SAFE-T-LANCE LOW FLOW 25G | | 69 | 0.4 MG-1.6 MG-400 UNIT-5 MCG- | |
| | | 69 | 1.8 MG-15 MG-1700 UNIT-25 MG-15 | |
| | | 8 | MG-30 UNIT-29 MG-0.6 MG | 114 |
| | | 8 | | |
| | | 69 | | |
| | | 27 | | |
| | | 110 | | |

| | | | | | |
|---|-----|--|-----|---|-----|
| SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT | 114 | sevelamer hcl 800 MG | 78 | SIVEXTRO TABS | 35 |
| SELECT-OB+DHA MISC | 114 | SFROWASA ENEM | 77 | SKELAXIN (metaxalone) | 115 |
| selegiline hcl CAPS | 44 | SHINGRIX | 137 | SKLICE (ivermectin (pediculicide)) 70 | |
| selegiline hcl TABS | 44 | SHOPKO ON-THE-GO COMFORTLANCETS 30G | 100 | SKYRIZI PEN SOAJ | 65 |
| selenium sulfide LOTN 2.5 % | 65 | SHOPKO UNILET LANCETS SUPER THIN 30G | 100 | SKYRIZI PSKT | 65 |
| SELZENTRY SOLN | 47 | SHOPKO UNILET LANCETS ULTRA THIN 28G | 101 | SKYRIZI SOCT 180 MG/1.2ML ... | 77 |
| SELZENTRY TABS (maraviroc) ... | 47 | SIGNIFOR | 75 | SKYRIZI SOCT 360 MG/2.4ML ... | 77 |
| SELZENTRY TABS 25 MG, 75 MG 47 | | SIKLOS TABS | 82 | SKYRIZI SOSY | 65 |
| SE-NATAL 19 CHEW | 114 | sildenafil citrate (pulmonary hypertension) SUSR | 52 | SLYND | 58 |
| SE-NATAL 19 TABS | 114 | sildenafil citrate (pulmonary hypertension) TABS | 52 | SM MICRO THIN LANCETS 33G 101 | |
| SENSIPAR (cinacalcet hcl) | 74 | sildenafil citrate | 51 | SMART SENSE COLOR LANCETS UNIVERSAL 33G | 101 |
| SEREVENT DISKUS | 16 | silodosin 4 MG | 79 | SMART SENSE STANDARD LANCETS UNIVERSAL 21G | 101 |
| SEROQUEL TABS 200 MG (quetiapine fumarate) | 45 | silodosin 8 MG | 79 | SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G | 101 |
| SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate) | 45 | SILVADENE (silver sulfadiazine) . | 65 | SMART SENSE THIN LANCETSUNIVERSAL 26G | 101 |
| SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate) | 45 | silver sulfadiazine | 65 | SMARTEST LANCETS 28G | 101 |
| SEROQUEL XR TB24 (quetiapine fumarate) | 45 | simvastatin TABS | 30 | sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 % | 59 |
| SEROSTIM SC 4 MG, 5 MG, 6 MG 73 | | SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa) | 44 | sodium citrate & citric acid | 78 |
| sertraline hcl CONC | 23 | SINGLE-LET | 101 | sodium fluoride CHEW 0.25 MG, 0.5 MG | 108 |
| sertraline hcl TABS | 23 | SINGULAIR CHEW (montelukast sodium) | 14 | sodium fluoride CHEW 1 MG, 2.2 MG | 108 |
| sevelamer carbonate PACK 0.8 GM . 78 | | SINGULAIR PACK (montelukast sodium) | 14 | sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML | 108 |
| sevelamer carbonate PACK 2.4 GM . 78 | | SINGULAIR TABS (montelukast sodium) | 14 | sodium fluoride TABS | 108 |
| sevelamer carbonate TABS | 78 | sirolimus SOLN | 110 | SODIUM OXYBATE SOLN | 123 |
| sevelamer hcl 400 MG | 78 | sirolimus TABS | 110 | sodium phenylbutyrate POWD | 74 |

| | | |
|--|---|---|
| sodium phenylbutyrate TABS74 | SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .14 | STERILANCE TL 101 |
| sodium polystyrene sulfonate POWD 110 | SPIRIVA RESPIMAT AERS 1.25 MCG/ACT 14 | STIMATE SOLN NA 75 |
| SODIUM SULFACETAMIDE WASH LIQD65 | SPIRIVA RESPIMAT AERS 2.5 MCG/ACT 14 | STIOLTO RESPIMAT 16 |
| SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 62 | spironolactone & hydrochlorothiazide72 | STIVARGA 41 |
| sodium sulfate-potassium sulfate- magnesium sulfate83 | spironolactone TABS 72 | STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)2 |
| solifenacin succinate TABS 10 MG 134 | SPORANOX CAPS (itraconazole) .28 | STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl) 2 |
| solifenacin succinate TABS 5 MG 134 | SPORANOX PULSEPAK CAPS (itraconazole) 28 | STRENSIQ74 |
| SOLTAMOX SOLN 38 | SPORANOX SOLN (itraconazole) .28 | streptomycin sulfate SOLR3 |
| SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G101 | SPRAVATO 56MG DOSE 22 | STRIBILD 47 |
| SOLUS V2 TWIST LANCETS 30G 101 | SPRAVATO 84MG DOSE 22 | STRIVE DUAL ZONE PEAK FLOW METER106 |
| SOMA TABS (carisoprodol) 115 | SPRYCEL 41 | STRIVERDI RESPIMAT16 |
| SOMAVERT73 | SSKI SOLN (potassium iodide (expectorant)) 59 | STROMECTOL (ivermectin) 12 |
| SOOLANTRA (ivermectin (rosacea))70 | STALEVO 100 (carbidopa-levodopa- entacapone)44 | SUBLOCADE SOSY11 |
| sorafenib tosylate 41 | STALEVO 125 (carbidopa-levodopa- entacapone)44 | SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate) 11 |
| SORILUX FOAM65 | STALEVO 150 (carbidopa-levodopa- entacapone)44 | SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate) 11 |
| sotalol hcl (afib/afl) 49 | STALEVO 200 (carbidopa-levodopa- entacapone)44 | sucalfate SUSP 133 |
| sotalol hcl TABS 49 | STALEVO 50 (carbidopa-levodopa- entacapone)44 | sucalfate TABS 133 |
| SOTYLIZE SOLN OR49 | STALEVO 75 (carbidopa-levodopa- entacapone)44 | SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine) 50 |
| SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT 71 | stavudine CAPS 47 | sulconazole nitrate CREA 63 |
| SPIKEVAX COVID-19 VACCINE/2023-24 SUSP 137 | STELARA SOLN 45 MG/0.5ML ... 65 | sulconazole nitrate SOLN 63 |
| SPIKEVAX COVID-19 VACCINE/2023-24 SUSY 137 | STELARA SOSY 45 MG/0.5ML ... 65 | sulfacetamide sodium (acne) 62 |
| | STELARA SOSY 90 MG/ML65 | sulfacetamide sodium (ophth) OINT 118 |
| | | sulfacetamide sodium (ophth) SOLN . 118 |

| | | | | | |
|--|-----|---|-----|---|-----|
| sulfacetamide sodium LIQD | 65 | sunitinib malate 25 MG | 41 | SYNALAR CREA (fluocinolone acetoneide) | 68 |
| sulfacetamide sodium SHAM 10 % 65 | | SUPER THIN LANCETS | 101 | SYNALAR OINT (fluocinolone acetoneide) | 68 |
| sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 % | 62 | SUPRAX CAPS (cefixime) | 53 | SYNALAR SOLN (fluocinolone acetoneide) | 68 |
| sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 % | 62 | SUPRAX SUSR 100 MG/5ML (cefixime) | 53 | SYNAREL | 73 |
| sulfacetamide sodium w/ sulfur LOTN 10 %-5 % | 62 | SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) | 83 | SYNDROS SOLN | 27 |
| sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % | 62 | SURE COMFORT LANCETS 18G 101 | | SYNJARDY TABS | 24 |
| sulfacetamide sod-prednisolone SOLN | 119 | SURE COMFORT LANCETS 21G 101 | | SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG | 24 |
| sulfadiazine TABS | 129 | SURE COMFORT LANCETS 23G 101 | | SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG | 24 |
| sulfamethoxazole-trimethoprim SUSP | 34 | SURE COMFORT LANCETS 28G 101 | | SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) | 131 |
| sulfamethoxazole-trimethoprim TABS | 34 | SURE COMFORT LANCETS 30G 101 | | SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) | 131 |
| SULFAMYLON CREA | 65 | SURELITE LANCETS | 101 | SYPRINE (trientine hcl) | 109 |
| SULFAMYLON PACK 5 % (mafenide acetate) | 65 | SUSTIVA CAPS (efavirenz) | 47 | TABLOID | 36 |
| sulfasalazine TABS | 77 | SUSTIVA TABS (efavirenz) | 47 | TABRECTA | 41 |
| sulfasalazine TBEC | 77 | SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) | 41 | TACLONEX OINT (calcipotriene- betamethasone dipropionate) | 68 |
| sulindac TABS 150 MG | 6 | SUTENT 25 MG (sunitinib malate) | 41 | TACLONEX SUSP (calcipotriene- betamethasone dipropionate) | 68 |
| sulindac TABS 200 MG | 6 | SYMBICORT (budesonide- formoterol fumarate dihydrate) | 16 | tacrolimus (topical) OINT 0.03 % .. | 69 |
| sumatriptan 20 MG/ACT | 108 | SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl) ... | 124 | tacrolimus (topical) OINT 0.1 % ... | 69 |
| sumatriptan 5 MG/ACT | 108 | SYMDEKO | 129 | tacrolimus CAPS | 110 |
| sumatriptan succinate SOAJ | 108 | SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate) | 47 | tadalafil (pulmonary hypertension) TABs | 52 |
| sumatriptan succinate SOCT | 108 | SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate) | 47 | tadalafil 2.5 MG | 51 |
| sumatriptan succinate SOLN 6 MG/0.5ML | 108 | SYMTUZA | 47 | tadalafil 5 MG, 10 MG, 20 MG | 51 |
| sumatriptan succinate TABS | 108 | | | | |
| sunitinib malate 12.5 MG, 37.5 MG, 50 MG | 41 | | | | |

| | | | | | |
|--|-----|--|-----|---|-----|
| TAFINLAR CAPS | 41 | TDVAX SUSP | 131 | TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide) . | 36 |
| tafluprost | 121 | TECFIDERA CPDR (dimethyl fumarate) | 125 | TEMOVATE CREA (clobetasol propionate) | 68 |
| TAGRISSO | 37 | TECFIDERA STARTER PACK CDPK (dimethyl fumarate) | 125 | TEMOVATE OINT (clobetasol propionate) | 68 |
| TALZENNA 0.25 MG, 1 MG | 41 | TECHLITE AST LANCETS | 101 | temozolomide CAPS | 36 |
| TAMIFLU CAPS 30 MG, 45 MG (oseltamivir phosphate) | 48 | TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64" | 106 | temsirolimus | 42 |
| TAMIFLU CAPS 75 MG (oseltamivir phosphate) | 48 | TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64" | 106 | TENIVAC INJ | 131 |
| TAMIFLU SUSR (oseltamivir phosphate) | 48 | TECHLITE LANCETS | 101 | tenofovir disoproxil fumarate TABS 47 | |
| tamoxifen citrate TABS | 38 | TECHLITE LANCETS 26G | 101 | TENORETIC 100 (atenolol & chlorthalidone) | 33 |
| tamsulosin hcl | 79 | TECHLITE LANCETS 30G | 101 | TENORETIC 50 (atenolol & chlorthalidone) | 33 |
| TARCEVA 100 MG, 150 MG (erlotinib hcl) | 37 | TEGRETOL SUSP (carbamazepine) . 20 | | TENORMIN TABS (atenolol) | 49 |
| TARCEVA 25 MG (erlotinib hcl) ... | 38 | TEGRETOL TABS (carbamazepine) . 20 | | terazosin hcl 1 MG, 2 MG, 5 MG .. | 32 |
| TARGADOX TABS (doxycycline hyclate) | 130 | TEGRETOL-XR TB12 100 MG (carbamazepine) | 20 | terazosin hcl 10 MG | 32 |
| TARGRETIN (bexarotene (topical)) 64 | | TEGRETOL-XR TB12 200 MG (carbamazepine) | 20 | terbinafine hcl TABS | 28 |
| TARGRETIN (bexarotene) | 42 | TEGRETOL-XR TB12 400 MG (carbamazepine) | 20 | terbutaline sulfate TABS | 16 |
| TASIGNA 150 MG, 200 MG | 41 | TEGSEDI | 129 | terconazole vaginal CREA | 137 |
| TASIGNA 50 MG | 42 | TEKURNA (aliskiren fumarate) .. | 33 | terconazole vaginal SUPP | 137 |
| TASMAR (tolcapone) | 43 | TEKURNA HCT | 33 | teriflunomide | 125 |
| TAYTULLA CAPS (norethin acet & estradiol) | 57 | telmisartan 20 MG, 40 MG | 32 | TESTIM GEL TD (testosterone) ... | 12 |
| tazarotene CREA | 65 | telmisartan 80 MG | 31 | testosterone cypionate SOLN IM .. | 12 |
| TAZAROTENE FOAM | 62 | telmisartan-amlodipine | 33 | testosterone enanthate SOLN IM .. | 12 |
| tazarotene GEL | 65 | telmisartan-hydrochlorothiazide ... | 33 | testosterone GEL TD 1 %, 25 MG/2.5GM | 12 |
| TAZORAC CREA (tazarotene) | 65 | temazepam 15 MG | 83 | testosterone GEL TD 1 %, 50 MG/5GM | 12 |
| TAZORAC CREA | 65 | temazepam 22.5 MG, 30 MG | 83 | testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM | 12 |
| TAZORAC GEL (tazarotene) | 65 | temazepam 7.5 MG | 83 | | |
| TAZVERIK | 42 | | | | |

| | | |
|--|--|---|
| testosterone GEL TD 10 MG/ACT .12 | THYROID TABS 15 MG, 30 MG, 60 | tizanidine hcl TABS 4 MG 115 |
| testosterone SOLN12 | MG, 90 MG, 120 MG 131 | TOBI NEBU (tobramycin) 3 |
| TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP 131 | tiagabine hcl21 | TOBI PODHALER CAPS 3 |
| tetrabenazine124 | TIAZAC (diltiazem hcl extended release beads) 50 | TOBRADEX OINT 119 |
| tetracaine hcl (ophth) 118 | TIBSOVO42 | TOBRADEX ST SUSP 119 |
| tetracycline hcl CAPS130 | TIKOSYN (dofetilide)14 | TOBRADEX SUSP (tobramycin- dexamethasone) 119 |
| TEXACORT SOLN 2.5 %68 | timolol maleate (ophth) SOLG117 | tobramycin (ophth) SOLN 118 |
| TGT LANCET MICRO THIN 33G 101 | timolol maleate (ophth) SOLN117 | tobramycin NEBU 3 |
| TGT LANCET THIN 26G 101 | timolol maleate TABS 10 MG49 | tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML 3 |
| TGT LANCET ULTRA THIN 30G 102 | timolol maleate TABS 5 MG, 20 MG . 49 | tobramycin-dexamethasone SUSP 119 |
| THALITONE73 | TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth)) 117 | TOBREX OINT 118 |
| THALOMID109 | TIMOPTIC SOLN (timolol maleate (ophth)) 117 | TODAY SPONGE MISC137 |
| THEO-24 CP24 16 | TIMOPTIC-XE SOLG (timolol maleate (ophth)) 117 | TODAYS HEALTH SUPER THINLANCETS 30G 102 |
| theophylline ELIX 16 | tinidazole 250 MG34 | TODAYS HEALTH ULTRA THINLANCETS 28G 102 |
| theophylline SOLN 16 | tinidazole 500 MG34 | tolcapone43 |
| theophylline TB12 300 MG 16 | tiopronin TABS79 | TOLSURA CAPS 28 |
| theophylline TB12 450 MG 16 | tiotropium bromide monohydrate CAPS14 | tolterodine tartrate CP24 134 |
| theophylline TB2416 | TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG (levothyroxine sodium) 131 | tolterodine tartrate TABS 134 |
| THERANATAL CORE NUTRITION TABS114 | TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG131 | TOPAMAX SPRINKLE CPSP (topiramate) 20 |
| THINLETS GP LANCETS 102 | TIVICAY TABS47 | TOPAMAX TABS 100 MG (topiramate) 20 |
| THIOLA EC TBEC 79 | TIVORBEX CAPS (indomethacin) .. 6 | TOPAMAX TABS 200 MG (topiramate) 20 |
| THIOLA TABS (tiopronin)79 | tizanidine hcl CAPS115 | TOPAMAX TABS 25 MG (topiramate) 20 |
| thioridazine hcl 10 MG, 25 MG, 100 MG 45 | tizanidine hcl TABS 2 MG 115 | TOPAMAX TABS 50 MG (topiramate) 20 |
| thioridazine hcl 50 MG45 | | |
| thiothixene46 | | |
| THRIVITE RX TABS114 | | |
| THYMOGLOBULIN 110 | | |

| | | | | | |
|---|-----|---|-----|--|-----|
| TOPCARE LANCETS MICRO-THIN 33G | 102 | TPOXX (TECOVIRIMAT) | 48 | trazodone hcl TABS | 23 |
| TOPICORT CREA (desoximetasone) | 68 | TPOXX CAPS | 48 | TRECATOR | 36 |
| TOPICORT GEL (desoximetasone) 68 | | TPOXX SOLN | 48 | TRELEGY ELLIPTA | 16 |
| TOPICORT LIQD (desoximetasone) . 68 | | TRACLEER TABS 125 MG (bosentan) | 52 | TREMFYA SOPN | 65 |
| TOPICORT OINT (desoximetasone) . 68 | | TRACLEER TABS 62.5 MG (bosentan) | 52 | TREMFYA SOSY | 65 |
| topiramate CP24 200 MG | 20 | TRACLEER TBSO | 52 | TRESIBA FLEXTOUCH SOPN 100 UNIT/ML | 26 |
| topiramate CP24 25 MG, 50 MG, 100 MG | 20 | tramadol hcl CP24 100 MG, 200 MG, 300 MG | 9 | TRESIBA FLEXTOUCH SOPN 200 UNIT/ML | 26 |
| topiramate CPSP | 20 | tramadol hcl TABS 100 MG | 9 | TRESIBA SOLN | 26 |
| topiramate CS24 100 MG, 150 MG, 200 MG | 21 | tramadol hcl TABS 50 MG | 9 | tretinoin (chemotherapy) | 42 |
| topiramate CS24 25 MG, 50 MG .. | 20 | tramadol hcl TB24 100 MG | 9 | tretinoin CREA 0.025 %, 0.05 %, 0.1 % | 62 |
| topiramate TABS 100 MG | 21 | tramadol hcl TB24 200 MG | 9 | tretinoin GEL 0.01 %, 0.025 %, 0.05 % | 62 |
| topiramate TABS 200 MG | 21 | tramadol hcl TB24 | 9 | tretinoin microsphere 0.04 % | 62 |
| topiramate TABS 25 MG | 21 | tramadol-acetaminophen | 11 | tretinoin microsphere 0.1 % | 62 |
| topiramate TABS 50 MG | 21 | trandolapril | 31 | TRETTEN | 81 |
| topotecan hcl SOLR | 42 | trandolapril-verapamil hcl | 33 | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG | 36 |
| TOPROL XL TB24 (metoprolol succinate) | 49 | tranexamic acid SOLN 1000 MG/10ML | 82 | triamcinolone acetoneide (mouth) 111 | |
| toremifene citrate | 38 | tranexamic acid TABS | 82 | triamcinolone acetoneide (nasal) AERO | 116 |
| TORISEL (temsirolimus) | 42 | TRANSDERM-SCOP (scopolamine) 27 | | triamcinolone acetoneide (topical) AERS | 68 |
| toremide TABS 100 MG | 72 | TRANXENE T TABS 7.5 MG (clorazepate dipotassium) | 13 | triamcinolone acetoneide (topical) CREA | 68 |
| toremide TABS 5 MG, 10 MG, 20 MG | 72 | tranylcypromine sulfate | 22 | triamcinolone acetoneide (topical) LOTN | 68 |
| TOUJEO MAX SOLOSTAR SOPN 26 | | TRAVATAN Z SOLN (travoprost) 121 | | triamcinolone acetoneide (topical) OINT 0.025 %, 0.1 %, 0.5 % | 68 |
| TOUJEO SOLOSTAR SOPN | 26 | TRAVEL LANCETS 30G | 102 | triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG | 72 |
| TOVIAZ (fesoterodine fumarate) 134 | | TRAVEL LANCETS ADVANCED 28G | 102 | triamterene & hydrochlorothiazide | |
| | | travoprost SOLN | 121 | | |
| | | TRAZIMERA 420 MG | 37 | | |

| | | | | | |
|--|-----|---|-----|---|-----|
| TABS 25 MG-37.5 MG | 72 | fenofibrate) | 30 | THIN | 102 |
| triamterene & hydrochlorothiazide TABS 50 MG-75 MG | 72 | TRILIPIX 45 MG (choline fenofibrate) | 30 | TRUEPLUS LANCETS 33G | 102 |
| triamterene CAPS | 72 | trimethobenzamide hcl CAPS | 27 | TRUEPLUS LANCETS 33G MICRO THIN | 102 |
| triazolam 0.125 MG | 83 | trimethoprim TABS | 34 | TRUEPLUS SAFETY LANCETS 28G | 102 |
| triazolam 0.25 MG | 83 | trimipramine maleate CAPS | 24 | TRULICITY | 25 |
| TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide) | 33 | TRINATAL RX 1 TABS | 114 | TRUMENBA | 135 |
| TRICARE TABS | 114 | TRINTELLIX | 23 | TRUSOPT (dorzolamide hcl) | 120 |
| TRICOR TABS 145 MG (fenofibrate) . 30 | | TRISTART DHA | 114 | TRUSTEX COLOR CONDOMS + LUBE MISC | 87 |
| TRICOR TABS 48 MG (fenofibrate) 30 | | TRISTART ONE | 114 | TRUSTEX LUBRICATED EXTRALARGE MISC | 87 |
| TRIDESILON CREA 0.05 % (desonide) | 68 | TRIUMEQ PD TBSO | 47 | TRUSTEX LUBRICATED EXTRASTRENGTH MISC | 87 |
| trientine hcl | 109 | TRI-VI-FLOR | 112 | TRUSTEX LUBRICATED MISC ... | 87 |
| trifluoperazine hcl TABS | 45 | TRI-VI-FLORO | 112 | TRUSTEX LUBRICATED/RIBBED/STUDED MISC | 87 |
| trifluridine | 118 | TRIZIVIR | 47 | TROKENDI XR CP24 200 MG (topiramate) | 21 |
| trihexyphenidyl hcl SOLN | 43 | TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate) | 21 | TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate) | 21 |
| trihexyphenidyl hcl TABS | 43 | tropicamide SOLN | 117 | TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC | 87 |
| TRIJARDY XR | 24 | trospium chloride CP24 | 134 | TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | 87 |
| TRIKAFTA TBPK 100 MG-50 MG 129 | | trospium chloride TABS | 134 | TRUSTEX LUBRICATED/SPERMICIDE MISC 87 | |
| TRIKAFTA TBPK 50 MG-25 MG . | 129 | TRUE COMFORT SAFETY LANCETS/30G | 102 | TRUSTEX LUBRICATED/SPERMICIDE MISC 87 | |
| TRILEPTAL SUSP (oxcarbazepine) 21 | | TRUE COMFORT TWIST TOP LANCETS 30G | 102 | TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC | 87 |
| TRILEPTAL TABS 150 MG (oxcarbazepine) | 21 | TRUEPLUS LANCETS 26G | 102 | TRUSTEX NON-LUBRICATED MISC | 87 |
| TRILEPTAL TABS 300 MG (oxcarbazepine) | 21 | TRUEPLUS LANCETS 28G | 102 | TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC | 87 |
| TRILEPTAL TABS 600 MG (oxcarbazepine) | 21 | TRUEPLUS LANCETS 28G SUPER THIN | 102 | TRUSTEX/RIA LUBRICATED MISC . | 87 |
| TRILIPIX 135 MG (choline | | TRUEPLUS LANCETS 30G | 102 | | |
| | | TRUEPLUS LANCETS 30G ULTRA | | | |

| | | |
|---|--|---|
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC 87 | TYVASO STARTER SOLN IN 51 | UNILET G.P. SUPERLITE LANCET . 103 |
| TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 87 | UBRELVY 107 | UNILET GP 28 ULTRA THIN 103 |
| TRUSTEX/RIA NON-LUBRICATED MISC 87 | UCERIS (budesonide (intrarectal)) 12 | UNILET LANCET 103 |
| TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate) 47 | UCERIS TB24 (budesonide) 58 | UNILET LANCETS MICRO-THIN33G 103 |
| TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) 47 | UDENYCA SOSY 82 | UNILET LANCETS SUPER- THIN30G 103 |
| TRUZONE PEAK FLOW METER 107 | ULORIC 40 MG (febuxostat) 79 | UNILET LANCETS ULTRA-THIN 28G 103 |
| TUKYSA 37 | ULORIC 80 MG (febuxostat) 79 | UNILET SUPERLITE LANCET .. 103 |
| TURALIO 200 MG 42 | ULTILET CLASSIC LANCETS ... 102 | UNISTIK 3 GENTLE 103 |
| TUSNEL TABS 59 | ULTILET LANCETS 102 | UNISTIK PRO SAFETY LANCET 21G 103 |
| TUSSLIN LIQD 59 | ULTILET LANCETS 33G 102 | UNISTIK PRO SAFETY LANCET 25G 103 |
| TUSSLIN PEDIATRIC LIQD 59 | ULTILET SAFETY LANCETS 21G X 2.2MM 102 | UNISTIK PRO SAFETY LANCET 28G 103 |
| TWINRIX SUSY 137 | ULTILET SAFETY LANCETS 23G 102 | UNISTIK SAFETY LANCETS 28G 103 |
| TWIRLA 57 | ULTRA THIN LANCETS 31G 102 | UNISTIK SAFETY LANCETS 30G 103 |
| TWIST TOP LANCETS 30G 102 | ULTRA-CARE LANCETS 30G ... 103 | UNISTIK TOUCH SAFETY LANCETS 21G 103 |
| TYBLUME CHEW 57 | ULTRACET (tramadol- acetaminophen) 11 | UNISTIK TOUCH SAFETY LANCETS 23G 103 |
| TYBOST 47 | ULTRAM TABS (tramadol hcl) 10 | UNISTIK TOUCH SAFETY LANCETS 28G 103 |
| TYKERB (lapatinib ditosylate) 42 | ULTRA-THIN II AUTO LANCET . 103 | UNISTIK TOUCH SAFETY LANCETS 30G 104 |
| TYMLOS 73 | ULTRA-THIN II LANCETS 28G .. 103 | UNIVERSAL 1 LANCETS THIN26G . 104 |
| TYVASO DPI MAINTENANCE KIT POWD 51 | ULTRA-THIN II LANCETS 30G .. 103 | UNIVERSAL 1 LANCETS ULTRA THIN 30G 104 |
| TYVASO DPI TITRATION KIT POWD 51 | UNASYN BULK PACK IV (ampicillin & sulbactam sodium) 122 | UNIVERSAL 1 |
| TYVASO REFILL SOLN IN 51 | UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium) 122 | |
| TYVASO SOLN IN 51 | UNILET COMFORTOUCH LANCET 103 | |
| | UNILET EXCELITE 103 | |
| | UNILET EXCELITE II 103 | |
| | UNILET G.P. LANCET 103 | |

| | | | | | |
|-------------------------------------|-----|--------------------------------------|-----|--------------------------------------|-----|
| LANCETS/33G/MICRO-THIN ... | 104 | valsartan TABS 160 MG | 32 | VANOS CREA (fluocinonide) | 68 |
| UPTRAVI TABS | 52 | valsartan TABS 40 MG, 80 MG, 320 | 32 | VAQTA | 137 |
| UPTRAVI TITRATION PACK TBPK | 52 | MG | 32 | varenicline tartrate TABS | 129 |
| urea LOTN 40 % | 68 | valsartan-hydrochlorothiazide 12.5 | | varenicline tartrate TBPK | 129 |
| UROCIT-K 10 TBCR (potassium | | MG-160 MG, 12.5 MG-320 MG, 12.5 | | VARIVAX INJ | 137 |
| citrate (alkalinizer)) | 78 | MG-80 MG, 25 MG-320 MG | 33 | VARUBI TBPK | 28 |
| UROCIT-K 15 TBCR (potassium | | valsartan-hydrochlorothiazide 25 MG- | | VASCEPA (icosapent ethyl) | 29 |
| citrate (alkalinizer)) | 78 | 160 MG | 33 | VASERETIC 25 MG-10 MG (enalapril | |
| UROCIT-K 5 TBCR (potassium | | VALTOCO 10 MG DOSE LIQD ... | 18 | maleate & hydrochlorothiazide) ... | 33 |
| citrate (alkalinizer)) | 78 | VALTOCO 15 MG DOSE LQPK ... | 18 | VASOTEC TABS (enalapril maleate) | |
| UROXATRAL (alfuzosin hcl) | 79 | VALTOCO 20 MG DOSE LQPK ... | 18 | 31 | |
| URSO 250 TABS (ursodiol) | 76 | VALTOCO 5 MG DOSE LIQD | 18 | VCF VAGINAL CONTRACEPTIVE | |
| URSO FORTE TABS (ursodiol) ... | 76 | VALTRESX 1 GM (valacyclovir hcl) . | 48 | FILM FILM | 137 |
| ursodiol CAPS | 76 | VALTRESX 500 MG (valacyclovir hcl) | 48 | VCF VAGINAL | |
| ursodiol TABS | 76 | 48 | | CONTRACEPTIVEGEL GEL | 137 |
| VAGIFEM TABS (estradiol vaginal) | 138 | VALUE PLUS LANCETS | | VECAMYL | 33 |
| valacyclovir hcl 1 GM, 1000 MG ... | 48 | STANDARD 21G | 104 | VECTICAL (calcitriol (topical)) | 65 |
| valacyclovir hcl 500 MG | 48 | VALUE PLUS LANCETS | | VELCADE SOLR IJ (bortezomib) .. | 42 |
| VALCHLOR | 64 | SUPERTHIN 30G | 104 | VELTIN (clindamycin phosphate- | |
| VALCYTE SOLR (valganciclovir hcl) . | 48 | VALUE PLUS LANCETS THIN 26G . | 104 | tretinoin) | 62 |
| VALCYTE TABS (valganciclovir hcl) . | 48 | 48 | | VEMLIDY | 48 |
| valganciclovir hcl SOLR | 48 | VALUMARK LANCET SUPER THIN | | VENCLEXTA STARTING PACK | |
| valganciclovir hcl TABS | 48 | 30G | 104 | TBPK | 37 |
| VALIUM TABS 10 MG (diazepam) 13 | | VALUMARK LANCET ULTRA THIN | | VENCLEXTA TABS 10 MG | 37 |
| VALIUM TABS 2 MG, 5 MG | | 28G | 104 | VENCLEXTA TABS 100 MG | 37 |
| (diazepam) | 13 | VANCOCIN CAPS 125 MG | | VENCLEXTA TABS 50 MG | 37 |
| valproate sodium SOLN OR 250 | | (vancomycin hcl) | 34 | venlafaxine hcl CP24 | 23 |
| MG/5ML | 22 | VANCOCIN CAPS 250 MG | | venlafaxine hcl TABS | 23 |
| valproic acid CAPS | 22 | (vancomycin hcl) | 34 | venlafaxine hcl TB24 225 MG | 23 |
| | | vancomycin hcl CAPS 125 MG ... | 34 | venlafaxine hcl TB24 37.5 MG, 75 | |
| | | vancomycin hcl CAPS 250 MG ... | 34 | MG, 150 MG | 23 |
| | | vancomycin hcl SOLR OR 25 MG/ML | | VENDAZOLE | 51 |
| | | | 34 | | |
| | | VANDAZOLE | 138 | | |

| | | | | | |
|---|-----|---|-----|---|-----|
| VENTOLIN HFA AERS (albuterol sulfate) | 16 | VERSACLOZ SUSP | 45 | VINATE DHA RF | 114 |
| verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ... | 50 | VERZENIO | 42 | VINATE ONE TABS | 114 |
| verapamil hcl CP24 180 MG | 50 | VESICARE TABS 10 MG (solifenacin succinate) | 134 | VIRACEPT TABS | 47 |
| verapamil hcl CP24 360 MG | 50 | VESICARE TABS 5 MG (solifenacin succinate) | 134 | VIRAMUNE XR TB24 400 MG (nevirapine) | 47 |
| verapamil hcl TABS | 50 | VFEND SUSR (voriconazole) | 28 | VIRAZOLE (ribavirin) | 49 |
| verapamil hcl TBCR 120 MG | 50 | VFEND TABS (voriconazole) | 28 | VIREAD POWD | 47 |
| verapamil hcl TBCR 180 MG, 240 MG | 50 | VIAGRA (sildenafil citrate) | 51 | VIREAD TABS (tenofovir disoproxil fumarate) | 47 |
| VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl) | 50 | VIBERZI | 77 | VIREAD TABS 150 MG, 200 MG, 250 MG | 47 |
| VEREGEN | 62 | VIBRAMYCIN CAPS (doxycycline hyclate) | 130 | VIRT-C DHA | 114 |
| VERELAN CP24 120 MG, 240 MG (verapamil hcl) | 50 | VIBRAMYCIN SUSR (doxycycline (monohydrate)) | 130 | VIRT-NATE DHA CAPS | 114 |
| VERELAN CP24 180 MG (verapamil hcl) | 50 | VICTOZA | 25 | VIRT-PN DHA | 114 |
| VERELAN CP24 360 MG (verapamil hcl) | 50 | VIDA MIA UNILET LANCETS SUPER THIN 30G | 104 | VIRT-PN PLUS | 114 |
| VERELAN PM CP24 (verapamil hcl) . | 50 | VIDA MIA UNILET LANCETS ULTRA THIN 28G | 104 | VIRTUSSIN DAC SOLN | 59 |
| VERIFINE SAFETY LANCET MINI 21G X 2.4MM | 104 | vigabatrin PACK | 21 | VISTARIL CAPS (hydroxyzine pamoate) | 13 |
| VERIFINE SAFETY LANCET MINI 23G X 1.8MM | 104 | vigabatrin TABS | 21 | VISTOGARD | 27 |
| VERIFINE SAFETY LANCET MINI 28G X 1.8MM | 104 | VIGAMOX SOLN OP (moxifloxacin hcl (ophth)) | 118 | VITAFOL GUMMIES | 114 |
| VERIFINE SAFETY LANCET MINI 30G X 1.8MM | 104 | VIIBRYD STARTER PACK KIT ... | 23 | VITAFOL-NANO | 114 |
| VERIFINE UNIVERSAL LANCETS 28G | 104 | VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl) | 23 | VITAFOL-ONE CAPS | 114 |
| VERIFINE UNIVERSAL LANCETS 30G | 104 | VIIBRYD TABS 20 MG (vilazodone hcl) | 23 | VITAMEDMD ONE RX/QUATREFOLIC | 114 |
| VERIFINE UNIVERSAL LANCETS 33G | 104 | vilazodone hcl TABS 10 MG, 40 MG . | 23 | VITAMEDMD REDICHEW RX .. | 114 |
| | | vilazodone hcl TABS 20 MG | 23 | VITAPEARL | 114 |
| | | VIMPAT SOLN OR 10 MG/ML (lacosamide) | 21 | VITATHELY/GINGER TABS | 114 |
| | | VIMPAT TABS (lacosamide) | 21 | VITATRUE | 114 |
| | | | | VITRAKVI CAPS | 42 |
| | | | | VITRAKVI SOLN | 42 |
| | | | | VIVA DHA CAPS | 114 |
| | | | | VIVAGUARD LANCETS | 104 |

| | | | | | |
|---|-----|---|-----|---|-----|
| VIVAGUARD SAFETY LANCETS/28G | 104 | WALGREENS ULTRA THIN LANCETS | 105 | XALATAN SOLN (latanoprost) ... | 121 |
| VIVELLE-DOT PTTW (estradiol) .. | 76 | warfarin sodium TABS | 17 | XALKORI CAPS | 42 |
| VIZIMPRO | 38 | WELCHOL PACK (colesevelam hcl) . | 30 | XANAX TABS (alprazolam) | 13 |
| VOGELXO GEL TD (testosterone) 12 | | WELCHOL TABS (colesevelam hcl) . | 30 | XANAX XR TB24 (alprazolam) | 13 |
| VOGELXO PUMP GEL TD (testosterone) | 12 | WELLBUTRIN SR TB12 (bupropion hcl) | 22 | XARELTO STARTER PACK TBPK | 17 |
| VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ... | 64 | WELLBUTRIN XL TB24 (bupropion hcl) | 22 | XARELTO SUSR | 17 |
| VONVENDI | 81 | WESCAP-C DHA | 114 | XARELTO TABS | 17 |
| voriconazole SUSR | 28 | WESNATE DHA CAPS | 114 | XATMEP SOLN | 36 |
| voriconazole TABS | 28 | WESTAB PLUS TABS | 114 | XELJANZ SOLN | 4 |
| VOSEVI | 48 | WESTGEL DHA | 114 | XELJANZ TABS 10 MG | 4 |
| VOTRIENT (pazopanib hcl) | 42 | WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | 87 | XELJANZ TABS 5 MG | 4 |
| VP-PNV-DHA CAPS | 114 | WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | 87 | XELJANZ XR TB24 | 3 |
| VRAYLAR CAPS | 44 | WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | 87 | XELODA (capecitabine) | 36 |
| VRAYLAR CPPK | 44 | WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | 87 | XENAZINE (tetrabenazine) | 124 |
| VYNDAMAX | 52 | WIDE-SEAL SILICONE DIAPHRAGM KIT 80 | 87 | XENICAL (orlistat) | 2 |
| VYNDAQEL | 52 | WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | 87 | XERAC AC | 69 |
| VYTONE 1.9 %-1 % (iodoquinol-hydrocortisone in aloe vehicle) | 63 | WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | 87 | XERMELO | 78 |
| VYTORIN (ezetimibe-simvastatin) 29 | | WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | 88 | XHANCE EXHU | 116 |
| VYVANSE CHEW | 1 | WILATE KIT | 81 | XIFAXAN 200 MG | 34 |
| WALGREENS ADVANCED TRAVELLANCETS 28G | 104 | WILZIN | 109 | XIFAXAN 550 MG | 34 |
| WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G | 104 | XADAGO | 44 | XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG | 24 |
| WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G | 104 | | | XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG | 24 |
| WALGREENS LANCETS | 104 | | | XIMINO CP24 (minocycline hcl) .. | 130 |
| WALGREENS THIN LANCETS . | 105 | | | XIMINO CP24 | 130 |
| | | | | XOPENEX (levalbuterol hcl) | 16 |
| | | | | XOPENEX CONCENTRATE (levalbuterol hcl) | 16 |
| | | | | XOPENEX HFA (levalbuterol tartrate) | 16 |

| | | | | | |
|--|-----|---|-----|--|-----|
| XOSPATA | 42 | ZATEAN-PN PLUS | 114 | zidovudine SYRP | 47 |
| XPOVIO | 39 | ZAVESCA (miglustat) | 82 | zidovudine TABS | 47 |
| XPOVIO 60 MG TWICE WEEKLY 39 | | ZEJULA CAPS | 42 | ZIEXTENZO | 82 |
| XPOVIO 80 MG TWICE WEEKLY 39 | | ZEJULA TABS | 42 | zileuton TB12 | 14 |
| XTANDI CAPS | 38 | ZELAPAR TBDP | 44 | ZIOPTAN (tafluprost) | 121 |
| XTANDI TABS | 38 | ZELBORAF | 42 | ziprasidone hcl 20 MG, 40 MG | 44 |
| XURIDEN | 74 | ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) | 74 | ziprasidone hcl 60 MG, 80 MG | 44 |
| XYNTHA | 81 | 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 | 72 | ZIRGAN GEL | 118 |
| XYNTHA SOLOFUSE | 81 | ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide) | 33 | ZITHROMAX PACK (azithromycin) 85 | |
| XYREM SOLN | 123 | ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ... | 33 | ZITHROMAX SUSR (azithromycin) 85 | |
| XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride) | 29 | ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril) | 31 | ZITHROMAX TABS 250 MG (azithromycin) | 85 |
| XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride) | 29 | ZESTRIL TABS 40 MG (lisinopril) . | 31 | ZITHROMAX TABS 500 MG (azithromycin) | 85 |
| YASMIN 28 (drospirenone-ethinyl estradiol) | 57 | ZETIA (ezetimibe) | 30 | ZITHROMAX TRI-PAK TABS (azithromycin) | 85 |
| YAZ (drospirenone-ethinyl estradiol) 57 | | ZEVRX TWIST TOP LANCETS 30G 105 | | ZITHROMAX Z-PAK TABS (azithromycin) | 85 |
| YONSA | 38 | ZIAC (bisoprolol & hydrochlorothiazide) | 33 | ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (simvastatin) | 30 |
| zafirlukast 10 MG | 14 | ZIAGEN SOLN (abacavir sulfate) . | 47 | ZOLINZA | 42 |
| zafirlukast 20 MG | 14 | ZIAGEN TABS (abacavir sulfate) . | 47 | zolmitriptan SOLN | 108 |
| zaleplon | 83 | ZIANA (clindamycin phosphate- tretinoin) | 62 | zolmitriptan TABS | 108 |
| ZANAFLEX CAPS (tizanidine hcl) 115 | | zidovudine CAPS | 47 | zolmitriptan TBDP | 108 |
| ZANAFLEX TABS 4 MG (tizanidine hcl) | 115 | | | ZOLOFT CONC (sertraline hcl) ... | 23 |
| ZARONTIN CAPS (ethosuximide) . | 21 | | | ZOLOFT TABS (sertraline hcl) | 23 |
| ZARONTIN SOLN (ethosuximide) . | 21 | | | zolpidem tartrate TABS | 83 |
| ZARXIO | 82 | | | zolpidem tartrate TBCR | 83 |
| ZATEAN-PN DHA | 114 | | | ZOMACTON SOLR SC 10 MG | 73 |
| | | | | ZOMIG SOLN (zolmitriptan) | 108 |

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| ZOMIG SOLN 2.5 MG | 108 | ZYVOX SUSR (linezolid) | 35 |
| ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan) | 108 | ZYVOX TABS (linezolid) | 35 |
| ZONALON (doxepin hcl (antipruritic)) | 64 | | |
| ZONEGRAN CAPS 100 MG (zonisamide) | 21 | | |
| ZONEGRAN CAPS 25 MG (zonisamide) | 21 | | |
| zonisamide CAPS 100 MG | 21 | | |
| zonisamide CAPS 25 MG, 50 MG | .21 | | |
| ZORBTIVE SC | 73 | | |
| ZORTRESS (everolimus (immunosuppressant)) | 110 | | |
| ZOVIRAX OINT (acyclovir topical) | .65 | | |
| ZOVIRAX SUSP (acyclovir) | 48 | | |
| ZUPLENZ FILM 4 MG | 27 | | |
| ZYCLARA (imiquimod) | 69 | | |
| ZYCLARA PUMP (imiquimod) | 69 | | |
| ZYDELIG | 42 | | |
| ZYFLO TABS | 14 | | |
| ZYKADIA TABS | 42 | | |
| ZYLET | 119 | | |
| ZYLOPRIM 100 MG (allopurinol) .. | 79 | | |
| ZYLOPRIM 300 MG (allopurinol) .. | 79 | | |
| ZYMAXID (gatifloxacin (ophth)) .. | 118 | | |
| ZYPREXA TABS 15 MG, 20 MG (olanzapine) | 45 | | |
| ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine) | 45 | | |
| ZYPREXA ZYDIS TBDP (olanzapine) | 45 | | |
| ZYTIGA (abiraterone acetate) | 38 | | |